

UNITS	Entering Grade	Session 1 6/22 - 6/26	Session 2 6/29 - 7/3	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
Explorers	K	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
Travelers	1-3	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
Rangers	4-5	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
Trailblazers	6-8	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
CIT	AGES	<input type="checkbox"/> \$350		<input type="checkbox"/> \$350		<input type="checkbox"/> \$350		<input type="checkbox"/> \$350		
	14 - 16	\$350 FOR 2 WEEKS. REGISTER IN 2 WEEK BLOCKS.								
SPECIALTY CAMP ADD-ONS: ADD AN ADDITIONAL HALF DAY OF SPECIALTY CAMP PROGRAMMINGS FOR ONE LOW PRICE!										
Sports, Nutrition	4-8	<input type="checkbox"/> +\$45							<input type="checkbox"/> +\$45	
Blocks & Bricks	1-3	<input type="checkbox"/> +\$45								
Warrior	4-8		<input type="checkbox"/> +\$45							
Builder's Workshop	1-3		<input type="checkbox"/> +\$45							
UK Soccer	2-8			<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45			
Cheer & Dance	1-5			<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45			
Outdoor Exploration	4-8				<input type="checkbox"/> +\$45			<input type="checkbox"/> +\$45		
Theater Camp	1-3					<input type="checkbox"/> +\$45				
STEM Camp	4-8					<input type="checkbox"/> +\$45				
Farm to Table	1-5								<input type="checkbox"/> +\$80	
Before & After Care	All Ages	<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"/> \$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 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 9/20): _____ 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: _____

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 Number: _____ Exp Date: _____ Signature of Card Holder: _____

- Charge me in full
- Enroll me in MONTHLY AUTO PAY (not available after June 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 (any physical form expiring March - July 2020 will still be valid). 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 refundable deposit per child/per camp session. I also agree to pay the balance of camp fees one week 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 Shore. I further waive, release, absolve and indemnify the Valley Shore YMCA, YMCA Camp Shore, it's directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs at YMCA Camp Shore.**

Parent/Guardian Signature: _____ Date: _____