

# YWCA COMPETITIVE YOUTH SWIM CAMP 2018

515 North Street White Plains, NY | (914) 949-6227 x110 | www.ywcawpcw.org | frontdesk@ywcawpcw.org

## REGISTRATION CONTACT FORM (Please print clearly. One form per child.)

<b>Child's Name:</b>	Date of birth:    /    /	Gender (circle): F M    ___	<b>T-SHIRT Size:</b> ___
Address:			
Street	City	State	Zip
Nickname:	Grade child entering in Sept 2018:	Friends you wish to be with:	
<b>Parent/Guardian Name:</b>	Home Phone: (    )	Cell: (    )	
Address:	Email:		
Employer:	Work Phone: (    )		
<b>Parent/Guardian Name:</b>	Home Phone: (    )	Cell: (    )	
Address:	Email:		
Employer:	Work Phone:		
<b><i>Below please list the individuals who should be called in an emergency and is authorized to pick-up your child.</i></b>			
<b>Emergency Contact #1 Name:</b>	<i>Relationship to child</i> Emergency Phone #: (    )		
<b>Emergency Contact #2 Name:</b>	<i>Relationship to child</i> Emergency Phone #: (    )		
<b>Emergency Contact #3 Name:</b>	<i>Relationship to child</i> Emergency Phone #: (    )		

## PERMISSION & INDEMNITY

As guardian of (Child's Name) \_\_\_\_\_, I, (Guardian's Name) \_\_\_\_\_ hereby give my child, permission to participate in Swim Camp activities and events including, but not limited to the following:

- On-Site Activities
- Swimming
- Photo Taking

### Photography and Publicity Release

I further grant permission to the YWCA White Plains and Central Westchester to use photographs, videotapes, and films of my child taken at the YWCA Swim Camp program for publicity and promotion purposes.

### Hold Harmless Statement

I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers ("The Released Parties") from any injury, loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released party that may arise out of or relate to my or my child(ren)'s participation in the YWCA to the greatest extent allowed by law. By signing this release, I clarify that I have read and agreed to this release and I fully understand it and am not relying on statements or representations of any Released party. Should I wish to exclude my child from any activity, I understand that I must notify the Camp Director in writing.

\_\_\_\_\_  
(PRINT) Parent/Guardian Name

\_\_\_\_\_  
(SIGNATURE) Parent/Guardian

\_\_\_\_\_  
Date

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## 2018 YOUTH SWIM CAMP – TERMS OF REGISTRATION

1. Membership must be good **through the entire camp enrollment** to qualify for member rate. Membership fees are non-refundable.
2. **All enrollment forms and documentation (including immunization form), must be completed by June 15, 2018.** No child will be allowed to participate unless **ALL** required medical forms, contact forms and releases have been submitted.
3. **No refunds are given for membership fees, deposits or program fees unless the YWCA cancels the program/class.** No refunds for cancellations due to weather. Documented medical disability may entitle patron to a pro-rate program fee.
4. All checks and money orders should be made payable to the YWCA. Please note your child's name and program on the check to facilitate proper recording. You may also elect to pay by credit card or cash.
5. I understand that if another person is to pick up my child other than those identified above, I will give written permission to the Camp Director. I also understand that a photo ID is required to pick up my child.

I have read the Terms of Registration for my child's participation in Swim Camp

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

eliminating racism  
empowering women



White Plains & Central Westchester

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## 2018 Youth Swim Camp Contract & Fee Schedule

<b>Child's First Name:</b>		<b>Child's Last Name:</b>		<b>Grade entering Sept 2018:</b>	
<b>Address:</b>			<b>City, State, Zip</b>		
Weekly Fees		Week 1, <i>Member/Non-Member</i>	Week 2 <i>Member/Non-Member</i>		
<b>Swim Camp</b>	Ages 8-12	\$325 / \$ 375	\$325 / \$ 375		
<b>Breakfast Club</b>	7:30 AM drop off. <b><i>Cold breakfast included</i></b>	\$55.00	\$40		
<b>Early Morning</b>	8 AM - 9 AM	\$ 42	\$ 37		
<b>Late Pick Up</b>	4 PM - 6:00 PM	\$ 68	\$ 63		

**Enrollment: Check off weeks, early drop off and late pick-up.**

Camp Enrollment	Regular Camp Session	Breakfast Club 7:30 am	Early Drop Off 8 – 9AM	Extended Day 4-6 PM
Week 1: 7/16-7/20				
Week 2: 8/13-8/17				

**FEES:** Weekly Tuition Subtotal: \$ \_\_\_\_\_

Breakfast Club Subtotal: \$ \_\_\_\_\_

Early Drop Off Subtotal: \$ \_\_\_\_\_

Late Pick Up Subtotal: \$ \_\_\_\_\_

**Total Fees** (not including membership): \$ \_\_\_\_\_

**Full Payment** \_\_\_\_\_(initial) Please charge my Visa / MC / Discover/ Amex below for the session fees listed above and membership.

### CREDIT CARD INFORMATION

Cardholder's Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_