ATTLEBORO YMCA SUMMER CAMPS
2012 CAMPER ENROLLMENT FORM

Please check each camp your child will attend this summer:

__ Camp Finberg __ Camp Pleasant __ Track & Field Camp __ D.A.R.E. Camp

__ Specialty camps at Pleasant Street Branch

CAMPER INFORMATION

Camper's Name: _____ Gender: ____Male ____Female

Address: _____
Street City / Town State Zip

Home Phone:_____ Birth Date: _____ Age: _____ Grade in Fall: _____

PARENT INFORMATION

Father's Name: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

E-Mail Addresses: _____ / _____

EMERGENCY CONTACT (According to MA laws, this contact must be someone other than parent/guardian.):

Name:_____ Phone:_____ Relation: _____

PICK-UP AUTHORIZATION for CAMPER: Name of Camper: _____

Only the following individuals have authorization to pick up my child (Please include your own name):

1. _____ Phone: _____ Relationship: _____
2. _____ Phone: _____ Relationship: _____
3. _____ Phone: _____ Relationship: _____
4. _____ Phone: _____ Relationship: _____

I hereby authorize my child _____to participate in all events and activities during the Attleboro YMCA Summer Camps for which my child is registered. I also give my permission to use any pictures taken of my child during participation at camp for promotional purposes. I understand that the camp fees do not include health insurance or accident insurance and I will be responsible for any charges incurred for prompt medical treatment. The YMCA reserves the right to make changes at anytime, in the schedule, fees, guidelines, and procedures to ensure the positive experience of every camper.

_____ _____

Date Parent/Guardian Signature