

An Experience That Lasts a Lifetime



YMCA Camp Weaver



2012 Leadership Camps Registration Form

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

Camper Name

Name Called

Home Address

City State Zip Code

Date of Birth Sex Age at Camp

School Next Grade

Cabin Mate Request (Limit 2. Must be same grade)

Mother Parent/Guardian Information:

Name

Address

City State Zip Code

E-mail Address

Cell Phone Day Phone

Evening Phone Employer

Father Parent/Guardian Information:

Name

Address

City State Zip Code

E-mail Address

Cell Phone Day Phone

Evening Phone Employer

C.I.T. Camp Dates Check desired session. Additional \$75 per stayover session. Check website for trip locations

- Session 1 June 10th- July6th
 - Stayover Weekend June 15-17
 - Stayover Weekend June 22-24
 - Stayover Weekend June 29- July 1
- Session 2 July 10th August 3rd
 - Stayover Weekend July 13-15
 - Stayover Weekend July 20-22
 - Stayover Weekend July 27-29

L.I.T. Camp Dates L.I.T.'S are required to stay over the weekend. Stayover fee is included in the price.
 July 8-20

Payment Checkout

C.I.T \$900 \$_____
Requires completed application along with registration
Application located at campweaver.org
L.I.T \$870 \$_____

Stayover Weekend \$75x # of weekends \$_____

Reserve your spot:

Deposit:\$100 (non-refundable) # of camps \$_____
Pay in full or pay the deposit; balance due two weeks prior to the beginning of camp session. Deposit is deducted from the rate.

Scholarship Contribution : (please circle)

\$5 \$10 \$20 \$50 \$100 Other _____ \$_____
Thank you for helping us to "Send A Kid To Camp" all donations are tax-deductible.

TOTAL ENCLOSED : \$_____

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 YMCA Camp Weaver
CHARGE: MasterCard VISA Discover American Express

Account # _____
Expiration Date _____ 3-digit # on back of card _____ Amount _____

Cardholder Signature _____ Auto Charge



YMCA Camp Weaver

PARENT/GUARDIAN AGREEMENT 2012 Overnight Camp



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 with the physician's signature on Camp Weaver's health form. Any balance not paid two weeks prior to the start of my child's session may be charged on the account given for payment. Photos, film footage or tape recording of my child may be used for publicity. I agree to visit the Parent's Connection page at campweaver.org to download and submit mandatory camp forms. All forms are due June 1st. If camper is signed up after June 1st, forms are due at the time of registration.

Parent/Guardian Signature

Date