



# March Break Camp Registration Form

March 4-8, 2019

## CAMPER INFORMATION

CHILD'S FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_

## PARENT INFORMATION

If custody/payments are shared, please indicate which parent is to be billed for this week of camp.

Payee during March Break Camp: \_\_\_\_\_

## CAMP INFORMATION

### CAMP SELECTION

Circle camp(s) of choice

Millidgeville	
Jr/Sr Adventure 5-12 years	Specialty – Ultimate Building Challenge 5-12 years
Regional Y	
Jr/Sr Adventure 5 to 12 years	
ELC	
Jr/Sr Adventure 5 to 12 years	
St.Marks (West)	
Jr/Sr Adventure 5 to 12 years	
St. George	
Jr/Sr Adventure 5-12 years	
Forest Glen CC	
Jr/Sr Adventure 5 to 12 years	
QPLEX	
Jr/Sr Adventure 5 to 12 years	Specialty - Game Teaser 5 to 12 years

**Adventure Camp:** Campers will explore themes and activities that will include arts & crafts, games, sports and more!!

**Game Teasers:** This camp will have Wheel of Fortune, \$10,000 Pyramid, Family Feud, Minute to Win It and some electronic game time as well. Go head to head with your buddies to be crowned the ultimate gamer!

**Ultimate Building Challenge:** Campers will use LEGO to build towers, towns and let their imagination soar. They will enjoy themed challenges that include space, vehicles & ramps and mutli-modal creations.

### Adventure Camp

After School Clients - \$52.25

After School & Morning Care Clients - \$25.25

### Specialty Camp

After School Clients - \$72.25

After School & Morning Care - \$45.25

## Payment Withdrawals

I understand that payments for all registrations will be automatically withdrawn from my account on file on **February 22<sup>nd</sup>, 2019**. All late registrations will be processed on **March 8<sup>th</sup>, 2019**.

**Please note: All cancellation requests much be received, in writing, at least 1 full week prior to the start of camp.**

## AUTHORIZATIION

In permitting my child \_\_\_\_\_ to attend the YMCA of Greater Saint John Winter Break Day Camp, I the undersigned, permit my child to participate in the full range of activities and authorize the VP of Child Care & Camping and his/her appointees, in the event of an accident or illness affecting the above named child, to authorize on my behalf, all procedures necessary and treatment therein as he/she may deem essential for the care and well-being of said child. Such action is to be undertaken only when immediate contact with the undersigned cannot be made. I give permission to the YMCA of Greater Saint John to transport my child in the YMCA vehicle providing the driver and the said vehicle is properly insured for the carrying of passengers. I understand that any pictures taken may be used for promotional purposes by the YMCA of Greater Saint John. I have read and understand all the above information.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_