



**YMCA CAMP WEAVER**  
**2017 DAY CAMP Registration**  
**Rising 1st Grade Through 9th Grade**

FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

Mail Registration to: YMCA Camp Weaver  
 4924 Tapawingo Trail • Greensboro, NC 27406 • Phone: 336.697.0525 • campweaver.org

Camper Name: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name Called: \_\_\_\_\_ School: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Relation:  Mother  Father  Other: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Release Camper to this contact?  Yes  No

Parent 2 Name: \_\_\_\_\_ Relation:  Mother  Father  Other: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Release Camper to this contact?  Yes  No

Camper Lives with:  Mother  Father  Other: \_\_\_\_\_

Parent Relationship:  Single  Married  Widowed  Separated  Remarried  Divorced

Other Non-parent emergency contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Release Camper to this contact?  Yes  No

Tribe Mate Request (Must be same grade level): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Camper Shirt Size:  YM  YL  S  M  L  XL  2XL # of Years Attended: \_\_\_\_\_

Does your Camper have special needs?  Yes  No; If yes, please explain: \_\_\_\_\_

Select Desired Sessions:

<input type="checkbox"/> Session 1- June 12-16	<input type="checkbox"/> Session 5 - July 10-14	<input type="checkbox"/> Session 9 - August 7-11
<input type="checkbox"/> Session 2 - June 19-23	<input type="checkbox"/> Session 6 - July 17-21	<input type="checkbox"/> Session 10 - August 14-18
<input type="checkbox"/> Session 3 - June 26-30	<input type="checkbox"/> Session 7 - August 1-5	<input type="checkbox"/> Session 11 - August 21-25
<input type="checkbox"/> Session 4 - July 3-7	<input type="checkbox"/> Session 8 - July 21- August 4	

Online registration available at [campweaver.org](http://campweaver.org)

Payment & Transportation		
Weekly Camp Fee	\$290 x (# of camp weeks)	= \$
Trading Post Credit	Store credit must be pre-paid. You can pay for store credit now or add closer to camp. Suggested amount \$10-20.	= \$
Bus Transportation Fee	\$20 x (# of camp weeks)	= \$
Select Bus Site:		
<input type="checkbox"/> Spears YMCA Horse Pen Creek Rd – NW Greensboro	<input type="checkbox"/> First Baptist Church Friendly Ave - Downtown	<input type="checkbox"/> Drop off and pick up at Camp Weaver
Deposit	\$40 X (# of camp weeks)	= \$

You may pay in full or just pay the deposit(s) to reserve your camper's space; remaining balance is due no less than two weeks prior to the beginning of camp session. Deposit is deducted from total camp fees, not an additional fee (included in \$290). Deposits are not refundable or transferrable.

Please consider donating to our "Send a Kid to Camp" scholarship campaign

Suggested donation is \$25, any amount is greatly appreciated. = \$ \_\_\_\_\_

All donations are tax-deductible.

Total Enclosed = \$ \_\_\_\_\_

#### Payment Options

Auto Pay: Contact our office to find out more information on a convenient way to handle your child's summer camp tuition. Payments can be auto charged to a credit or debit card.

Check: Please make checks payable to YMCA Camp Weaver

Charge:  MasterCard  Visa  Discover  American Express

\_\_\_\_\_  
Name as it appears on Card (Please Print)

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Signature

\*A signature is required on page three, the Parent/Guardian Agreement, to be turned in with registration form.

For camp office use only

Received via (mail, fax, in person, etc.) : \_\_\_\_\_ Date Received: \_\_\_\_\_

Staff Member Input By: \_\_\_\_\_ Scholarship/Discount: \_\_\_\_\_

## Parent/Guardian Agreement

I understand that camp sessions can only be reserved with a \$40 non-refundable and non-transferrable deposit. The remaining balance of camp tuition is due no less than 2 weeks prior to the beginning of the camp session. Any balance not paid 2 weeks prior to the start of my child's session may be charged on the account given for payment.

I agree not to hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in camp programs. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical insurance on my child and will provide the YMCA with that information.

I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities. Activities such as high ropes, mountain biking and target sports (such as archery and riflery) can present a greater risk of injury.

I understand that YMCA policy states that staff is not allowed to connect with summer camp participants via social networks and will face disciplinary action if policy is violated.

It is our policy not to allow staff to be baby sitters for program participants. In addition we do not endorse or recommend staff to be baby sitters even after their employment period with the YMCA has ended.

I understand that the camp director reserves the right to decline the application of any child, or send home any child who, according to the Director's discretion, is not a desirable associate for the other campers, or puts themselves or others at risk. If a child is dismissed from camp, there will be no refund issued.

Photos, film footage or tape recording of my child may be used for marketing/social media.

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Camper Name Printed

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Parent/Guardian Signature

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Parent/Guardian Name Printed

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Date