

**2010**  
**Decatur County Family YMCA**  
**DAY CAMP REGISTRATION**

Weeks Attending

Child's Name: _____ Date of Birth: _____ Home Phone: _____ Address: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">WEEK 1</td> <td style="width: 25%;">6/7-6/11</td> <td style="width: 25%;"></td> <td style="width: 25%;">WEEK 6</td> <td style="width: 25%;">7/12-7/16</td> <td style="width: 25%;"></td> </tr> <tr> <td>WEEK 2</td> <td>6/14-6/18</td> <td></td> <td>WEEK 7</td> <td>7/19-7/23</td> <td></td> </tr> <tr> <td>WEEK 3</td> <td>6/21-6/25</td> <td></td> <td>WEEK 8</td> <td>7/26-7/30</td> <td></td> </tr> <tr> <td>WEEK 4</td> <td>6/28-7/2</td> <td></td> <td>WEEK 9</td> <td>8/2-8/6</td> <td></td> </tr> <tr> <td>WEEK 5</td> <td>7/5-7/9</td> <td></td> <td>WEEK</td> <td>8/9-8/13</td> <td></td> </tr> </table>	WEEK 1	6/7-6/11		WEEK 6	7/12-7/16		WEEK 2	6/14-6/18		WEEK 7	7/19-7/23		WEEK 3	6/21-6/25		WEEK 8	7/26-7/30		WEEK 4	6/28-7/2		WEEK 9	8/2-8/6		WEEK 5	7/5-7/9		WEEK	8/9-8/13	
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<p style="text-align: center;"><b>PARENT/GUARDIAN INFORMATION</b></p> Name: _____ Phone: _____ Alternate #: _____ Name: _____ Phone: _____ Alternate #: _____ Parent Email: _____	<p style="text-align: center;"><b>CHILD TRANSPORTATION</b>          (WHO IS ALLOWED TO PICK UP THE CHILD)</p> Name & Relationship: _____ Name & Relationship: _____ Name & Relationship: _____ Name & Relationship: _____
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(CAMP STAFF RESERVE THE RIGHT TO ASK FOR PICTURE ID)

**HEALTH & SAFETY INFORMATION**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child have allergies, take special medication, or have a special condition our staff should be aware of?

Yes  If yes please explain: \_\_\_\_\_  
 No  \_\_\_\_\_

I, \_\_\_\_\_ give the camp staff permission to apply sunscreen and or insect repellent as needed.  
 (Parent/ Guardian Signature)

Please check which area of the pool your child has permission to be in.

Shallow  Slide  Deep  Diving Boards  All

**DAY CAMP FEES**

Weekly: M-\$80      Daily: M- \$20  
                   PM- \$100      PM - \$30  
 Pre and Post Camp rates \$5/ day

PRE REGISTRATION FEE OF \$2 PER DAY REQUIRED

**DEPOSIT WILL GO TOWARD WEEKLY FEE**

LATE FEE OF \$2 PER DAY IF NOT PRE REGISTERED BY FRIDAY!!

I hereby agree that the Decatur County Family YMCA Staff and the Decatur County Family YMCA are released from the liability in connection with medical treatment and unavoidable accidents. The Decatur County Family YMCA also permission to use necessary medical measures in the event of an emergency and this treatment will be the responsibility of the child's legal parent/ guardian. I also agree that the Decatur County Family YMCA has my permission to use and other art forms depicting my child in future promotions.

\_\_\_\_\_  
 Parent/ Legal Guardian Signature

\_\_\_\_\_  
 Date