

Warner-Tully YMCA Camp 2024 Registration Form

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	CAMPERINI	URMA					
Name (First & Last):		Date of Birth:					
		Gender:			_Age (as of June 1):		
Last Grade Completed:	T-Shirt Size:	YS YM	YL AS	AM	AL XL	XXL XXXI	
Allergies/Food Restrictions	:						
Cabin Mate Preferences*:							
*We cannot guarantee all cabin grades of each other, have the				campe	rs, and v	vithin two	
Н	OUSEHOLD I	NFORM	ATION				
Primary Mailing Address: _							
City:			_ State:		_Zip:_		
PARENT/GUARDIAN 1		PARENT/G	UARDIAN 2	2			

CAMPED INFORMATION

CAMP INFORMATION

Name: _____ Name: _____

Email: _____

Phone:

Check the box(es) of the session(s) you'd like to register for. Prices are listed as Y Member Price/Non-Member Price. Weeklong sessions are for ages 7-13. Mini Camp is for ages 6-10.

Email:

EMERGENCY CONTACT - NON-PARENT/GUARDIAN
Name: ______F

Phone:

SESSION	DATE	THEME		PRICE	
1	June 9-15	Guardians of the Galaxy		\$425/\$450	
2	June 16-23	Harry Potter		\$425/\$450	
Mini	June 27-29	Wild West		\$150/\$175	
3	June 30-July 6	Roadtrip USA		\$425/\$450	
Stayover 1	July 6-7			\$75	
4	July 7-13	Music Legends Tour		\$425/\$450	
Stayover 2	July 13-14			\$75	
5	July 14-20	Color Wars		\$425/\$450	
			TOTAL:		

PAYMENT INFORMATION	
Are you a current YMCA member? Yes No	
Name of YMCA:	
To obtain the member rate, non-Vicksburg YMCA members must provide proof (copy of membership card, letter from membership department, etc.).	f of membership
Check the box for your preferred payment option and write in your pay	ment amount.
PAYMENT OPTION	AMOUNT
Pay the deposit (\$100 per weeklong session; \$50 for Mini).	
Pay the total in full.	
Pay a different amount (must be at least the deposit).	
Include an optional donation to Warner-Tully.	
TOTAL:	
Pay By: Check enclosed - made payable to Vicksburg YMCA Credit Card Number:	Credit Card
Exp. Date: Visa Mastercard American Expr	
All balances must be paid in full BEFORE arriving at camp. Financial assistance is available. See our website for more information.	,
PARENT/GUARDIAN AGREEMENT	
I understand that Warner-Tully YMCA Camp assumes no responsibility for injury which my child may sustain as a result of his/her physical condition or resultin participation in camp activities. In case of accident or illness, the YMCA is authorized medical treatment. Prudent attempts will be made to contact the pimmediately. I understand the related expenses for the medical attention will camper's responsibility. In consideration of the privilege of participating at Carvoluntarily release and discharge Warner-Tully YMCA Camp, its agents, contraservants, and employees from any and all claims of injury, illness, death, loss my child may suffer as a result of his/her participation in camp activities.	ng from his/her norized to secure parents be (my) the mp, I hereby ct services,
I agree to pay the balance of camp fees on or before the Friday proceeding the session. The deposit is nonrefundable. I understand that no refunds are given camp early because of homesickness or disruptive behavior as determined by Director. I give the YMCA permission to utilize my child's photograph or likene promotional materials.	if a child leaves the Camp
I have read and agree to the terms and conditions as stated in this application information is true and accurate to the best of my knowledge.	/agreement. All
Signature Date	

Vicksburg YMCA

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