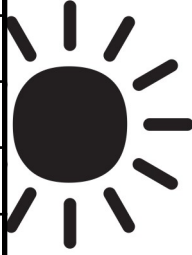


CAMPER	NAME			 <h3 style="margin: 0;">AGE GROUP</h3> <input type="checkbox"/> RASCALS (Pre K-K) <input type="checkbox"/> ALL-STARS (Grades 1-5) <input type="checkbox"/> ADVENTURTEENS (Grades 6-9)																					
	BIRTHDAY	AGE	<input type="checkbox"/> M <input type="checkbox"/> F																						
	ADDRESS																								
	CITY	STATE	ZIP																						
	SCHOOL	GRADE IN FALL																							
FAMILY DATA	SESSION 1 June 21-July 2 <input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL					SESSION 2 July 5-16 <input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL					SESSION 3 July 19-30 <input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL					SESSION 4 August 2-13 <input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL					SESSION 5 August 16-20 <input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL				
	Child Primarily Resides With: <input type="checkbox"/> P/G 1 <input type="checkbox"/> P/G 2 <input type="checkbox"/> Both <input type="checkbox"/> Other _____																								
	PARENT/GUARDIAN 1					HOME PHONE																			
	EMAIL ADDRESS					CELL PHONE																			
	PLACE OF EMPLOYMENT					WORK PHONE																			
	PARENT/GUARDIAN 2					HOME PHONE																			
	EMAIL ADDRESS					CELL PHONE																			
	PLACE OF EMPLOYMENT					WORK PHONE																			
	MEDICAL	DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICATIONS, PHYSICAL/EMOTIONAL DIFFICULTIES, AND/OR MEDICAL CONDITIONS ?																							
		Has your child ever been stung by a bee? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
		Does your child have any emergency medication (i.e. EpiPen, inhaler) that may need to be used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES, you must submit an "Authorization to Administer Medication" form for each medication needed and bring them to camp on your child's first day</small>																							
	PHYSICIAN NAME					PHONE																			
EMERGENCY CONTACTS	PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS) - TWO REQUIRED																								
	NAME		PHONE 1		PHONE 2		RELATIONSHIP																		
	NAME		PHONE 1		PHONE 2		RELATIONSHIP																		
	NAME		PHONE 1		PHONE 2		RELATIONSHIP																		
	PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED) - TWO REQUIRED																								
	NAME		PHONE 1		PHONE 2		RELATIONSHIP																		
	NAME		PHONE 1		PHONE 2		RELATIONSHIP																		
PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)																									
NAME					RELATIONSHIP																				

CAMP ULBRICH 2021

RATES	Before Camp Care (7:00-9:00AM) \$80 (\$5 \$40)	Basic Camp (9:00AM-4:00PM) YMCA Member: \$419 Program Member: \$459 (SESSION 5 YMCA Member: \$210 Program Member: \$230)	After Camp Care (4:00-6:00PM) \$80 (\$5 \$40)
	Prices are per session. Two week sessions that are split are \$240 for YMCA Members and \$260 for Program Members A 10% sibling discount applies for siblings attending the same camp sessions. There is a \$50 deposit required for each session of camp your child is attending.		
PAYMENT	Who will be Responsible for Payment? (If both, each parent must sign form) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____		
	Payment Options		
<input type="checkbox"/> AUTOMATIC DRAFT You will be drafted the Friday before each session your child is enrolled.			<input type="checkbox"/> PAYMENT PLAN Draft form MUST be completed. You will be drafted your specified amount the 1st of the month . Final payment MUST occur in the month your child is attending camp.
<input type="checkbox"/> USE MY ACCOUNT ON FILE Last 4 Digits of Card/Account: _____ Signature: _____			Amount to be Drafted: March \$ _____ June \$ _____ April \$ _____ July \$ _____ May \$ _____ August \$ _____
<input type="checkbox"/> BILL ME Bills are sent for the entire summer 2 weeks before the start of camp. Payment is due the FRIDAY (10 DAYS) before each session your child is enrolled.			

PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.

- I will provide an up-to-date immunization record, camp medical examination form and proof of medical insurance before my child can attend camp.
- I understand that the Wallingford Family YMCA does not provide health/accident insurance.
- **My deposit of \$50 per session is non-refundable.** Camp fees must be paid in full one week prior to the start of each session. Participants may not attend the session if payment in full is not received. Camp fees (excluding deposits) may be refunded with proof of medical ineligibility.
- Session changes after June 10, 2021 will result in a \$20 change fee.
- I give permission to the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.
- I agree that the Wallingford Family YMCA participant will uphold and abide by the rules and regulations adopted by the Wallingford Family YMCA and I recognize that they reserve the right to dismiss or suspend the participant at any time if, in the judgment of the Camp Director, such action is in the best interest of the program.
- Any participant who is dismissed or leaves early from the program for any reason, and at any time, will not receive a refund – partial or otherwise. It is the Wallingford Family YMCA's expectation that all campers will complete the program.
- Participant specifically assumes all risk of injury arising out of his/her presence on the premises of the Wallingford Family YMCA ("YMCA"). Use of its equipment or facilities and participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from claims arising out of damages for the YMCA and its officers, directors, members, employees or agents. I understand the risk and dangers involved in participating in such programs and agree not to participate in any activity that may injure myself or others.
- I give permission for my child to attend field trips to Bertini Park, Doolittle Park, the Rotary YMCA Teen Center, the YMCA KinderHouse and the Wallingford Family YMCA for camp activities. I understand that my child will walk to and from each activity. Transportation to Bertini Park or any other off-site locations will be provided by Durham Bus Company.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date