

PLEASE COMPLETE EVERY LINE. (One per child)

Use this form to register for Day Camp and all Little Tykes Programs. For all other programs contact the instructors directly.

For CAMP, Our "Camp Packet" must also be completed and returned to the office 2 weeks before starting camp (available at our office or download from our website)

Program or Sport _____ Start Date: ____/____/____ Time (if applicable) _____

→ **FOR CAMP, check box for each week you wish to register:**

Child's Name: (please print) _____ Gender: ____ Birthdate: ____/____/____

Allergies/Restrictions/Physical Limitations: _____ Age: ____ Grade in Fall 2012: _____

Parent's/Guardian's Names: _____

For purposes of required statistics for corporate funding, please list Parent's/Guardian's employers:

Parent's/Guardian's Employer: _____ Parent's/Guardian's Employer: _____

Phone 1 #: _____ Phone 2 #: _____ Phone 3 #: _____

Email address: (required, for Youth Center use only) _____

Address-Mailing: _____ City _____ State _____ Zip: _____

Street Address (if different): _____ City _____ State _____ Zip: _____

Town/Township Where Child Resides: _____ County: _____

Public school child attends or will be attending: _____

T Shirt Size (check one) Child-MD Child-LG Adult-SM Adult-MD Adult-LG

Photo Consent, Please Check One: I do I do not consent that photos, DVD videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website or as The Youth Center desires, free of any claim on my part.

Two persons who are authorized to assume responsibility for child if neither parent/guardian is available (must complete both):

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Child's Doctor: _____

Address: _____ Phone _____

Where did you learn about The Youth Center? _____

By my signature I attest to the following:

- That all information I provided is correct.
- I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements.
- I will not hold The Youth Center employees or any persons affiliated responsible for any accident or injury incurred during my child's presence/involvement at The Youth Center or other venues utilized.
- I realize there are no refunds or credits given for any reason and staff and/or scheduling may be subject to change.
- I have read The Youth Center indemnification agreement, which is available on their website, and I agree to be bound by their terms.

In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.

*Parent/Guardian's Signature _____ Date _____

Please remember to include deposit of \$50 per week, per child and \$30 annual membership fee

Camp 2012	Balance Due By	Regular Day Camp 9am-4pm	AM Ext Hours 7-9am	PM Ext Hours 4-6pm	Mini Trekkers 9:30am-Noon
Pre Week 1* June 18-22	6/1				3 day week Tuesdays & Thursdays
Week 2 June 25-June 29	6/1				
Week 3 July 2-6 closed 7/4	6/15				7/4 CLOSED OPEN 7/6
Week 4 July 9-13	6/15				
Week 5 July 16-20	6/15				
Week 6 July 23-27	6/15				
Week 7 July 30-Aug 3	7/15				
Travel Week 8 Aug 6-10	7/15				
Travel Week 9 Aug 13-17	7/30				
Post Week 10* Aug 20-24	7/30				

If paying AFTER due date, please add \$5 per week.

____ # of wks x \$50/wk deposit, _____ + \$30 membership = \$ _____ enclosed.

*Weeks 1 and 10 are modified program weeks

- **Annual Membership/Registration fee must be current for all programs;** \$30.00 per person, per year (unless otherwise noted).
- **For camp:** Include \$50 per week per child non refundable deposit which will be applied to week's tuition. Additionally, our comprehensive health history "CAMP PACKET" must be completed 2 weeks prior to camp & before any child will be admitted to camp; please obtain from office or website.
- **For youth sports programs:** include payment for all sessions desired.

PLEASE NOTE: NO REFUNDS WILL BE GIVEN FOR ANY REASON

← ***For your child's safety a parent/guardian's signature and this completed form, with no alterations, is required before any child can participate in any program.**