

## 2023 WARNER-TULLY YMCA CAMP



## Registration Form

Mail To: YMCA, 267 YMCA Place, Vicksburg, MS 39183 Or Fax (with credit card information) to: 601-634-0918 Phone: 601-638-1071

## **Camp Amenities**

Air-Conditioned Cabins • Nurse On-Site • Hot Meals • Healthy Snacks • Salad Bar 5:1 Counselor to Camper Ratio • Shirts Included • Camp Photo Included • More!

## **Camper Information**

Camper Name:			
Preferred Name:			
		State: Zip Code:	
Date of Birth	n:/	Age (as of June 1): _	
T-Shir	t Size: Pleas	se Circle: ADULT or Y	OUTH
Allergies/Food Res	trictions:		
	Parent	Information	
Father's Name:			
Cell Phone:		_ Work Phone:	
Mother's Name:			
Cell Phone:		_ Work Phone:	
Other Emergency (	Contact:		
Cell Phone:		_ Home/Work Phone	
	Camp I	nformation	
Cabin Mate Prefere	ences:		
		_	
Session	Dates	Theme	Age
☐ Session 1	June 12 - 18	Harry Potter	7 - 13
☐ Session 2	June 19 - 25	Color Wars	7 - 13
☐ Mini Camp	June 30 - July 2	Scooby Doo	6 - 10
☐ Session 3	July 3 - 9	Party in the USA	7 - 13
☐ Session 4	July 10 - 16	Christmas in July	7 - 13
☐ Session 5	July 17 - 23	It's all GREEK to Me	e 7 - 13

Would you like to stay over between sessions 3 and 4 or Are you a current YMCA member? Y N	4 and 5? Y N
Name of YMCA:	
If not members of the Vicksburg YMCA, to obtain memb	er rate, proof of membership
(copy of membership card, letter from membership depar	tment, etc.) must be included.
You may also register online at www.wa	rnertullycamp.com
Payment Information  Each week session is \$425 for members and \$4  Mini Camp is \$150 for members and \$175 for Stay-Over between July Sessions is \$7  A non-refundable \$100 deposit is required to reserve	for non-members. '5 per camper.
Registration Deposit (\$100/week session\$50/mini-camp)	\$
OR	
Entire Camp Cost	\$
Optional Donation to Warner-Tully YMCA Camp Fund (tax-deductible)	\$
Total Enclosed	\$
Enclose check payable to the Vicksburg YMCA or choose Visa MC American Express Credit Card #: Exp. Date:	·
*All balances must be paid in full BEFORE	arriving at camp.*
Parent/Guardian Agreemer  I understand that Warner-Tully YMCA Camp assumes no responsibility for injurie as a result of his/her physical condition or resulting from his/her participation in c illness, the YMCA is authorized to secure emergency medical treatment. Pruden parents immediately. I understand the related expenses for the medical attention In consideration of the privilege of participating at Camp, I hereby voluntarily rele Camp, its agents, contract services, servants, and employees from any and all cl damage which my child may suffer as a result of his/her participation in camp act	es or illness which my child may sustain amp activities. In case of accident or t attempts will be made to contact the will be (my) the camper's responsibility. Lease and discharge Warner-Tully YMCA laims of injury, illness, death, loss or tivities.
I agree to pay the balance of camp fees on or before the Friday proceeding the dononrefundable. I understand that no refunds are given if a child leaves camp earlibehavior as determined by the Camp Director. I give the YMCA permission to util camp promotional materials.  I have read and agree to the terms and conditions as stated in this application/agree.	ly because of homesickness or disruptive lize my child's photograph or likeness in
accurate to the best of my knowledge.  Signature	 Date