

2010 Summer Camps

ALL AROUND SPORTS SAMPLER

AGES 6 - 12

CITY OF NORCROSS RESIDENTS
RESIDING IN 30071 ZIP CODE: \$100/SESSION

FACILITY MEMBER: \$132/SESSION

PROGRAM MEMBER: \$147/SESSION

SESSIONS (circle choice)

1 2 3 4 5 6 7 8 9 10

Sessions

PLEASE DO NOT CIRCLE SESSION HERE -
CIRCLE UNDER APPROPRIATE CAMP

- 1 JUNE 1 - JUNE 4
- 2 JUNE 7 - JUNE 11
- 3 JUNE 14 - JUNE 18
- 4 JUNE 21 - JUNE 25
- 5 JUNE 28 - JULY 2
- 6 JULY 5- JULY 9
- 7 JULY 12 - JULY 16
- 8 JULY 19- JULY 23
- 9 JULY 26 - JULY 30
- 10 AUGUST 2 - AUGUST 6

ARTS AND DRAMA CAMP

AGES 6 - 12

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SESSIONS (circle choice)

1 2 3 4 5 6 7 8 9 10

**CAMP HELD AT
NORCROSS COMMUNITY CENTER
10 BRITT STREET
NORCROSS, GA 30071**

MATH AND SCIENCE CAMP AGES 6 - 12

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SESSIONS - (circle choice)

1 2 3 4 5 6 7 8 9 10

City of Norcross / Camp Imagine 2010 Summer Camp Application Camper Information

(Please print all information; complete one form per camper)

Camper Name _____ Name Camper Goes By: _____

Home Address _____ (h) _____ (c) _____

City _____ State _____ Zip Code _____ E-Mail _____

Birthdate _____ Sex _____ School _____ Buddy Request: _____

Campers age at the start of first camp session: _____ Grade entering fall 10: _____

A current YMCA membership is required at time of registration (\$25 individual or \$35 family for a year.)

Camper T-shirt* Child Size Sml(6-8) Med(10-12) Lg(14-16)

Adult Size Sml(34-36) Med(38-40) Lg(42-44) X-Lg(46-48)

*one t-shirt per season

Family Information

(Please print all information)

Mother/Guardian _____ Same address as child

Home Address _____ (h) _____ (c) _____

City _____ State _____ Zip Code _____ E-Mail _____

Place of Employment _____ (w) _____

Father/Guardian _____ Same address as child

Home Address _____ (h) _____ (c) _____

City _____ State _____ Zip Code _____ E-Mail _____

Place of Employment _____ (w) _____

Emergency Information

Person to be reached if parents or guardians cannot be reached:

Name _____ (h) _____ (w) _____

Name _____ (h) _____ (w) _____

Name _____ (h) _____ (w) _____

Doctor's name _____ (o) _____

Address _____ City _____ State _____ Zip Code _____

Preferred Hospital _____

Dentist's name _____ (o) _____

Health Insurance Carrier _____ Policy Number _____

Camper Release

Persons authorized to pick up: Parents listed above

Emergency contacts listed above

Name _____

Name _____

Name _____

Persons NOT authorized to pick up <i>(A copy of a court order may be required for persons who are not authorized for pickup.)</i>
Name _____
Name _____
Name _____

Health Information

(Form must be completed and turned in with registration in order to be processed. Information is gathered to assist us in identifying appropriate care.)

Camper's Name _____ Age _____ Birthday _____ Male/Female _____

Immunization History *(All forms expire annually)*

Please record the date (month and year) of basic immunizations and recent booster doses. Please make a personal copy of the following for your records and for future registration purposes. (A copy of immunization records from a doctor or school can be given in lieu of filling out the immunization information).

Vaccine	Date			Date			Date		
	MM	DD	YY	MM	DD	YY	MM	DD	YY
Diphtheria/Pertussis/Tetanus (DPT)									
Tetanus/Diphtheria									
Tetanus									
Oral Polio (sabin) TOPV									
Injectable Polio (Salk)									
Injectable Polio (Salk)									
Measles (hard measles, red measles, rubella)									
Mumps									
Rubella (German measles, 3-day measles)									
Tuberculin test given (most recent)									
Haemophilus Influenza B (HIB)									
Hepatitis B									

Health History

1. Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? Yes _____ No _____
If yes, please give dates and details:

2. Does camper have any chronic or recurring illness or conditions? Yes _____ No _____
If yes, please give dates and details: *(Any special medical/physical accommodations may require 2 weeks advance notice for us to meet the child's needs).*

3. Should any activities be encouraged or limited?

4. List current medication(s) – send with instructions *(Medications may not be stored overnight at camp. Medications must be checked in at the front desk on a daily basis. Medications must be in original prescription bottle):*

5. List Allergies: _____

6. If applicable – suggestions on health-related information for camp personnel:

This history is correct so far as I know, and herein described has permission to engage in all prescribed camp activities as noted. Authorization of treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment release and records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I can not be reached in an emergency I hereby give my permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above. The completed forms may be photocopied for use out of camp.

Signature of parent/guardian _____ Date _____

Deposits / Payment of Balance

Attached is \$25.00 per child/per session non-refundable deposit. I understand the balance is due 1 week prior to the first day of each session. This non-refundable deposit is to guarantee my child's registration in camp. Deposits are applied to the total cost of the camp.

My child is attending _____sessions of camp at \$25.00 non-refundable deposit per session which equals \$_____.

_____I would like \$2.00 to be contributed to the Partner With Youth Financial Assistance Program.

Late Fees

A \$10.00 late fee (per week, per family) will be assessed if the outstanding balance is not paid in full by the balance due date. If you register later than one week before the camp start date, you must pay a \$10.00 late registration fee per child/per session.

Camp Payment Policies

Please initial each payment policy. These policies apply to all summer camps.

_____ I have enclosed \$25 per child, per session Non-Refundable and Non-Transferable deposit. No exceptions made.

_____ I understand the balance for each session is due 7 days prior to the start of each session my child is enrolled.

_____ I understand that \$10 late fee will be automatically assessed for payment received after the due date.

_____ I understand that refunds must be requested at least 7 days prior to the start of camp. Absolutely no refunds after August 31, 2010.

Parent/Guardian Authorization

As the parent/guardian of the camper, I authorize _____ (camper's name) to attend and participate in all prescribed YMCA activities. I give permission to the Camp Director and any other designated Camp Staff to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in supervised hikes and transportation to and from camp site. I give my permission that any photos or videos taken of my child may be used for promotional purposes only.

Signature of parent/guardian _____ Date _____

Financial Aid

APPLE SCHOLARSHIP - The YMCA's Assistance Policy and Plan is available for programs and membership. The plan uses a sliding fee scale, based on household income to number of dependents. The same scale is used for all applicants. Contact Lisa Brasher or Odette Talbert for further information.

Registration

ALL REGISTRATION IS AT THE ROBERT D. FOWLER YMCA

OPEN REGISTRATION STARTS ON MONDAY, MARCH 22. ALL CAMP REGISTRATION WILL CLOSE THE WEDNESDAY PRIOR TO THE START OF CAMP OR IF CAMP IS FULL. NO EXCEPTIONS.

Robert D. Fowler Family YMCA
5600 W. Jones Bridge Road Norcross, GA 30092
770.246.9622

fpy.ymcaatlanta.org
FOR MORE INFORMATION PLEASE CONTACT LISA BRASHER.
Email: lisab@ymcaatlanta.org