

An Experience That Lasts a Lifetime



Camp Weaver 2010 L.I.T and C.I.T. Registration Form

mail registration to :
Camp Weaver
4924 Tapawingo Trail
Greensboro, NC

L.I.T. sessions available to rising 10th graders. C.I.T. sessions available to rising 11th graders.

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

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 one week prior to the start of my child's session may be charged on the account given above for the payment. Photos, film footage or tape recording of my child may be used for publicity.

Parent/Guardian Signature _____ Date _____

C.I.T. Camp Dates Check desired session. Additional \$50 per stayover session

- Session 1 June 13th- July 9th
 - Stayover Weekend June
 - Stayover Weekend June 25-27
 - Stayover Weekend July 2-4
- Session 2 July 11th- August 6th
 - Stayover Weekend July 16-18
 - Stayover Weekend July 23-25
 - Stayover Weekend July 30-Aug. 2

L.I.T. Camp Dates L.I.T.'S are required to stay over the weekend.

- July 16-25

Payment Checkout

C.I.T \$820 \$ _____

Requires Application along with registration

L.I.T \$810 \$ _____

STAYOVER WEEKEND \$50x # of weekends \$ _____

Trip locations for weekends are posted online.

RESERVE YOUR SPOT

DEPOSIT: \$100 (non-refundable) x # of camps \$ _____

Pay in full or pay the deposit; balance due one week 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

CHARGE: Mastercard VISA Discover American Express

Account # _____

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

Cardholder Signature _____