

REGISTER NOW FOR Y-Spring Camp

SPRING BREAK SESSION: APRIL 13 – APRIL 22**

*Bring your child, ages 5 – 12 to YMCA for a week of FUN, Field Trips, Friends & Food
Parents can drop-off your child as early as 7:00 am and pick-up no later than 6:00 pm.*

Activities will include arts & crafts, games, sports, swimming
and field trips*. Lunch will be provided however kids are welcomed to bring their own.

PLEASE PRINT CLEARLY

Child's Name _____ Age: _____

Grade as of 9/10 _____ Date of Birth _____ Sex: M / F

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Father's/Guardian's Name _____ Work Phone _____

Mother's/Guardian's Name _____ Work Phone _____

YMCA Member? Yes No Membership # _____ Email _____

Membership must be valid at the time of registration to receive member rates and must remain valid until May 1, 2011.

FEE: Member rate: \$140.00 per week, full days Non-Member rate: \$150.00 per week, full days
Member rate: \$96.00 partial week, 3 days Non-Member rate: \$126.00 partial week, 3 days
Member rate: \$35.00 per day Non-Member rate: \$45.00

- Week 1: April 11th – April 15th Full Week
- Week 1: April 11th – April 15th 3 days M T W TH F
- Week 2: April 18th – April 22nd Full Week
- Week 2: April 18th – April 22nd 3 days M T W TH F

PAYMENT CAN BE MADE IN PERSON AT THE YMCA, MAILED TO THE YMCA. Drummond parent can turn in form to the after school staff. (Checks & Credit Card payments only)

Parents can also choose to register for 5 days (non-consecutive) at the weekly rate.

**** 2 week schedule to accommodate Regular CPS Spring Break and Track E Spring Break schedules.**

PARENT/GUARDIAN WAIVER

The YMCA has permission to transfer my child, named above, off the property for the purpose of medical care or program activity as deemed appropriate by the director. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising. I (parent/guardian) have read and agree to all the conditions of this application.

Date: _____ Signature _____ (parent/guardian)

McCormick Tribune YMCA
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