



**Northwest Arkansas Mercy Family YMCA
Summer Camp Hours: 7:00 AM to 6:00 PM**

Please fill out one form per child

Child's Name: _____ Age: _____ Birth Date: ____/____/____
 Sex (Please circle): F or M Grade Completed: _____ Membership Type (Please circle): FM CP
 Address: _____
 Parent Printed Name: _____
 Phone Number: _____ Cell Phone: _____ Work Phone: _____
 Parent Printed Name: _____
 Phone Number: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____

(Email will be used to forward registration information, newsletters, and messages from the camp office. Email addresses will not be shared.)

Costs:

Members:

\$25 registration one-time fee (T-shirt and Bag)
 \$105 per week per child

Camp Hours: 7:00 AM to 6:00 PM

Community Participants:

\$25 registration one-time fee (T-shirt and Bag)
 \$125 per week per child

**A \$25 deposit will be required for each week of summer camp, to secure a spot for your child.
 This will be forfeited if you decide to change weeks or pull your child out of camp for that week.**

Liability Statement:

I understand that the Tri-State YMCA (known as YMCA here forward) and its branches assumes no responsibility for injuries which I may sustain as a result of my physical condition or resulting from my observation or participation in any activity or use of the facilities or equipment use for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA is a come and go at will facility and may not hold my child in the program if he/she wishes to leave the program, as the YMCA is not a licensed facility through the Department of Human Services for school aged children. I understand that I will be contacted should my child leave the program. I also understand that it is my responsibility as my child's parent/guardian, should I have a change in a contact number, I must inform the front desk and the Summer Camp Coordinator immediately.

Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the YMCA facilities or are on the YMCA program premises. I have read and voluntarily signed this waiver and release from liability.

Parent/Guardian Print Name _____ Date _____

Signature of parent/guardian/or participant _____

	Week	Date	Deposit	Amount Due
	1	May 23-May 27	\$25	
	2	May 31- June 3	\$25	
	3	June 6 – June 10	\$25	
	4	June 13- June 17	\$25	
	5	June 20- June 24	\$25	
	6	June 27- July 1	\$25	
	7	July 5 – July 8	\$25	
	8	July 11- July 15	\$25	
	9	July 18 – July 22	\$25	
	10	July 25- July 29	\$25	
	11	August 1 – August 5	\$25	
	12	August 8 – August 12	\$25	
			Registration Fee	\$25
			Total	

Check List (STAFF ONLY)

- Registration Form
- Draft Form
- Emergency Form
- Handbook (signed)

Staff Initials _____ Date _____