

Blanchard Park YMCA Spring Break Camp

March 31st – April 4th

Registration Form

Registration ENDS March 27th

(A \$10 late fee will be applied to the overall cost for anyone registering after March 27th.)

Child's Name: _____ DOB: _____ Age: _____

Home Address: _____

Home Phone: _____ Emergency Contact: _____

YMCA Members: Daily Rate - \$30

Weekly Rate - \$135

Non-Members: Daily Rate - \$60

Weekly Rate - \$205

Please circle the days you plan to attend:

Mon Tues Wed Thurs Fri

Parent/Legal Guardian Information:

Mother's Name: _____

Father's Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Authorized (other than parent/guardian) to Pick-Up or Contact:

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Allergies/Existing Illness or Injury/Medication Prescribed/Special Needs: _____

I consent to my child's participation in the YMCA program and assume the risks involved. I will notify the YMCA staff of any changes in the above information. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA to take my child to the nearest facility for treatment deemed necessary for medical attention. I attest and verify that I have knowledge of the risks involved in that activity and that my child is fit and sufficiently trained to participate. By signature and of free will I do hereby agree to indemnify and save harmless to the Young Men's Christian Association from any and all claims or demands cost or expense arising out of any injuries or damage sustained by me or any party I am responsible for. I understand that I am responsible for the dues of the program and all information in the parent handbook.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

YMCA Mission: *The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen Spirit, Mind and Body.*

Office Use Only:		
Amount Due: _____	Amount Paid: _____	Payment Type: Credit / Cash / Check
Handbook Received: _____		