

# eliminating racism empowering women

ywca

## girls' empowerment camp registration form 2014

Note: A \$35.00 non-refundable registration fee applies to all applicants and is due upon registration. Registrants will be accepted on a first-come first-served basis, as space allows.

### PARTICIPANT'S CONTACT INFORMATION

CAMPERS FIRST NAME LAST NAME GUARDIAN E-MAIL ADDRESS

STREET ADDRESS CITY STATE ZIP

HOME PHONE AGE BIRTH DATE SCHOOL NAME GRADE

#### T-SHIRT SIZE

- YOUTH MEDIUM  
 YOUTH LARGE  
 ADULT SMALL  
 ADULT MEDIUM  
 ADULT LARGE  
 ADULT XLARGE  
 ADULT XXLARGE  
 EXTRA SHIRTS  
QTY \_\_\_\_\_ \$10 EA

#### WEEKS OF DAY CAMP ENROLLMENT

- WEEK ONE (June 30 - July 3)  
 WEEK TWO (July 7 - July 11)  
 WEEK THREE (July 14 - July 18)  
 WEEK FOUR (July 21 - July 25)  
 WEEK FIVE (July 28 - August 1)  
 WEEK SIX (August 4 - August 8)  
 FULL SESSION (June 30- August 8)

#### PAYMENT INFORMATION

- Full Session: \$795 X \_\_\_\_\_ (Payment due by Friday, June 20th)  
 Full session Payment Plan x \_\_\_\_\_  
\$400 (Payment due by Friday, June 20th)  
\$400 (Payment due Friday, July 11th)  
 Weekly: \$150 X \_\_\_\_\_ (Payment due Friday before each week)  
 CHECK ENCLOSED  CHARGE MY CREDIT CARD

CREDIT CARD NUMBER EXP. DATE

SIGNATURE DATE

### FAMILY INFORMATION

PARENT / GUARDIAN #1 WORK PHONE CELL PHONE DOES THIS PARENT/GUARDIAN LIVE IN THE HOME WITH THE CHILD?

OCCUPATION EMPLOYER  YES  NO

PARENT / GUARDIAN #2 WORK PHONE CELL PHONE DOES THIS PARENT/GUARDIAN LIVE IN THE HOME WITH THE CHILD?

OCCUPATION EMPLOYER  YES  NO

### AUTHORIZATION FOR CONSENT IN TREATMENT OF A MINOR

EMERGENCY CONTACT PHONE RELATIONSHIP

NAME OF PRIMARY DOCTOR PHONE DATE OF LAST PHYSICAL

If unable to reach the above-named physician, the YWCA official has my consent to use their best judgment in caring for my child, including calling a physician or ambulance for immediate hospitalization (including the administration of anesthetic if deemed necessary), until I can be reached. I will be responsible for payment of said treatment. I hereby absolve the YWCA and all personnel, volunteers, and other persons formally affiliated with the organization, of legal responsibility for any injuries incurred by my child during the course of her participation in the activities of this program or while on YWCA premises. My signature below means that I have read and agreed to these policies as stated.

SIGNATURE OF PARENT/GUARDIAN

DATE