



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2011-2012 SCHOOL BREAK DAY CAMP

To Register: Complete the attached registration form and Emergency/Health form, enclose full payment and give to Brainerd Family YMCA Member Services Desk

Child's Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Work/Cell Phone _____

E-mail address _____ Child's Birthdate ____/____/____

11-12 School Attending _____

Check Appropriate Date(s) attending - Check only the dates for which you have included payment.
Registration will not be processed unless full payment is included.

2011-2012 School Break Day Camp Days:

October 20 21

November 28

December: 23 26 27 28 29 30

January 21

March: 12 13 14 15 16

YMCA Fees for School Break Day Camp:

\$28 a day

FIELD TRIPS: There may be a field trip fee of \$5 on various days.

PAYMENT METHOD: Cash Check Credit Card: ___ Visa ___ MC ___ Am Exp

Card # _____ Exp _____

AMOUNT ENCLOSED: \$ _____ **Credit Card Signature** _____

SIGNATURE: *The participant named above has my permission to participate in this activity. I authorize the YMCA staff to give my child reasonable first aid emergency services as needed if the parent/guardian cannot be reached.*

Parent or Guardian Signature _____ Today's Date _____