

REGISTER ONLINE AT VSYMCA.ORG

UNITS	Entering Grade	Session 1 6/29 - 7/3	Session 2 6/22 - 6/26	Session 3 7/6 - 7/10	Session 4 7/13 - 7/17	Session 5 7/20 - 7/24	Session 6 7/27 - 7/31	Session 7 8/3 - 8/7	Session 8 8/10 - 8/14	Session 9 8/17 - 8/21
Scouts	2 - 3	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275
Navigators	4 - 5	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275
Pathfinders	6 - 8	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275
CIT	AGE 14 - 16	<input type="checkbox"/> \$350		<input type="checkbox"/> \$350		<input type="checkbox"/> \$350		<input type="checkbox"/> \$350		
\$350 FOR 2 WEEKS. REGISTER IN 2 WEEK BLOCKS.										
Before & After Care* All Ages	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK	<input type="checkbox"/> ECHO ROCK
	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA	<input type="checkbox"/> VSYMCA
	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before	<input type="checkbox"/> \$45 Before
	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After	<input type="checkbox"/> \$45 After
	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM	<input type="checkbox"/> \$90 AM&PM

YMCA CAMP ECHO ROCK 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 9/20): _____ Grade (fall 2020): _____ Gender: M or F
(Circle)

Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

Guardian's Employer: _____ Email: _____

Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

Guardian's Employer: _____ Email: _____

DO YOU REQUIRE BUS TRANSPORTATION? YES or NO
(Circle) If yes, please indicate which stop you will utilize: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE):

Name: _____ Phone: _____

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 or NO
(Circle) If **YES** please provide information here: _____

PAYMENT INFORMATION:

Credit Card #: _____ Exp. Date: _____ 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).

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, 2020. 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 the child named above participation in programs at YMCA Camp Echo Rock. I further waive, release, absolve and indemnify the Valley Shore YMCA, YMCA Camp Echo Rock, it's directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs at YMCA Camp Echo Rock.**

Parent/Guardian Signature: _____ **Date:** _____