

Camper Information

(One Registration Per Child – Please Print)

Child's Name _____

Address _____ City/State _____ Zip _____

Age ____ D.O.B. ____/____/____ Grade _____ (Male/Female) School _____

Mother's Name _____

Phone H _____ Work _____ Cell _____

Father's Name _____

Phone H _____ Work _____ Cell _____

People authorized to pick up child _____

In case of emergency (other than parents):

Name _____ Phone _____

Name _____ Phone _____

Please list any special allergies, fears, needs _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Child's swimming ability (circle one) Poor Fair Good Excellent

I would like an e-mail confirmation. My e-mail is: _____

My Child was referred to camp by: _____

Permission/ Consent Form

I hereby waive all claims that I might have against YDI, their agents, and employees, for injury, accident, illness or death occurring during or by any reason of the above-described activity. (I)(We)(Parents)(Guardians) of the above named child do hereby authorize as agents for the undersigned to consent to any x-ray exam, anesthesia, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in advance to provide authority and power on part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. I also waive photographic right of the above camper for any YDI advertisement, brochure.

Signature of parent or guardian _____

Acknowledgement of Financial Responsibility

I understand that once my child attends Camp Indy I am fully responsible for the entire camp fee. Camp deposits are non-refundable but are transferable to an additional camp week. I also understand that all camp fees must be paid **prior** to the start of each camp or my child will not be allowed to attend. **Returned checks are charged \$30.00 fee and require replacement in the form of a money order. A second returned check will require all future payments be made with cash or money order.**

Signature of parent or guardian _____

Camp Indy Registration

Camper Name: _____

Date: _____

Sample

	June 5- June 9	June 12- June 16	June 19- June 23	June 26- June 30	July 5- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- Aug 4	Aug 7- Aug 11	# wks selected	x	Cost per week	=	Total Fees
Sample		(X)		X	(\$95*)	(X)		X		X	2	x	\$135*	=	\$365

Junior Camp Indy

	June 5- June 9	June 12- June 16	June 19- June 23	June 26- June 30	July 5- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- Aug 4	Aug 7- Aug 11	# wks selected	x	Cost per week	=	Total Fees
JCI	X	X	X	X	\$65*	X	X	X	X	X		x	\$85*	=	
Ext Care	X	X	X	X	incl.	X	X	X	X	X		x	\$25	=	

Camp Indy 7-9

	June 5- June 9	June 12- June 16	June 19- June 23	June 26- June 30	July 5- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- Aug 4	Aug 7- Aug 11	# wks selected	x	Cost per week	=	Total Fees
BB						boys			girls			x	\$135	=	
CCC	X		X			X		X		X		x	\$135	=	
COC		X		X			X		X			x	\$135	=	
GC								X				x	\$135	=	
HLS	X		X					X		X		x	\$135	=	
MLC		X	X									x	\$135	=	
OAC		X		X	\$95*		X		X			x	\$135*	=	
SC				X								x	\$135	=	
SF	X			X		X	X		X			x	\$135	=	
WC							X					x	\$135	=	
WWS						X		X		X		x	\$135	=	
Ext Care	X	X	X	X	incl.	X	X	X	X	X		x	\$25	=	

Camp Indy 10-13

	June 5- June 9	June 12- June 16	June 19- June 23	June 26- June 30	July 5- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- Aug 4	Aug 7- Aug 11	# wks selected	x	Cost per week	=	Total Fees
BB						boys			girls			x	\$135	=	
BS		X										x	\$135	=	
CCC		X										x	\$135	=	
COC						X						x	\$135	=	
CPC		X				X			X			x	\$135	=	
GC								X				x	\$135	=	
HBC		X	X	X		X	X	X				x	\$135	=	
HLS				X			X					x	\$135	=	
MBC	X			X					X			x	\$135	=	
MLC	X							X				x	\$135	=	
OAC	X		X		\$95*	X		X		X		x	\$135*	=	
OOL			X					X		X		x	\$135	=	
SC				X								x	\$135	=	
SF										X		x	\$135	=	
VB							X					x	\$135	=	
WC			X									x	\$135	=	
WWS							X		X			x	\$135	=	
XC									X			x	\$135	=	
Ext Care	X	X	X	X	incl.	X	X	X	X	X		x	\$25	=	

Total Fees

\$

+ Total Cost for Extended Care
(must be paid in advance)

\$

+ Optional T-shirt (\$10)

\$

= Balance Due

\$

Amt. Due with this form: Bal.
Due or Total for First Camp +
\$35 deposit for all other camps
+ all E.C + T-shirt

\$



If ordering T-shirt, circle size:
child adult S adult M adult L

Make checks payable to: **Camp Indy**
Mail registration & check to: 7702 Indian Lake Road
Indianapolis, IN 46236

OFFICE ONLY:

Date received: _____

Amt: received: _____

Check #: _____