

CAMP WEAVER 2008 DAY CAMP REGISTRATION FORM

Mail registration to :
Camp Weaver
4924 Tapawingo Trail
Greensboro, NC 27406

All sessions available to campers rising 1st through rising 9th graders unless noted otherwise.

HOW TO GET TO CAMP WEAVER

From I-40 East/I-85 North (towards Raleigh) take the Lee Street exit #41. Make a right at the stop light. Follow E. Lee Street until it dead ends and make a right onto Young's Mill Road. Follow Young's Mill Road until it dead ends and make a left onto Mill Point Road. From Mill Point Road the camp is located 3/4 of a mile on the right on Tapawingo Trail.

DAY CAMP DATES

Check the box next to the desired session(s)

- | | |
|--|---|
| 1. <input type="checkbox"/> June 16-20* | 6. <input type="checkbox"/> July 21-25 |
| 2. <input type="checkbox"/> June 23-27* | 7. <input type="checkbox"/> July 28-Aug. 1 |
| 3. <input type="checkbox"/> June 30-July 4 | 8. <input type="checkbox"/> Aug. 4-8 |
| 4. <input type="checkbox"/> July 7-11 | 9. <input type="checkbox"/> August 11-15** |
| 5. <input type="checkbox"/> July 14-18 | 10. <input type="checkbox"/> August 18-22** |

*Music camp is only offered during these weeks

**Horse camp is only offered during these weeks.

PAYMENT INFORMATION

Rate for Camp: Member **\$180**
Non-member **\$200** \$ _____

To reserve your spot, pay in full now or pay only the deposit with balance due two weeks before camp begins.

Deposit: \$30 \$ _____
Non-refundable \$30 deposit is required for EACH daycamp session.
DEPOSIT IS DEDUCTED FROM THE RATE.

Bus Fee: \$15/child/session \$ _____

Horse or Music Camp: \$100 is added to the regular camp rate for Horse and Music camps. \$ _____

Scholarship Contribution: (please circle)
\$1 \$10 \$20 \$50 \$100 Other \$ _____

Thank you for helping us to "Send A Kid To Camp" all donations are tax-deductible.

Total Enclosed: \$ _____
Full balance due two weeks prior to start of session.

PAYMENT OPTIONS

AUTO PAY: Contact our office to find more information on this convenient way to handle your child's summer camp tuition. Payments can be drafted from a checking account, or auto-charged on a credit card.

CHECK: Please make checks payable to Camp Weaver YMCA

CHARGE: Mastercard VISA
 Discover American Express

Account # _____

Expiration Date _____ / _____ 3-digit # on back of card _____ \$ _____ Amount

Cardholder Signature _____

Camper Name _____

Name Called _____

Home Address _____

City _____

State _____ Zip Code _____

Date of Birth _____ Sex _____ Age at Camp _____

School _____ Next Grade _____

Day Phone _____

Evening Phone _____

E-mail Address _____

How did you hear about Camp Weaver?

Does your camper have special needs? Yes No
If Yes, please describe:

Are you or your child a member of the YMCA of Greensboro?
 Yes No

Will your child be riding the bus to camp? Yes No
(Please see Bus Fee in Payment Information)

If so, please check one bus pick-up site:

- First Baptist Church, corner of Friendly Ave. and Tate
 Spears YMCA, 3216 Horse Pen Creek Road

Please send a brochure about Camp Weaver to the following people who might be interested in camp (please give full name and address):

Name _____

City _____ State _____ Zip Code _____

PARENT/GUARDIAN AGREEMENT

I agree not to hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in Camp. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical insurance on my child and will provide the YMCA with that information. I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities. **I agree to have my child examined by a physician within 24 months prior to the camp session. Any balance not paid two weeks prior to the start of my child's session may be charged on the account given above for payment.** Photos, film footage or tape recording of my child may be used for publicity.

Parent/Guardian Signature _____ Date _____