

UNITS	Entering Grade	SESSION 1 6/26-30	SESSION 2 7/3-7 NO CAMP JULY 4	SESSION 3 7/10-14	SESSION 4 7/17-21	SESSION 5 7/24-28	SESSION 6 7/31-8/4	SESSION 7 8/7-11	SESSION 8 8/14-18	SESSION 9 8/21-25
Explorers	K	<input type="checkbox"/> \$215	<input type="checkbox"/> \$195	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215
Travelers	1-3	<input type="checkbox"/> \$215	<input type="checkbox"/> \$195	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215
Rangers	4-5	<input type="checkbox"/> \$215	<input type="checkbox"/> \$195	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	
Trailblazers	6-8	<input type="checkbox"/> \$215	<input type="checkbox"/> \$195	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	
CIT	AGE 14-16	<input type="checkbox"/> \$550				<input type="checkbox"/> \$550				
Before & After Care	All Ages	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$36 Before <input type="checkbox"/> \$36 After <input type="checkbox"/> \$64 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After <input type="checkbox"/> \$80 AM&PM
UNITS	Entering Grade	SESSION 1 6/26-30	SESSION 2 7/3-7 NO CAMP JULY 4	SESSION 3 7/10-14	SESSION 4 7/17-21	SESSION 5 7/24-28	SESSION 6 7/31-8/4	SESSION 7 8/7-11	SESSION 8 8/14-18	SESSION 9 8/21-25
Adventure										
Fort Building	3-6	<input type="checkbox"/> \$245				<input type="checkbox"/> \$245				
Mega Adventure	3-6				<input type="checkbox"/> \$245			<input type="checkbox"/> \$245		
UK Soccer Full Day	2-6			<input type="checkbox"/> \$260						
UK Soccer Half Day	3-6			<input type="checkbox"/> \$160						
Enrichment										
Mega Science	3-6					<input type="checkbox"/> \$245			<input type="checkbox"/> \$245	
Little Chefs	1-6	<input type="checkbox"/> \$245			<input type="checkbox"/> \$245		<input type="checkbox"/> \$245			
Gymnastics	1-8			<input type="checkbox"/> \$245				<input type="checkbox"/> \$245		
TRIP: Adventure Camp	4-8									<input type="checkbox"/> \$290
Farm to Table Camp	1-6								<input type="checkbox"/> \$290	

YMCA CAMP SHORE REGISTRATION FORM

Please detach this page and return to the Valley Shore YMCA with payment. PLEASE PRINT.

Last Name: _____ First Name: _____

Address: _____ Town: _____ Zip Code: _____

Date of Birth: _____ Age (as of 9/17) _____ Grade (as of 9/17) _____ Sex: Female Male

Guardian's Name: _____ Cell Phone: _____ Business /Home _____

Guardian's Employer: _____ Email Address: _____

Guardian's Name: _____ Cell Phone: _____ Business /Home _____

Guardian's Employer: _____ Email Address: _____

Please Indicate Tee Shirt Size: Small Medium Large Extra Large

EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE):

Name: _____ Phone Number: _____

The following people are authorized to pick up my child:

1. Name _____ Relationship: _____ Phone: _____

2. Name _____ Relationship: _____ Phone: _____

3. Name _____ Relationship: _____ Phone: _____

Special Information or Allergies: YES NO If YES please supply information here: _____

PAYMENT INFORMATION:

Credit Card Number: _____ Exp. Date _____ CVV _____ Signature of Card Holder: _____

Please enroll me in auto pay using the credit card above (preferred) or Charge my deposits and bill me.

My signature below signifies that I agree with all information on this application and in the camp brochure. I understand that State Law prohibits my child from attending camp without a medical form completed by a physician within 36 months prior to the beginning of camp. Permission is also granted for the YMCA to take and use photographs of the person named on this application. I authorize YMCA officials to secure medical/emergency attention and treatment for the camper listed above. I have enclosed a \$50.00 non-refundable deposit per child/per camp session, non-transferable after April 30, 2017. I also agree to pay the balance of camp fees two weeks prior to the beginning of the camp session(s). Permission is granted for the signed camper to participate in all planned camp activities including field trips and walking trips. **The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at YMCA Camp Shore. I further waive, release, absolve, and indemnify the Valley Shore YMCA, YMCA Camp Shore, its directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs of YMCA Camp Shore.**

Parent/Guardian Signature: _____ Date Signed: _____

FOR CAMP USE: Deposit included: \$50 per Camper/per week _____ Registration Form signed (above) Physical Received