



YMCA of Grays Harbor

Resident Camp Registration/Waiver

Summer 2011

A minimum \$30 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 _____
 City _____ State _____ Zip _____ Home Phone () _____
 Gender _____ Birthdate _____ Age _____ Grade in Fall _____ School _____

This will be my child's (check one): 1st 2nd 3rd 4th 5th 6th 7th 8th 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 - \$30 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 10-15 *Session Full*
 Resident 2: July 17-22
 Resident 3: July 24-29
 Resident 4: Aug 7-12

Pioneer Mini Camp Sessions (Grades K-2)

- Pioneer 1: July 17-19
 Pioneer 2: July 19-21

Jr. High Camp Sessions (Grades 7-9)

- Jr. High 1: July 31-Aug 5

COST PER SESSION: Resident Camp & Jr. High Camp: \$230/YMCA Members \$265/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 _____