



# CAMP WEAVER 2010 DAY CAMP REGISTRATION FORM

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

**Mail registration to :**  
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 \_\_\_\_\_

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

Which drop-off / pick-up site will you be using? (pick one)  
(Please see Bus Fee in Payment Information)

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

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 payment.** Photos, film footage or tape recording of my child may be used for publicity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## DAY CAMP DATES *Check desired session(s)*

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> June 14-18     | 5. <input type="checkbox"/> July 12-16 | 8. <input type="checkbox"/> August 2-6    |
| 2. <input type="checkbox"/> June 21-25     | 6. <input type="checkbox"/> July 19-23 | 9. <input type="checkbox"/> August 9-13   |
| 3. <input type="checkbox"/> June 28-July 2 | 7. <input type="checkbox"/> July 26-30 | 10. <input type="checkbox"/> August 16-20 |
| 4. <input type="checkbox"/> July 5-9       |  |   |

## SPECIALTY CAMP \$100 additional fee

**Horse Day Camp** offered sessions 1-4. *Check desired session(s)*  
 1  2  3  4

## PAYMENT CHECKOUT

### VOLUNTARY TIERED PRICING (per week)

Since families have differing abilities to pay, we offer a 3-tiered pricing program. The price chosen in no way influences the quality of experience each child receives.

**A:** Subsidized rate made possible by contributed income, does not reflect the true cost of camp. **\$205** x # of camps \$ \_\_\_\_\_

**B:** Partially subsidized rate for those families who can pay a little more. **\$230** x # of camps \$ \_\_\_\_\_

**C:** Full/actual cost of a child at camp, this includes direct expenses and long-term wear & tear. **\$255** x # of camps \$ \_\_\_\_\_

*100% of the proceeds from B & C rates fund facility replacements and improvements. As always, additional financial assistance is available to ensure that all children have this wonderful opportunity.*

## RESERVE YOUR SPOT

**DEPOSIT: \$30** (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.**

**BUS FEE:** \$15 per child x # of camps \$ \_\_\_\_\_

**HORSE CAMP: \$100** (Offered sessions 1-4) \$ \_\_\_\_\_

## 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 Camp Weaver YMCA

**CHARGE:**  MasterCard  VISA  Discover  American Express

Account # \_\_\_\_\_

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

Cardholder Signature \_\_\_\_\_