

UNITS	Entering Grade	SESSION 1 7/1-5 NO CAMP JULY 4	SESSION 2 7/8-12	SESSION 3 7/15-19	SESSION 4 7/22-26	SESSION 5 7/29-8/2	SESSION 6 8/5-9	SESSION 7 8/12-16	SESSION 8 8/19-23	SESSION 9 8/19-23
Explorers	K	<input type="checkbox"/> \$225	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225
Travelers	1-3	<input type="checkbox"/> \$225	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225
Rangers	4-5	<input type="checkbox"/> \$225	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	
Trailblazers	6-8	<input type="checkbox"/> \$225	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	
CIT*	AGE 14-16	*CITs must select at least 4 weeks @ \$150/week (\$600 total minimum)								
		<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
SPECIALTY CAMPS	Entering Grade	SESSION 1 6/24-28	SESSION 2 7/1-5 NO CAMP JULY 4	SESSION 3 7/8-12	SESSION 4 7/15-19	SESSION 5 7/22-26	SESSION 6 7/29-8/2	SESSION 7 8/5-9	SESSION 8 8/12-16	SESSION 9 8/19-23

**SPECIALTY CAMP ADD-ONS: ADD AN ADDITIONAL HALF DAY OF SPECIALTY CAMP PROGRAMMING FOR ONE LOW PRICE!**

Ultimate Warrior	4-8	<input type="checkbox"/> +\$30				<input type="checkbox"/> +\$30				
UK Soccer Full Day	2-8			<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45			
Farm to Table	1-5								<input type="checkbox"/> +\$80	
Blocks & Bricks	1-3	<input type="checkbox"/> +\$30				<input type="checkbox"/> +\$30				
Sugar & Spice: Spa Camp	4-8			<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45			
Cheer & Dance: Spirit Camp	2-5				<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45		
Sports Spectacular	2-5								<input type="checkbox"/> +\$45	
Builder's Workshop	4-8				<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45		
TRIP: Adventure Camp	4-8									<input type="checkbox"/> \$325
Before & After Care	All Ages	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$36 Before <input type="checkbox"/> \$36 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 Before <input type="checkbox"/> \$45 After



## 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 9/19) \_\_\_\_\_ Grade (as of 9/19) \_\_\_\_\_ 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: \_\_\_\_\_

**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: \_\_\_\_\_  
 Charge me in full  Enroll me in MONTHLY AUTO PAY (not available after June 1) (See payment description on page 1).  
 Enroll me in TRADITIONAL AUTO PAY (See payment description on page 1).

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, 2019. I also agree to provide a valid credit card in order to pay the balance of camp fees - due two weeks prior to the beginning of the camp session(s). The YMCA charges a \$20 fee for declined credit cards and returned checks. 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