

YMCA of Calhoun County Day Camp & Kinder Camp Registration 2009

Name: _____ Age _____ Birthdate _____ Female/Male

Address _____

City _____ St _____ Zip _____

Mother's Name _____ Home Phone _____ Work Phone _____

Father's Name _____ Home Phone _____ Work Phone _____

Father Cell Phone _____ Mother's Cell Phone _____

Doctor's Name _____ Phone _____

Address _____

Ins. Company _____

Ins. Policy # _____

Emergency Contact: _____ Phone _____

Allergies/Medical _____

Email: _____

Persons Authorized to Pick-Up--Phone

1 _____ 2 _____

3 _____ 3 _____

4 _____ 4 _____

As a parent/guardian, I authorize my child to attend the YMCA Camp. In case of an emergency, the YMCA staff has my permission to give First-Aide or take my child to a physician for treatment. I, _____ give my permission to the YMCA staff to call a doctor for medical or surgical care if an emergency arise, I understand that a conscientious effort will be made to locate us, **I understand that this expense will be accepted by us.** I also consent that my child may be shown in videotapes, photographs and/or electronic images.

Please place a "X" mark in the weeks that your camper will be attending camp.

Marking the week with an "X" does not save your child a spot in that week until camp deposit has been paid.

- _____ June 1-5
- _____ June 8-12
- _____ June 15-19
- _____ June 22-26
- _____ June 29-July 3
- _____ July 6-10
- _____ July 13-17
- _____ July 20-24
- _____ July 27-31

The only way to save your child's spot in a week of camp is to pay the camp deposit for that week. Payment schedules are in the parent's manual please stick to these schedules. Weeks will fill so PLEASE pay camp deposits early.

T-Shirt Size: _____

My child will be dropped off and picked up at:

YMCA Anniston Kittystone

** Alexandria

**(will not start drop off and pick up until July.)
(20 child minimum to run bus from this site)**