



# YMCA of Grays Harbor

## Resident Camp Registration/Waiver

### Summer 2010

**A minimum \$25 non-refundable deposit is required upon registration. Balance of camp fees are due ten (10) days before camp session begins.**

Mail completed form and fee to: YMCA of Grays Harbor, 2500 Simpson Ave., Hoquiam, WA 98550

#### Camper Information

Camper Last Name \_\_\_\_\_ Camper First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address \_\_\_\_\_ Family Email (optional) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School \_\_\_\_\_

This will be my child's (check one):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup> summer at YMCA Camp Bishop.  
 Cabin-mate request: (optional)-one buddy within one grade of camper. \_\_\_\_\_ Buddies must request each other. We do our best to honor requests, but please understand it may not be possible to fulfill all requests.

Mother's/Guardian's Name \_\_\_\_\_ WKPhone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Father's/Guardian's Name \_\_\_\_\_ WKPhone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Alternate person to call in an emergency \_\_\_\_\_ Emergency Number ( ) \_\_\_\_\_

#### Camper Health Information

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance  No  Yes Name of Company \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Does your child have any special medical problems?  No  Yes If yes please specify: \_\_\_\_\_

Does your child take any medication?  No  Yes If yes please specify: \_\_\_\_\_

Is your child allergic to any foods or drugs?  No  Yes If yes please specify: \_\_\_\_\_

When did your child receive his/her last: Tetanus shot? Date \_\_\_\_\_ Medical Exam? Date \_\_\_\_\_

**Session Registration - \$25 Deposit that is applied to camp fee is due at registration.**

*Please check session. Camp fees must be paid in full 10 days prior to start of camp session.*

#### Resident Camp Sessions (Grades 2-6)

- Full  Resident 1: July 11-16 *Session Full*  
 Resident 2: July 18-23  
 Resident 3: July 25-30  
 Resident 4: Aug 8-13

#### Pioneer Mini Camp Sessions (Grades K-2)

- Pioneer 1: July 18-20  
 Pioneer 2: July 20-22

#### Jr. High Camp Sessions (Grades 7-9)

- Jr. High 1: Aug 1-6

**COST PER SESSION:** Resident Camp & Jr. High Camp: \$225/YMCA Members \$260/Program Members  
 Pioneer Mini Camp: \$120/YMCA Members \$140/Program Members

Grays Harbor YMCA Member  YES  NO Other YMCA Member \_\_\_\_\_  
 Date \_\_\_\_\_ Total Fee \_\_\_\_\_ Amount Paid \_\_\_\_\_ Receipt# \_\_\_\_\_ Balance \_\_\_\_\_ Due \_\_\_\_\_

I give permission for my camper to participate in camp activities with the understanding that camp activities may involve a certain degree of risk. I understand certain dangers, accidents, and/or injuries may occur. I release the YMCA of Grays Harbor staff and volunteers from any and all responsibility and/or liability of any nature resulting from camper's participation in such activities. I will notify the camp director in writing of activities in which I do not wish the camper to participate. In case of emergency if I cannot be reached, I hereby give permission to the physician selected by the staff person to hospitalize, to secure proper treatment, and order injection, anesthesia or surgery as needed for my child as named above. Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_