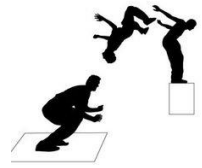


Parkour & Sports Adventure Camp Summer 2018 Registration Form



Return Form To: Katera Noviello & Charlotte Braham, 92Y, 1395 Lexington Avenue, New York, NY 10128
Fax: 212.415.5719. E-mail: CBraham@92Y.org and KidsGym@92Y.org

CHILD'S INFORMATION *Please use a separate form for each child in your family*

Last Name _____ First Name _____
 Birth Date (MM/DD/YYYY) _____ Age (as of June 22, 2018) _____ Male ___ Female ___
 Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____

PARENT / GUARDIAN INFORMATION

Last Name _____ First Name _____
 Relationship to Child _____ *****E-mail Address (required for updates)** _____
 Phone: Home _____ Business _____ Cell _____

CAMP SESSIONS (check all that apply):

- Session 1 Mon, June 25 – Fri, June 29
- Session 2 Mon, July 2 – Fri, July 6 (no camp July 4)
- Session 3 Mon, July 19 – Fri, July 13
- Session 4 Mon, July 16 – Fri, July 20
- Session 5 Mon, July 23 – Fri, July 27
- Session 6 Mon, July 30 – Fri, Aug 3
- Session 7 Mon, Aug 6 – Fri, Aug 10
- Session 8 Mon, Aug 13 – Fri, Aug 17
- Session 9 Mon, Aug 20 – Fri, Aug 24
- Session 10 Mon, Aug 27 – Fri, Aug 31

Check this box if your child requires extended care (available from 8:15-9 am and 5-6 pm)

CAMP FEES

SESSION	# OF DAYS	FEE	<i>Note: There are no pro-rates for less than one week of camp.</i>
Session 2 Only	4	\$680	
Session 1, 3-10	5 per session	\$850 per session	
Extended Care		\$20/Day or \$95/Week	

☆☆Super Saver☆☆

*** Super Saver Bonus * - Receive a \$25 discount on each additional session that your child is registered for!**

...UP TO \$225 IN DISCOUNTS!!!

☆☆Refer-a-Friend & Sibling Discounts☆☆

*Refer a new 92Y Parkour & Sports Adventure camper (has not participated in Parkour at 92Y before) and receive **\$50** toward your registration fee + your friend receives a **\$50** savings on their registration as well! **Referral must sign up for 1-week of camp to be eligible for this discount.*

Name of Friend(s): _____

Siblings that register for the program receive \$100 off of their total registration fee!

Child's Name: _____

PAYMENT INFORMATION

- 1. Camp Fee \$ _____
- 2. Super Saver \$ _____
- 3. Refer-a-Friend/Sibling \$ _____
- 4. **NET CAMP FEE** \$ _____
- 5. Extended Care Fee \$ _____
- 6. Less Deposit* \$ _____
- 7. **BALANCE** \$ _____

PAYMENT METHOD:

Check Enclosed Amex Visa MasterCard

Card Number _____

Expiration Date (MM/YYYY) _____

Name as it appears on card _____

Signature (required) _____

*Minimum Deposit: Through April 27, 2018 - \$500 (non-refundable)
Through May 25, 2018 - 50% of total fees
After May 25, 2018 - full payment is required at the time of registration

_____ I would like to pay the TOTAL in full today.

_____ I would like to set up a PAYMENT PLAN. I understand that \$500 will be charged to the credit/debit card provided upon receipt of this form, and I authorize 2 equal installments to be automatically charged to the credit/debit card provided on the following dates:

April 27, 2018; May 25, 2018.

For all payment options, camp fees must be paid in full by May 25, 2018, or upon registration.

EMERGENCY CONTACTS (Other than Parent/Guardian Listed Above)

Name	Relationship to Child	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ADDITIONAL E-MAILS TO RECEIVE PARKOUR & SPORTS ADVENTURE CAMP SESSION DETAILS:

1. _____ 2. _____ 3. _____

EMERGENCY MEDICAL AUTHORIZATION

In case of emergency, I hereby authorize the doctor (and whomever they may designate as their assistants), or the hospital to which my child may be brought, to perform any emergency procedure or operation and to give treatment and the administration of an anesthetic to my child during his/her stay in camp.

In emergency situations, where for some reason the parent/guardian of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after attempts to contact the parent/guardian(s) have failed. Doctors and hospitals may refuse to give any treatment, regardless of how minor, unless they have authorization from the parents/guardians. As you know, time can be a factor when medical attention is needed. This authorization will be kept on file at 92Y and will accompany the camp trip supervisor on day trips.

Signature: _____ Date: _____



Child's Name: _____

FAMILY INSURANCE

Does your family have medical insurance? Yes No **A copy of insurance card (front and back) must be provided with this registration form.**

Name of Insurance Co: _____ Policy #: _____

TRANSPORTATION INFORMATION (**Please fill out completely – counselors are not authorized to release a child to any parent or caregiver that is not listed on this form**)

ARRIVAL EXTENDED CARE? Arriving with: Mom Dad Guardian
 Child Care Provider Name _____ Phone _____

DISMISSAL EXTENDED CARE? Leaving with: Mom Dad Guardian
 Child Care Provider Name _____ Phone _____

Others Who Have Permission To Pick-Up Your Child Name: _____ Relationship: _____
Name: _____ Relationship: _____

**Note: ID required for anyone (including parents) picking up a child. Counselors are trained to frequently check ID's for security purposes.

Note: if there are any changes in the above information, you **must send a note with your child in the morning and contact the camp office at: KidsGym@92Y.org to confirm. 92Y cannot be responsible for the transportation and supervision of your child between home and 92Y before or after camp hours.

PHOTO RELEASE

92Y shall have the exclusive right to make, publish, sell or otherwise use any photographs, tapes or any other forms of record of this program as it shall deem appropriate in its absolute discretion for legitimate purposes.

Signature: _____ Date: _____

VERIFICATION

By my signature, I hereby certify that all of the above information is correct.

Parent/Guardian Signature: _____ **Date:** _____

