

TRI-COUNTY YMCA of the OZARKS
2009 ADVENTURE CAMP
 (One form per camper)

Your **\$15.00 per child per camp** or **\$25.00 per child for 2 or 3 camps** registration fee **plus** your child's ***first week** of camp is due payable in full at time of registration.

CAMPERS NAME _____ M _____ F _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ DATE of BIRTH _____ AGE _____ YMCA MEMBER Y/N (Circle One)
 MOTHER _____ WORK PHONE _____ HOME PHONE _____
 FATHER _____ WORK PHONE _____ HOME PHONE _____
 EMERGENCY CONTACT _____ PHONE _____ SCHOOL _____ GRADE (Aug '08) _____

T-SHIRT SIZE: Youth M Youth L Youth XL Adult S Adult L Adult XL
 10-12 14-16 18-20

DATES	YMCA MEMBER	NON- MEMBER
CAMP TEAM WORK (JULY 27 – JULY 31)	_____ \$125.00	_____ \$175.00
UNDER THE SEA CAMP (AUGUST 3 – AUGUST 7)	_____ \$125.00	_____ \$175.00
EXPLORER EXPEDITION CAMP (AUGUST 10 – AUGUST 14)	_____ \$125.00	_____ \$175.00

PAYMENT INFORMATION: Reg. Fee Paid _____ Amount Paid _____ Pmt Type _____ # of Check Enclosed _____

IMPORTANT: THIS SECTION MUST BE SIGNED BY CAMPER & PARENT/GUARDIAN BEFORE REGISTRATION CAN BE ACCEPTED.

I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does exist. I grant permission to the Tri-County YMCA staff to provide or obtain immediate attention for my child in the event of sickness or injury and **I understand accident insurance is not included in the camp fee.** Should a camper require special medical treatment, prescriptions or hospital care during the enrolled session, parents shall bear the expenses. I will notify the camp director if my child has any serious restrictions related to his or her participation in the Y's camp program. I hereby give permission for the Tri-County YMCA to use any photos or videotapes taken of my child while involved in camp activities for promotional purposes. In consideration of acceptance to the Tri-County's YMCA camp program, I indemnify and hold harmless the Tri-County YMCA and/or its staff from any and all liability claims, damage, injury or illness sustained by my child. I have read and agree to the responsibilities described.

CAMPER SIGNATURE: _____ DATE _____

PARENT SIGNATURE: _____ DATE _____

<u>OFFICE USE ONLY:</u>	
REG. FEE PD _____	DATE _____
CAMP AMT. _____	DATE _____
ENTERED INTO CAMP BOOK _____	
STAFF SIG/DATE _____	