Stateline Family YMCA – Wocklgo/BeRo Summer Camp 2019

| Child Information | | | | | | |
|--|----------------------------------|-------------|---------------------|---|--|--|
| Child's Name | | le □ Fema | ale | | | |
| | | date | | _ | | |
| City, State, Zip Age: | | | | _ | | |
| | | e Level for | Level for Fall 2019 | | | |
| Parent/Guardian Information | | | | | | |
| Parent/Guardian #1 | Parent/Guardian #2 | | | | | |
| Last Name: | Last Name: | | | | | |
| First Name: | First Name: | | | | | |
| Cell Phone: | Cell Phone: | | | | | |
| Work Phone: Work Phone: | | | | | | |
| Employer: | Employer: | | | | | |
| Email: | Email: | | | | | |
| Emergency Contacts (Two contacts | ects other than parent/quardian) | | | | | |
| Emergency Contact #1 | Emergency Contact #2 | | | | | |
| Name: | Name: | | | | | |
| Relationship: | Relationship: | | | | | |
| Phone #: | Phone #: | | | | | |
| Medical and Behavior Questions to | | | | | | |
| Has your child been diagnosed or treated for the following: Asthma Allergies Special Dietary Needs Diabetes Seizures Allergies to Insect Stings ADD/ADHD Other Please provide details for any of the above checked boxes: Hospital Preference: | | | | _ | | |
| | | | | - | | |
| | | | | - | | |
| | of Understanding | □ V | □ N - | | | |
| understand that my child must be physically signed in/out by authorized adults | | □ Yes | □ No | | | |
| I understand that the YMCA is not responsible for lost, stolen or damaged personal articles | | ☐ Yes | □ No | | | |
| I understand that my weekly balance is due by the Wednesday prior to the week my child will attend | | | | | | |
| I give permission to the Stateline Family YMCA to: Seek medical treatment for my child, in my absence, in the event of an emergency | | | | | | |
| Seek medical treatment for my child, in my absence, in the event of an emergency | | | □ No | | | |
| Use photos or videos taken of my child for any and all promotional purposes | | | □ No | | | |
| To transport my child as necessary for all activities. Bussing, swimming, field trips | | ☐ Yes | □ No | | | |
| Allow my child to go on short walks with the group under Y Staff Supervision | | ☐ Yes | □ No | | | |
| Allow my child to participate in field trips | | | \square No | | | |
| To apply sunscreen/bug repellent that I supplied to my child | | | □ No | | | |
| Allow my child to participate in swimming activities | | | □ No | | | |
| Parent/ Guardian Signature: | | | | | | |

| YMCA Camp Registration | | | | |
|--|--|---|--|--|
| Camper's Name | | | | |
| Name of school your child attends: | | | | |
| Preferred T-Shirt Size: CS CM CL AS AM AL AXL Camp: BeRo Wocklgo (\$10 for Camp Shirt -sizes will be given on a first serve basis.) | | | | |
| Weeks and Dates | Camp Theme | Days Attending | | |
| Week 1: June 3-7 | Super Slimy □ Wocklgo Inside Out □ BeRo | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 2: June 10-14 | World Explorers □ Wocklgo Leadership □ BeRo | ☐ Full Week ☐ M ☐ T ☐ W ☐ TH ☐ F due in full the | | |
| Week 3: June 17-21 | Splish Splash □ WockIgo Service □ BeRo | ☐ Full Week ☐ M ☐ T ☐ W ☐ TH ☐ F Prior to the | | |
| Week 4: June 24-28 | Mad Scientists □ Wocklgo Team Building □ BeRo | ☐ Full Week ☐ M ☐ T ☐ W ☐ TH ☐ F Description: Camp week your child will be attending. | | |
| Week 5: July 1-5 No Camp July 4 th | Treasure Hunters Wocklgo Exploration BeRo | ☐ M ☐ T ☐ W ☐ F Full Week | | |
| Week 6: July 8-12 | Spirit Week Wocklgo Spirit Wars BeRo | ☐ Full Week Y Member \$114 | | |
| Week 7: July 15-19 | Beach Bash Wocklgo Adventure BeRo | ☐ Full Week ☐ M ☐ T ☐ W ☐ TH ☐ F General Public \$152 | | |
| Week 8: July 22-26 | Engineered For Fun-STEM Wocklgo STEAM Camp BeRo | ☐ Full Week ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ Member | | |
| Week 9: July 29- Aug. 2 | Camp Hogwarts □ Wocklgo Imagination □ BeRo | ☐ Hull Week \$32 General Public | | |
| Week 10: August 5-9 | Camper Vs Councelor □ Wocklgo Camper Vs Councelor □ BeRo | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 11: August 12-16 | CSI Camp □ Wocklgo Summer Rewind □ BeRo | □ Full Week □ M □ T □ W □ TH □ F | | |
| Fun Days: August 19-20 | No Themes, No Field Trips | □ M □ T \$28/day Y Member \$38/day Non Member | | |
| Rate Plan 1 (Pay in Full by May 15) Lock-in at \$105/week for 10 weeks Receive Camp T-Shirt Receive the camp specialty items Receive 5 additional camp days free Receive a free youth summer membership Total Cost is \$1050 (savings of \$615) Rate Plan 2 (4 Month Payment Plan) Lock In by March 15th Lock-in at \$108/week for 10 weeks Receive Camp T-Shirt Receive Camp T-Shirt Receive Camp T-Shirt Receive 5 additional camp days free Receive 5 additional camp days free Receive a free youth summer membership Payments drafted on the 20th of March, April, May and June for the amount of \$270/month Total Cost is \$1080 (savings of \$585) Total Cost is \$1080 (savings of \$585) | | | | |
| *All camp rate plans are non-refundable. | | | | |
| Additional Authorized People Allowed to pick-up my child other than Parent/Guardian(s) listed above | | | | |
| Name | ame Relationship | | | |
| Phone # | | | | |

Relationship _____

Name _____

Phone #