

## Camp Crosley Day Camp – Registration Form

NAME OF CAMPER: \_\_\_\_\_  Male  Female

DATE OF BIRTH: \_\_\_\_\_ GRADE IN FALL 2010: \_\_\_\_\_ AGE AT CAMP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

NAME OF MOTHER/GUARDIAN: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

NAME OF FATHER/GUARDIAN: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERG. PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

HEAR ABOUT CAMP:  Mailer  Friend  School  Camp Fair  Internet  Other \_\_\_\_\_

**Session Choice** (*Please select*)

Session 1 June 28 – July 2     Session 2 July 5 – 19     Session 3 July 12 – 16     Session 4 July 19 – 23

Session 5 July 26 – July 30

**How Do I Register?**

Complete this form and return it along with the deposit to camp.

**Deposit**

A non-refundable deposit of \$25 per week must accompany each registration. This deposit will be applied to your camp fees. The balance is due four weeks prior to the start of the session.

**Membership**

Camp Crosley membership is paid once for the entire summer and campers who are attending more than one session need only purchase one membership. If you are registering more than one child, we invite you to purchase the family membership for only \$40. We honor the memberships of any other YMCA's.

Day Camp Fee \$115 per week	\$
YMCA Membership is required to attend Camp Crosley. Please select one of the following options: <input type="checkbox"/> I am a member of the _____ YMCA. Membership number: _____ <input type="checkbox"/> I need to purchase a \$25 individual Camp Crosley YMCA annual membership. <input type="checkbox"/> I need to purchase a \$40 family Camp Crosley YMCA annual membership.	\$
<b>Total Amount</b>	\$
<b>Deposit (\$25 per week minimum)</b>	\$
<b>Balance Due</b>	\$

I certify that the proposed camper is in normal health and subject to ordinary camp discipline. I understand that the minimum of \$25 per week non-refundable deposit is included in the Camp Fee, and that my child's camp week will only be reserved upon receipt of this deposit. I understand that a signed medical consent form is required for my child's participation in camp. In case of accident or illness, the Camp Director has my permission to secure medical attention if unable to communicate with me immediately. I understand that the Camp Fee does not include accident or illness insurance. I understand that there will be no refund if my child leaves camp early for homesickness or disciplinary reasons. I give my full permission for my child to participate in all phases of Camp Crosley YMCA programs. I authorize the YMCA to take and use any photographs, slides, and video tapes of the camper named on this application as may be needed for its records or public relations programs.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Check     Visa     Master Card     Discover

Check #: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Is the billing address the same as on the form?  Yes

If no, please write the billing address below:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please complete this form and return it along with the deposit of \$25 per week to:  
Camp Crosley YMCA, 165 EMS T2 Lane, North Webster, IN 46555; 1-877-811-6189**