



# Northwest YMCA 2008 Camp Torymca



Camper Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Age \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_  
 Gender (circle) Male Female  
 School \_\_\_\_\_  
 Grade entering in Fall 2008 \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
 Address (If different) \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
 Address (If different) \_\_\_\_\_

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**Returning Camper?** Yes \_\_\_\_ No \_\_\_\_

Family e-mail \_\_\_\_\_

How did you hear about camp? (circle) News paper Ad Poster Radio YMCA flyer Television From a Friend  
 Other please describe \_\_\_\_\_

### Emergency Contact Information

Torymca Day Camp is authorized to phone any of the persons listed below in an emergency. Parents/Guardians listed above & the people listed below may pick up this camper from camp or the bus stop. Expect to show photo I.D. at the time of pickup.

Name	Day Time Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Refund and Payment Policy

Deposit is Non-refundable under any circumstances. Refund Less Deposit – refund less deposit will be given if notification is given two weeks prior to attendance at camp. No refund will be given without a minimum of 2 weeks notification of cancellation.

#### Parents:

I approve this application and certify that the proposed camper is capable of such an experience. I understand that Torymca Day Camp/Northwest CT YMCA may dismiss without refund any camper that disrupts the group or violates safety rules. I agree to submit a properly completed medical form and to pay all balances by June 1, 2008. I have read and understand the refund policies as stated above.

I understand and that although Torymca/YMCA will use care in the selection of transportation companies, agencies, facilities and services, and exercise precautions for the safety of all participants and their personal property, there are certain risks inherent in a number of Torymca/YMCA activities and programs. I understand the nature of these programs and accept the risks involved in such activities. I agree to release Torymca/YMCA and their agents of any and all liability and responsibility of any nature for any loss or damage to property or personal injury incurred by my child while participating in a Torymca/YMCA program.

In addition, I give permission for Torymca/YMCA to seek emergency medical treatment for my child. I also authorize Torymca/YMCA to have and use photographs, slides, moving pictures, or television tapes of my child as needed for its records or public relations program.

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