

YMCA Storer Camps Summer Camp Registration

Child's Full Name		Gender <input type="radio"/> M <input type="radio"/> F
Child's Birth Date	Grade	Parent Email
Address		
City, State, Zip		Phone #
Parent/Guardian Full Name		Primary Phone #
		Secondary #
Parent/Guardian Full Name		Primary Phone #
		Secondary #
Payment		
Village Name	Session	Program Fee \$ _____
Horse Lessons 2-Hour (4) 2-hour lessons \$120. Lessons build and develop safe riding skills as well as teach horsemanship. - Available to Pioneers, Explorers, and Trailblazers.		+ \$120 <input type="radio"/>
Horse Lessons 1-Hour (4) 1-hour lessons \$95. Lessons take place in our arena. Focused on safety and proper technique. - Available to Rangers, Pioneers, and Explorers.		+ \$95 <input type="radio"/>
YMCA Member?	Member # _____ Branch _____	- \$100 <input type="radio"/>
Send Camp T-Shirt?	Size	+ \$18 <input type="radio"/>
Balance Due by May 22, 2020		\$ _____
<p>Registration Payments: Prior to May 22, 2020, a \$150 reservation deposit per camper must accompany your registration. All fees are due by May 22, 2020. Registration after May 22, 2020 require full payment. Refund Policy: All payments minus a \$150 deposit are refundable prior to the session start date.</p>		
Method of Payment: Check included: _____ or Please charge my account: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> American Express		
Name on the Card:		Fee to be charged: \$ _____
Account Number: _____ - _____ - _____ - _____ Exp Date: _____ CVT Code: _____		
Cabin Mate Request (Please write only one child's name as a request) _____		
How did you learn about YMCA Storer Camps: _____		
<p>Guardian and camper agreement: Should my child be required to leave a trip or session, there will be no refund of fees. The camper's guardian is responsible for transportation to pick the camper up early. I give permission for out of camp travel as part of the program or to secure medical attention. I authorize the use of my address for post camp communication. I do hereby authorize and request the camp health supervisor or director to provide routine, non-surgical medical care and to secure necessary emergency medical and surgical treatment for my child, should the need arise. The person signing this registration accepts full responsibility for all incurred camp fees and expenses. Signature required before registration will be processed.</p>		
Parent/Guardian Signature: _____		Date: _____