

Please complete both sides of this registration form



# 2012 SUMMER CAMP Registration Form

Provided by the Greater LaGrange YMCA

Please place an "X" in the appropriate box for the camp(s) you want by session date. Use one form per child.

<p><b>Session 1: June 4-8</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 2: June 11-15</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 3: June 18-22</b> <b>Camp</b> <b>Ages</b></p> <p>(camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>
<p><b>Session 4: Jun25-Jun29</b> <b>Camp</b> <b>Ages</b></p> <p>Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 5: July 2-6</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 6: July 9-13</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>
<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p>	<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p>	<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p> <p><input type="checkbox"/> Ferris Buehler Day Off 9-12</p>
<p><b>Session 7: July 16-20</b> <b>Camp</b> <b>Ages</b></p> <p>Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 8: July 23-27</b> <b>Camp</b> <b>Ages</b></p> <p>Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travelers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 9: July 30-Aug 3</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travlers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>
<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p>	<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p>	<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p>
<p><b>Session 10: Aug 6-10</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travlers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Session 11: Aug 13-17</b> <b>Camp</b> <b>Ages</b></p> <p>(Camps below need a \$25 deposit per week)</p> <p><input type="checkbox"/> GL Travlers M T W TH F 5-11 (please circle days if PT)</p> <p><input type="checkbox"/> Am Shuttle M T W TH F</p> <p><input type="checkbox"/> PM Shuttle M T W TH F</p>	<p><b>Day Camp</b> \$25 deposits x ____ = \$_____</p>
<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p> <p><input type="checkbox"/> Thrill Camp 9-12</p> <p><input type="checkbox"/> Swim Camp - 3-6 year olds</p> <p><input type="checkbox"/> Swim Camp - 7-12 year olds</p>	<p>(Camps below need to be paid in full)</p> <p><input type="checkbox"/> Little Travelers 3-7</p> <p><input type="checkbox"/> Swim Camp - 3-6 year olds</p> <p><input type="checkbox"/> Swim Camp - 7-12 year olds</p>	<p><b>Specialty,swim &amp; LittleTravelers</b> <b>Total = \$_____</b></p>



# 2012 SUMMER CAMP Registration Form

Provided by the Greater LaGrange YMCA

PLEASE PRINT CLEARLY AND SUBMIT ONE FORM PER CHILD

Please complete both sides of this registration form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother's/Guardian EMAIL (for email confirmation of camp registration) \_\_\_\_\_ Father's/Guardian EMAIL \_\_\_\_\_

Age as of 6/12 \_\_\_\_\_ Grade as of 9/12 \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is this camper a YMCA member?  yes  no Membership # \_\_\_\_\_  
Membership must remain valid from the time of registration through September 1, 2012, to receive member rate.

Camper's EMERGENCY INFORMATION PACKET can be picked up at the Member Service Desk or found online at www.greaterlagrangeymca.org and MUST BE filled out and returned to the Director by May 15, 2012.

ALL DEPOSITS/PAYMENTS NEED TO BE RETURNED TO: Greater LaGrange YMCA, Address 1100 E 31<sup>st</sup> Street LaGrange Park, IL

Check enclosed: \$ \_\_\_\_\_  
Please charge my credit card: \$ \_\_\_\_\_ Circle card type: American Express Discover Mastercard Visa

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Agreement

- GL Travelers & Traveling Teens:** Camp slots will be held with a \$25 non-refundable deposit fee for each camper per weekly session, at time of registration to hold the slot. Deposits are applied toward the cost of each session. You will receive a statement in the mail for each session you registered for. Payments are due as follows: June 1 all June camps, July 1, All July camps, August 1 all Aug camps. Payment will be due in full for any new registrations after the scheduled payment date.
- Bills not paid by the due dates shown will be subject to a \$30 late fee.** Campers who do not have their fees paid by the Wednesday before the session will not be allowed to attend camp the following week until it is paid.
- Sport & Little Travelers Camps:** must be paid in full at time of registration.
- Cancellations/Refunds/Credits:** Refunds or credits for a camp are available prior to June 1, 2012 only! However, the deposit of \$25.00 per week for the full day camps is a NON-REFUNDABLE deposit. A \$10 registration fee will be deducted from the refund/credit to all other camps.
- Switching Weeks:** There will be no option to switch or transfer camps after the Wednesday of the week prior to camp in order to maintain staff/camper ratios needed for safety. A \$10 "switching fee" will be applied.
- All campers must hold a valid YMCA membership** to receive the member rate at time of registration and must remain valid until Sep 1, 2012.
- There is a \$25.00 fee due for all NSF checks and that payment must be made with cash or a money order. **Payment must be made within 24 hours**, after which time your child will be unable to attend camp. After two NSF checks, personal checks will no longer be accepted for camp payments.

I have read and understand the above statements. I fully understand my responsibility for payment of my child's camp fees. I also understand that my child may be released from the camp program if I have not met my financial obligations.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CREDIT CARD/BANK DRAFT AUTHORIZATION FOR SUMMER CAMP PAYMENTS

I hereby authorize the YMCA of Metropolitan Chicago and the Financial Institution designated below to begin automatic deductions for the amount of my weeks of camp that is stated below. I acknowledge that the origination of deductions from my account must comply with provisions of U.S. Law.

FOR AUTOMATIC PAYMENTS FROM MY CHECKING OR SAVINGS ACCOUNT:

Financial institution: \_\_\_\_\_  Savings  Checking  Other \_\_\_\_\_

Financial Institution Routing number: \_\_\_\_\_ Account No: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

FOR AUTOMATIC PAYMENTS USING MY CREDIT CARD OR DEBIT CARD:

Charge my Credit/Debit Card:  Visa  Discover  Mastercard  Name as it appears of the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

I understand that my monthly bank/credit card statement should show the amount and date payment was made to the YMCA for camp. I understand that I am Responsible for ensuring that the account designated above has sufficient funds/credit on my automatic payment date to allow for the automatic deduction/charge of my payment.

## DEDUCTIONS AND AUTOMATIC CHARGES

I understand that the amount of the deduction for my summer camp sessions will be: \_\_\_\_\_ June sessions on May 15 \_\_\_\_\_ July sessions on June 15 \_\_\_\_\_ August sessions on July 15.

This authority shall remain in full force and effect, and the Payment Plan shall continue until:

For cancellation of Summer camp fees, I have filled out the summer camp cancellation form and given the YMCA at least 15 days prior to my draft date.

- I understand that my summer camp payments will draft on all three dates above unless I cancel my weeks.
- I understand that I will receive written notice in advance of any change in the date of the payment plan or for any change in the amount due, and I authorize the YMCA to use such changed date or amount after the written notice is sent to me, unless I cancel this authority and the Payment Plan as provided above (#1). I understand that it is my responsibility to update my contact information when there is a change of name, address or financial institution or account.
- I understand that the YMCA of Metropolitan Chicago has the right to cancel my participation in summer camp if it unable to collect any payment due, and that I am liable for any uncollected payments and for any fees or penalties imposed by the YMCA or my Financial Institution.
- I understand that there is a \$25 service charge assessed by the YMCA on all returned checks and declined monthly credit card/checking drafts
- I understand that if change my Financial Institution and/or change the type of draft account, I need to come in and sign a new authorization agreement.
- I acknowledge that I have read this agreement and received a copy.

Printed Name of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_