

An Experience That Lasts a Lifetime



CAMP WEAVER 2010 OVERNIGHT CAMP REGISTRATION FORM

All sessions available to rising 2nd through rising 10th 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 _____

Cabin Mate Request _____

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

Parent/Guardian Signature _____ Date _____

- OVERNIGHT CAMP DATES** Check desired session(s)
- | | |
|--|--|
| <input type="checkbox"/> 1-Superhero June 13-18
<input type="checkbox"/> Stayover Weekend June 18-20 | <input type="checkbox"/> 6-Hollywood..... July 18-23
<input type="checkbox"/> Stayover Weekend July 23-25 |
| <input type="checkbox"/> 2-Teen Adventure* June 20-25
<input type="checkbox"/> Stayover Weekend June 25-27 | <input type="checkbox"/> 7-Great Outdoors..... July 25-30
<input type="checkbox"/> Stayover Weekend June 30-Aug 1 |
| <input type="checkbox"/> 3-Summer Celebrations..... June 27-July 2
<input type="checkbox"/> Stayover Weekend July 2-4 | <input type="checkbox"/> 8-Teen Adventure* August 1-6
<input type="checkbox"/> Stayover Weekend August 6-8 |
| <input type="checkbox"/> 4-Wacky Holidays July 4-9
<input type="checkbox"/> Stayover Weekend July 9-11 | <input type="checkbox"/> 9-Aloha Beach..... August 8-13 |
| <input type="checkbox"/> 5-Rock the Camp July 11-16
<input type="checkbox"/> Stayover Weekend July 16-18 | |
- *Rising 6th-10th graders

- SPECIALTY CAMP \$100 additional fee** Check desired session(s)
- Skateboard Camp** offered at all sessions. **Horse Camp** offered sessions 5-9.
- 1 2 3 4 5 6 7 8 9 5 6 7 8 9

OVERNIGHT TEEN CAMPS
CIT: Session 1—weeks 1-4; Session 2—weeks 5-8; LIT: weeks 5 & 6

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. **\$485** x # of camps \$ _____

B: Partially subsidized rate for those families who can pay a little more. **\$535** x # of camps \$ _____

C: Full/actual cost of a child at camp, this includes direct expenses and long-term wear & tear. **\$585** 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: \$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.

SKATEBOARD CAMP: \$100 (offered every session) \$ _____

HORSE CAMP: \$100 (offered sessions 6-9) \$ _____

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 _____