



**BURBANK COMMUNITY YMCA  
2017 SUMMER CAMP**

**Camper Information**

**CAMP:**

|                                      |               |                            |                     |
|--------------------------------------|---------------|----------------------------|---------------------|
| <b>Camper's Last Name</b>            |               | <b>Camper's First Name</b> |                     |
| Birthdate (Month/Day/Year)           | Current Grade | Age                        | ___ Male ___ Female |
| Home Address                         |               | City/State/Zip             |                     |
| <b>Guardian's Name (Last, First)</b> |               | Email                      |                     |
| Guardian's Address                   |               | City/State/Zip             |                     |
| Home Phone Number                    |               | Cell Phone Number          |                     |
| Employer Name                        |               | Work Phone Number          |                     |
| <b>Guardian's Name (Last, First)</b> |               | Email                      |                     |
| Guardian's Address                   |               | City/State/Zip             |                     |
| Home Phone Number                    |               | Cell Phone Number          |                     |
| Employer Name                        |               | Work Phone Number          |                     |

Please list any allergies and/or dietary restrictions, if any:

Please list any past medical treatment, if any:

Please list any camp activities from which the camper should be exempted for health reasons, if any:

Please list all current medications, prescribed and over-the-counter, if any:

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp, if any:

|  |   |
|--|---|
| Name of Health Insurance Company       | Policy Number   |
| Family Doctor's Name                   | Phone Number  |
| Dentist/Orthodontist Name              | Phone Number  |
| Date of Last Tetanus Shot (Month/Year) | I, as custodial parent/guardian of the camper, attest that all immunizations required for school are up to date _____ (initial) |

|           |  |
|-----------|--|
| (initial) | <b>AUTHORIZATION FOR TREATMENT OF A MINOR</b>  |
|           | The undersigned as the parent and legal guardian of the child registered on this form, hereby, authorizes the Burbank Community YMCA and its delegated Adult Leaders and Directors to consent any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. The authorization is given pursuant to the provisions of section 25.8 of the civil code of California. It is understood that if time and circumstances reasonable permit, the YMCA will endeavor, but it is not required, to communicate with the parent prior to treatment. The undersigned further agrees that the Burbank Community YMCA and its designated Leaders and Directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the Burbank Community YMCA in conjunction with any authorized event. The undersigned understands that the Burbank Community YMCA carries no accident or health insurance and assumes no financial obligation in case of illness or accident. The undersigned further understands that he or she may be required by the medical facility to pay for minor's medical bills, and then seek reimbursement from the appropriate insurance company. |

|           |   |
|-----------|---|
| (initial) | <b>I DO NOT PERMIT TREATMENT.</b> I hereby release liability if I cannot be reached. If my child needs care, please do the following: |
| (initial) |   |

**EMERGENCY CONTACTS (AUTHORIZED TO PICK UP)**

|                    |  |
|--------------------|--|
| Name (Last, First) | Phone Number (Cell Phone, if applicable) |
| Name (Last, First) | Phone Number (Cell Phone, if applicable) |
| Name (Last, First) | Phone Number (Cell Phone, if applicable) |
| Name (Last, First) | Phone Number (Cell Phone, if applicable) |
| Name (Last, First) | Phone Number (Cell Phone, if applicable) |

Your child will not be allowed to leave the program with an unauthorized person. Authorized individuals must be listed on this form and be at least 18 years of age. Those listed on this sheet will be permitted to pick up your child. Biological parents may not be unauthorized without a court order. This sheet will be with the camp leaders at all times.



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## Burbank Community YMCA ACTIVITY PERMISSION FORM

Dear Parent or Guardian,

Since we are an accredited camp through the American Camp Association, we want to inform you of some pertinent information regarding camp prior to your camper starting.

- Depending on which camp they are registered for, campers may be attending many field trips throughout the summer, visiting locations all around the Los Angeles/Southern California region. Please note that these are staffed public facilities and we adhere to the procedures provided by the various facilities. Campers will be required to follow all safety rules provided by the facility. At all times during field trips, we will adhere to our ratios that are set forth in our Parent Handbook.
- Depending on which camp they are registered for, campers may be swimming at one of two locations this summer: 1) McCambridge Park pool in Burbank, and 2) the Burbank Community YMCA pool in Burbank. Since the pools are staffed public facilities, we adhere to the lifeguard supervision provided by the pool. We will also adhere to our set ratios of at least one counselor to every six campers during swimming. Children are not able to swim in any deep end of a pool without passing a swim test provided by the pool.
- There may be certain field trips that require additional parent permission prior to attendance. We will give you those permission forms at the beginning of the week for you to return prior to participation.
- If you are unaware of what a field trip consists of, please feel free to contact us at any time. There are certain field trips, i.e. Adventure Plex, Scooters Jungle, or Mountasia, that you may be unsure of what the field trip consists of. Please let us know if you have any reservations prior to departure of any given trip so that we can support your concerns.

**In case of an emergency**, we will contact you by using the information provided in your camper's emergency contact form. If you need to contact the camp for any reason, please call our Child Development Center at 818-562-5461.

|           |  |
|-----------|--|
| (initial) | I am aware of the above procedures and allow for my child, _____                         |
| (initial) | to participate in all of the trips and activities planned by the Burbank Community YMCA. |

### PERMISSION TO APPLY SUNSCREEN

|           |  |
|-----------|--|
| (initial) | I give permission for staff at the Child Development Center to apply a sunscreen product of SPF 45 or higher to my child, as specified below. I understand that sunscreen may be applied to exposed skin, including, but not limited to, the face, tops of ears, nose, bare shoulders, arms, and legs. I do not know of any allergies my child may have to sunscreen. (If your child does have an allergy to sunscreen, please notify your Camp Leader.) |
| (initial) |  |

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body: \_\_\_\_\_  
\_\_\_\_\_

### PERMISSION FOR PHOTOGRAPHY

|           |  |
|-----------|--|
| (initial) | I grant to the Burbank Community YMCA the absolute and irrevocable right and unrestricted permission concerning any photographs that he/she has taken or may take of my child to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet such as Facebook, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. I release and discharge the Burbank Community YMCA from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy |
| (initial) |  |

### TRANSPORTATION AUTHORIZATION

|           |   |
|-----------|---|
| (initial) | I hereby authorize the Burbank Community YMCA to transport my child in the means and matter of the event he or she is enrolled. This includes, but is not limited to, transporting to and from the camp site and any field trips. I further authorize the Burbank Community YMCA in the event of a medical emergency to transport my child to the nearest hospital. |
| (initial) |   |

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leader Initials

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please read and initial items below. If the camper is supervised in a split custody situation and both guardians are sharing responsibility for payment, both parents must initial the items below.**

**RIGHT OF PRIVACY**

|           |  |
|-----------|--|
| (initial) | I understand that the Burbank Community YMCA has the right to <b>check a child's belongings</b> at any time if there is reasonable suspicion of items not allowed in camp. These items include, but are not limited to, weapons, drugs, alcohol, and certain toys. |
| (initial) |  |
| (initial) | I understand that the Burbank Community YMCA has the right to <b>confiscate any items not allowed</b> in camp. These items will either be returned to the parent/guardian or handed over to the police if the item is deemed to be illegal.                        |
| (initial) |  |

**STANDARDS OF BEHAVIOR**

At the YMCA, we believe that the best way to deal with behavior issues is to provide a quality camp program. By keeping activities moving and well organized, we believe that many potential problems can be avoided. Disrespect towards staff or property, injuring other campers or staff, disruptive behavior, bullying, stealing, leaving camp property, profanity, drug, alcohol, tobacco use, and other serious infractions will not be tolerated. If such a problem arises, the following steps will be taken:

- Verbal discussion with the camper
- If inappropriate behavior continues, the camper will be removed from the group for a specified time frame or privileges may be taken away
- When there is a serious concern about a behavior or discipline problem, the directors will share their concerns with the parents and will make an effort to work with the parents to resolve the problem. If inappropriate behavior is disruptive at a field trip, parents may be called and informed to pick up their child immediately. All costs incurred due to a behavioral pickup are the responsibility of the parent.

|           |  |
|-----------|--|
| (initial) | I understand the Burbank Community YMCA's <b>standards of behavior</b> . |
| (initial) |  |

**POLICIES**

|           |  |
|-----------|--|
| (initial) | I understand day camp and extended <b>camp closes at 6:30pm</b> . Each specialty camp's closing time may vary. Parents who pick up their child/children after closing time will be allowed one late pickup and then be subjected to the following <b>LATE fees</b> : \$25 for the second late pickup, \$50 for the third, and \$100 for any late pickups thereafter. |
| (initial) |  |
| (initial) | I understand that YMCA staff are required to ask for <b>photo identification for all authorized adults</b> .   |
| (initial) |  |
| (initial) | I understand that my <b>child will not be allowed to leave the program with an unauthorized person</b> . Authorized individuals must be listed on the emergency contact sheet and be at least 18 years of age.   |
| (initial) |  |
| (initial) | I understand that if a person who appears to be under the influence of drugs or alcohol arrives to pick up my child, staff will have no recourse but to contact the police for the child's safety.   |
| (initial) |  |
| (initial) | I understand that the YMCA is mandated by state law <b>to report any suspected cases of child abuse or neglect</b> to the appropriate authorities for investigation.   |
| (initial) |  |
| (initial) | I understand the <b>YMCA does not carry accident insurance</b> on its members or participants. Coverage is the responsibility of the participant   |
| (initial) |  |

**ABSENCES**

All fees are payable even when your child is absent from the program unless cancelled by the guardian according to our cancellation policy or the Child Development Administrative office.

|           |   |
|-----------|---|
| (initial) | I understand that <b>no credit will be given</b> for short term absences. |
| (initial) |   |

**REFUNDS AND CANCELLATIONS**

|           |   |
|-----------|---|
| (initial) | I understand that I must submit a Cancellation of Care form no later than 10 business days prior to the registered week I want to cancel. Phone calls and emails are not acceptable forms of cancellation; a Cancellation of Care form must be submitted to the office. A refund or credit will be placed on my account (excluding the \$50.00 per week deposit). Failure to do so will result in the assessment of fees in conformance with the Burbank Community YMCA billing procedures. |
| (initial) |   |

**ARRIVAL AT CAMP**

|           |  |
|-----------|--|
| (initial) | I understand that I must sign my child in for camp no later than the posted departure time on the camp calendar for day camps and the posted start time for specialty camps. Since we adhere to our ratios, we must do our final headcounts at the scheduled departure time and start time. Campers who arrive after the designated times will only be allowed to attend with prior approval from the Camp Leader. If you are aware that you may be late or will be meeting us at the designated field trip, please notify the Child Development Center office prior to the designated departure time. For specialty camps, please arrive no sooner than 10 minutes prior to the start of the camp (unless you are registered in the extended care option), as we do not have supervision until that time. |
| (initial) |  |

**FORCE MAJEURE**

|           |   |
|-----------|---|
| (initial) | The Burbank Community YMCA Summer Camp program has the <b>right to amend and/or cancel field trips</b> , camp days, or the entire summer camp in the event of an unforeseeable, unavoidable, and external circumstance that makes camp impossible to continue. Refunds will not be given in the case of any changes to the camp schedule. |
| (initial) |   |

**PARENT HANDBOOK**

|           |  |
|-----------|--|
| (initial) | Additional information regarding our summer camp program may be found in Our Burbank Community YMCA Summer Day Camp Parent Handbook. You may pick up your copy at the Child Development Center located at 332 East San Jose Avenue, Burbank, CA 91502. Please note that the Burbank Community YMCA has the right to amend the handbook at any time. Parents will be notified of any changes if they occur. |
| (initial) |  |

**RECEIPTS**

|           |   |
|-----------|---|
| (initial) | I have a printed copy of my receipt that shows the weeks I have registered for camp. I have double checked to make sure that the registrations are accurate and that the weeks that show on the receipt are the correct weeks I have registered for camp. |
| (initial) |   |

**PAYMENT OF FEES**

There is a \$50 non-refundable, non-transferable enrollment fee that is due upon registration.

Camp registration and all fees and balances must be paid in full no later than 3:00pm on Friday, two weeks prior to the start of each camp week. This includes any late fees due. If there is space available for a camp week within the two weeks prior to the camp week starting, you may register your camper and an additional fee of \$25 will be charged for late processing. All campers must be registered no later than 3:00pm on the Friday prior to the camp week. We do not allow campers to register once the camp week begins unless approved by the Camp Coordinators.

Deposits can be made to hold your child’s spot. All deposits are non-refundable. Deposits are transferable as deposits only and cannot be transferred to pay a remaining balance for a week. Deposits become non-transferable beginning the first day of camp, May 30, 2017.

We require that camp fees be paid via our “Easy Pay” plan where fees are automatically deducted from a valid checking account, bank debit card, Visa, MasterCard, or American Express.

A fee of \$25.00 will be assessed for any charge declined by the bank. If a charge is declined, payment in full must be received no later than two weeks prior to the beginning of each registered week. Failure to pay remaining balance and all fees will result in a cancellation of the overdue camp week(s).

This payment authorization may be rescinded or amended in writing to our administrative office by the credit card or checking account holder. Fees will not be waived due to failure to report new credit card expiration dates or cases of identity theft.

**PAYMENT SCHEDULE**

All fees will be electronically transferred from the designated account on the set dates as determined by the Burbank Community YMCA. For a payment date schedule, please refer to the price sheet in this packet.

**GRANT INFORMATION**

Please fill out the information listed below as it will help us gather information necessary to earn grants and scholarships in the future.

Number in the Family: \_\_\_\_\_ School Attending: \_\_\_\_\_

|  |  |   |
|--|--|---|
| <b>Annual Family Income:</b><br><input type="checkbox"/> Under \$15,000<br><input type="checkbox"/> \$15,000-\$24,999<br><input type="checkbox"/> \$25,000-\$34,999<br><input type="checkbox"/> \$35,000-\$49,999<br><input type="checkbox"/> 50,000-\$74,999<br><input type="checkbox"/> 75,000-\$99,999<br><input type="checkbox"/> 100,000-\$149,999<br><input type="checkbox"/> Over \$150,000 | <b>Household Structure:</b><br><input type="checkbox"/> Female Head of Household<br><input type="checkbox"/> Male Head of Household<br><input type="checkbox"/> Shared Household | <b>Race:</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Black/African American and White<br><input type="checkbox"/> American Indian or Alaskan Native and Black/African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Island<br><input type="checkbox"/> Hispanic/Latino Ethnicity<br><input type="checkbox"/> White<br><input type="checkbox"/> Other |
|--|--|---|

**HOW DID YOU HEAR ABOUT US?**

- Referral/Word of Mouth
- Advertisement
- School Insert
- Saw the van at my child’s school
- Website
- Other: \_\_\_\_\_

**I, as the legal guardian of \_\_\_\_\_ have read and understand the terms as listed. By my signing of this form, I agree to the terms listed on this form and do so freely and voluntarily.**

\_\_\_\_\_  
Legal Guardian’s Signature Date

\_\_\_\_\_  
Legal Guardian’s Signature Date

Young Men's Christian Association of Burbank, California (aka Burbank Community YMCA)  
**Membership, Release, and Waiver of Liability and Indemnity Agreement**

The Burbank Community YMCA has established rules, policies, and procedures which allow members and their guests to safely participate in YMCA-sponsored programs and utilize its facilities and equipment. Rules are listed the parent handbook, in program packets and on signs posted throughout the facility. Rules are subject to change and may be added to by the Burbank Community YMCA. YMCA staff members may also verbally inform members of these rules and procedures, especially during times of safety drills and emergencies. The undersigned and those listed on this membership – as well as any guest - agree to abide by these rules and procedures and that the failure to follow any of the rules and procedures may result in a verbal warning, expulsion from the facility or program, suspension and/or termination of membership privileges. The undersigned also understands that his/her membership is **nontransferable and nonrefundable**, and that the Burbank Community YMCA is not responsible for any lost or stolen items. If present at YMCA-led events and programs, the undersigned gives the Burbank Community YMCA permission to take photos of the undersigned and those listed on this application for publicity purposes. The undersigned is aware that he/she and those individuals listed on the application are participating in program activities and/or utilizing the facilities and equipment at **his/her own risk**. In cases of injury, sickness or emergency, the undersigned gives consents for the YMCA staff to secure, at the undersigned's expense, necessary medical treatment and will notify the undersigned and/or the emergency contact person.

**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK AND HAVE READ AND UNDERSTOOD ALL THE TERMS LISTED ABOVE, INCLUDING THE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. BY MY SIGNING OF THIS FORM, I AGREE TO THE TERMS LISTED ON THIS FORM AND DO SO FREELY AND VOLUNTARILY.**

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Legal Guardian's Signature

Date

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Legal Guardian's Signature

Date



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## **BURBANK COMMUNITY YMCA REFUND POLICY**

The Burbank Community YMCA requires a 10 business day notification for cancellation of care by submitting a Cancellation of Care form to the CDC Associate Director. Your tuition will be prorated accordingly if your child is a part of our Preschool or School Age programs.

If cancelling a week for Summer Camp, the above 10 business day notification for cancellation of care is required and a Cancellation of Care form must be submitted to the CDC Associate Director. The requested camp week will be cancelled and the balance will be refunded or credited. We do not prorate for Summer Camp.

All deposits and enrollment fees for all programs are non-refundable.

Requests typically take 10 business days to be processed in our system and reflected on your account.

If the original payment was made by credit card or electronic funds transfer (through your checking account), we will transfer the refund directly into your account. This is the fastest and most convenient method.

If the original payment was made by cash or check, we will create a reimbursement check that you can either pick up or have mailed to you.

The preferred alternative is to turn your refund into a voucher in the system, which can be applied to future membership dues or program fees.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Burbank Community YMCA Summer Camp 2017

## Payment Authorization (Rev. 01/17)

We require that camp fees be paid via our "Easy Pay" Plan, where fees are automatically deducted from a valid checking account, bank debit card, Visa, MasterCard, or American Express. This electronic debiting process is an easy way to pay for your camp fees and enjoy all of its benefits. Please take a moment to read the terms of the plan and sign below. Feel free to speak with a CDC Associate Director if you have any questions. Thank you.

**"Easy Pay" Plan Terms:**

1. After reading the terms below regarding the Easy Pay plan and then signing this agreement, you are giving the Burbank Community YMCA the authorization to automatically deduct your summer camp fees according to the schedule as indicated in the camp brochure (either checking account OR a Visa, MasterCard or American Express.)
2. Please notify the Burbank Community YMCA at least 5 days prior to your scheduled automatic withdrawal date if there are any changes that will impact your automatic deduction, including but not limited to switching to a new bank or credit card, closing your checking account, a credit card expiring or losing your credit card due to identify theft.
 

*Please note: if we do not receive this change notification 5 days prior to your scheduled deduction date and we receive a "decline" on your credit card account or an "insufficient funds" notice, we will send you a letter regarding this situation and you will incur a \$25 service charge fee. Please help us keep our records up to date so that you will not incur this fee.*
3. If your payment is returned for any reason, a \$25.00 Return Payment Fee will be applied to your account.
4. The Burbank Community YMCA Board may, at its discretion, adjust the weekly rate applicable to your program. You will receive at least four weeks' notice prior to any such change.

**Authorization Agreement**

I hereby authorize the Burbank Community YMCA to initiate automatic debits from the account indicated below in accordance with the schedule of monthly dues and other fees as fixed by the Board of Directors. This authorization will remain in full force and in effect until the end of summer or until I have notified in writing that I am canceling. All deposits are non-refundable. I understand that I must give a 10 working day notification prior to the camp week for any refunds (excluding deposits). I have read the terms of the Easy Pay Plan as described above and agree to abide by it.

\_\_\_\_\_  
*Child's Name*

\_\_\_\_\_  
*Billing Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Name of Billing Member*

\_\_\_\_\_  
*Signature of Billing Member*

\_\_\_\_\_  
*Date*

|  |
|--|
| Account Type:    Checking (please attached voided check) |
| Financial Institution _____                              |
| City, State _____  |
| Routing/Transit Number _____                             |
| Account number _____                                     |

|   |
|---|
| Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |
| Card # _____  |
| Expiration Date _____   |
| Name on Card _____  |

*For office use:*

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

# BURBANK COMMUNITY YMCA

## 2017 SUMMER CAMP SIGN UP

Camper's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DAY CAMP:     Journey (Pre-K)                       Voyager (Kindergarten)             Discovery (1<sup>st</sup>-2<sup>nd</sup> grade)  
                    Explorer (3<sup>rd</sup>-5<sup>th</sup> Grade)             Adventure (6<sup>th</sup>-8<sup>th</sup> grade)

| Check the weeks you want | Week | Date          | Deposit \$50 per week | Check the weeks you want | Specialty Camp      | Date       | Deposit \$50 per week |
|--------------------------|------|---------------|-----------------------|--------------------------|---------------------|------------|-----------------------|
|                          | 1    | May 30-June 2 | \$50                  |                          |                     |            |                       |
|                          | 2    | June 5-9      | \$50                  |                          | Basketball          | June 5-9   | \$50                  |
|                          | 3    | June 12-16    | \$50                  |                          | Drawing/Photography | June 5-23  | \$150                 |
|                          | 4    | June 19-23    | \$50                  |                          | Wizards & Magic     | June 19-23 | \$50                  |

### Balance Due May 5

| Check the weeks you want | Week | Date       | Deposit \$50 per week | Check the weeks you want | Specialty Camp      | Date             | Deposit \$50 per week |
|--------------------------|------|------------|-----------------------|--------------------------|---------------------|------------------|-----------------------|
|                          | 5    | June 26-30 | \$50                  |                          | Fashion Design      | June 26-July 14  | \$150                 |
|                          | 6    | July 3-7   | \$50                  |                          |                     |                  |                       |
|                          | 7    | July 10-14 | \$50                  |                          |                     |                  |                       |
|                          | 8    | July 17-21 | \$50                  |                          | Olympics            | July 17-21       | \$50                  |
|                          |      |            |                       |                          | Basketball          | July 17-21       | \$50                  |
|                          |      |            |                       |                          | Art of Architecture | July 17-August 4 | \$150                 |

### Balance Due June 5

| Check the weeks you want | Week | Date             | Deposit \$50 per week | Check the weeks you want | Specialty Camp | Date             | Deposit \$50 per week |
|--------------------------|------|------------------|-----------------------|--------------------------|----------------|------------------|-----------------------|
|                          | 9    | July 24-28       | \$50                  |                          | Super Hero     | July 24-28       | \$50                  |
|                          | 10   | July 31-August 4 | \$50                  |                          | Gymnastics     | July 31-August 4 | \$50                  |
|                          | 11   | August 7-9       | \$50                  |                          |                |                  |                       |

### Balance Due July 5

**I am aware that the above statement is not a receipt and is not a guarantee of registration. In order to confirm registration, please make sure you have a copy of your receipt.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |
|---|--|
| T-Shirts \$12/each:<br>How many do you want |  |
| T-Shirt Size                                |  |

Date Shirts Picked Up: \_\_\_\_\_

**OFFICE USE ONLY:**

CDC Staff Signature: \_\_\_\_\_

Membership Staff Signature: \_\_\_\_\_

Date Entered: \_\_\_\_\_

|                                      |      |
|--------------------------------------|------|
| Deposit Total ( _____ Weeks x \$50): |      |
| Enrollment Fee:                      | \$50 |
| T-Shirt Total ( _____ x \$12):       |      |
| <b>Total Due:</b>                    |      |