



Heritage YMCA Group

2010 CAMP REGISTRATION FORM

One form per child. Please print clearly. Thank you.

Last Name _____ First Name _____

Address _____ City/Zip _____

Child's Birthdate _____ How did you learn about our camps? _____

YMCA Member Community Participant Naperville Park District Resident

(Please Print)

Camp No.	Camp Name	Credit/Other (if applicable)	Amount Paid
Transaction Code #9	Strong Kids Campaign – Add a donation to your total to assist other children who cannot afford camp		

SAFARI CLUB REGISTRATIONS:

See page 10 & 11 for details.

TOTAL PAID

Required when registering • Shirt size (sizes run small)
 Youth: ___S (6-8) ___M (10-12) ___L (14-16)
 Adult: ___S ___M ___L ___XL

The reverse side of this form must be completed and signed at time of registration.
You will receive additional information regarding your child's camp prior to the start date.

Signature of Participant (18 or over) or Guardian _____

Employee Use:

Payment: Cash Check Charge# _____ Type _____ Exp. Date _____

Name on card: _____ Today's Date _____
 Emp. Intls. & Branch _____

If multiple camp registration, both sides of this form must be copied and forwarded to branches involved.

Register on-line or go to www.heritageymca.org to download additional forms.

(OVER)



SPECIALTY/SPORTS CAMP REGISTRATION FORM

email address _____

Last Name _____ Home Phone _____

Address _____ City/Zip _____ Bus. Phone _____

YMCA Member Community Participant

Classes Registered for: (Please Print)

Session	Class No.	Class Name	First Name	Birth Date	Disct.% Amnt.	Credit	COST

Payment: Cash Check **TOTAL PAID** _____
 Charge # _____ Type _____ Exp. Date _____

Participant or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Heritage YMCA Group, and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Heritage YMCA Group.

Employee Use:
Today's Date _____
Emp. Intls. & Center _____

Signature of Participant (18 or over) or Guardian _____

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SPECIALTY/SPORTS CAMP REGISTRATION FORM

email address _____

Last Name _____ Home Phone _____

Address _____ City/Zip _____ Bus. Phone _____

YMCA Member Community Participant

Classes Registered for: (Please Print)

Session	Class No.	Class Name	First Name	Birth Date	Disct.% Amnt.	Credit	COST

Payment: Cash Check **TOTAL PAID** _____
 Charge # _____ Type _____ Exp. Date _____

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