

2009 Camp Pa-Wa-Pi Health Form

Camper's Registration Information

Name of Child	Date of Birth
Camp Week(s) Attending: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	

Parent Information

Parent Name 1.	Parent Name 2.
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Parent's Location When Child is in Care:	Parent's Location When Child is in Care:
Street Address	Street Address
City, State, Zip	City, State, Zip
Hours	Hours
Phone	Phone

Allergies/Special Conditions/Current Medications that are being taken:

Persons Other Than Parent to Notify in an Emergency Situation When Parent is Not Available

Name	Phone Number
Street Address	City, State, Zip

Name/Phone Numbers of Persons Other than Parent to Whom Child May Be Released:

1.	2.	3.	4.
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Name of Child's Physician or Health Care	Phone Number
Street Address, City, State, Zip	

Hospital Preferred for Emergency Treatment	Health Insurance Policy Name & Number
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Parent Agreement

In consideration of my child participating in the YMCA of Lansing Day Camps, I, the undersigned agree to release and on behalf of my minor child, myself, our heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Lansing, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the YMCA of Lansing on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the day camp program whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of the YMCA of Lansing, its officers, agents, and employees.

Health: *I hereby certify that my child is in good health, has no infectious disease, immunizations are up to date, and that he/she has no physical limitations which would preclude their participation in the YMCA of Lansing Day Camp program*

Emergency Treatment: *I hereby give permission to the YMCA of Lansing and the emergency care person listed on this card to secure emergency medical treatment and non-emergency medical treatment for the child named on this card while in care. Elective surgery is not included in this authorization.*

Field Trips: *I hereby also give permission to the YMCA of Lansing for my child to be transported in a vehicle and/or participate in field trips.*

Photographs: *I hereby give permission for photographs/videos of my child to be used in future publications.*

Movies: *I hereby also give permission to the YMCA of Lansing to allow my child to view G and PG rated movies.*

Behavior: *The camp management reserves the right to dismiss a camper due to behavior discipline problems.*

Email Opt-in: *By signing this form and providing my email address, I am agreeing to opt-in to the YMCA of Lansing email database and will receive updates by email from the YMCA of Lansing. I understand that the YMCA of Lansing will never release my information including my email address to a third party and that I may opt-out from these communications at any time.*

I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

Parent Signature _____ Date _____

Fill out both sides of form to complete registration

2009 Camp Pa-Wa-Pi Registration Form

Register Online, By Phone, Fax, In Person Or By Mail
 Mail registration form to: Parkwood YMCA, 2306 Haslett Rd., East Lansing, MI 48823
 Fax: 517/339-1380 Phone: 517/332-8657 Register Online: www.camppawapi.org

Camper's Registration Information

Camper's Name		<input type="checkbox"/> M <input type="checkbox"/> F
Parent's Email Address:		
Street Address		Age
City		Birthdate
State		Zip

Select Camp Weeks (please fill in camp name and information)

Weeks/Dates	Camp Name	Camp Fee	Extended Care Fee \$35	Weekly Total
Week 1: 6/8 - 6/12				
Week 2: 6/15 - 6/19				
Week 3: 6/22 - 6/26				
Week 4: 6/29 - 7/3				
Week 5: 7/6 - 7/10				
Week 6: 7/13 - 7/17				
Week 7: 7/20 - 7/24				
Week 8: 7/27 - 7/31				
Week 9: 8/3 - 8/7				
Week 10: 8/10 - 8/14				
Week 11: 8/17 - 8/21				
Week 12: 8/24 - 8/28				
Week 13: 8/31 - 9/4				

Extended Care Location: <input type="checkbox"/> Parkwood <input type="checkbox"/> Westside	\$
Bus Route for Camp Pa-Wa-Pi: <input type="checkbox"/> Parkwood <input type="checkbox"/> Westside	

Total Weekly Camp Fees		Method of Payment	
Camp Fee(s) Total:	\$	Credit Card*:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
YMCA Youth member subtract \$15 for each camp week	\$ -		<input type="checkbox"/> Discover <input type="checkbox"/> American Express
YMCA Family membership subtract \$20 for each camp week	\$ -	Exp. Date:	
Camp T-Shirt (optional) \$12 per shirt Choose size-Youth: S M L Adult: S M L X L	\$	Credit Card No.	
\$50 non-refundable deposit for each week of camp	\$	Cardholder's Name	
Donate to Open Arms Annual Campaign: (100% of funds will provide scholarships)	\$	Signature:	
Balance Due (must be paid one week prior to camp):	\$	<input type="checkbox"/> Check Enclosed	

Deposits & Late Fees

A \$50 deposit fee is required for each week of Camp Pa-Wa-Pi registration. The remaining balance must be paid in full on the Friday prior to each week of camp. Payments and registrations made after 5:00pm on Friday will incur a \$10 late fee.

Cancellations, Changes & Refunds

Cancellations received **fourteen days** before the affected session receive a refund less a \$50 processing fee. Refunds and transfers requested after this time require a medical certificate. Once the week begins, no refunds or credits are made. There will be a \$10 fee to switch from one camp to another or from one week to another.

Credit Cards

Credit cards will be charged the balance 7 days prior to the start of the camp week unless balance is paid before that time.

Fill out both sides of form to complete registration