the

Warner-Tully YMCA Camp 2025 Registration Form

PAGE 1

	AMPER INFO	ORMA	ΓΙΟΝ					
Name (First & Last):		Date of Birth:						
			Age (as of June 1):_				1):	
Last Grade Completed:								
Allergies/Food Restrictions:_								
Cabin Mate Preferences*: (1								
*We cannot guarantee all cabin regrades of each other, have the be		g granted.	•	•	ers, a	and v	vithin	two
Primary Mailing Address:								
City:			_State:_		Zi	p:_		
PARENT/GUARDIAN 1 Email:	PA	ARENT/GL mail:						
Phone:		hone:						
EMERGENCY CONTACT Name:		hone:						

CAMP INFORMATION

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.

SESSION	DATE	ТНЕМЕ		PRICE	
1	June 8-14	Harry Potter		\$450/\$475	
2	June 15-21	Summer Olympics		\$450/\$475	
Mini	June 26-28	Bluey		\$175/\$200	
3	June 29-July 5	Stars & Stripes		\$450/\$475	
Stayover 1	July 5-6			\$75	
4	July 6-12	Marvel		\$450/\$475	
Stayover 2	July 12-13			\$75	
5	July 13-19	Color Wars		\$450/\$475	
			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 of membership (copy of membership card, letter from membership department, etc.). Check the box for your preferred payment option and write in your payment amount. **AMOUNT PAYMENT OPTION** 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 Credit Card Number: -Visa Exp. Date: Mastercard American Express 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 injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in camp activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I understand the related expenses for the medical attention will be (my) the camper's responsibility. In consideration of the privilege of participating at Camp, I hereby voluntarily release and discharge Warner-Tully YMCA Camp, its agents, contract services, servants, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in camp activities. I agree to pay the balance of camp fees on or before the Friday proceeding the date of the session. The deposit is nonrefundable. I understand that no refunds are given if a child leaves camp early because of homesickness or disruptive behavior as determined by the Camp Director. I give the YMCA permission to utilize my child's photograph or likeness in camp promotional materials. I have read and agree to the terms and conditions as stated in this application/agreement. All information is true and accurate to the best of my knowledge. Signature Date

Vicksburg YMCA
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Fax: 601.634.0918 • Website: warnertullycamp.com • Email: melanie@vicksburgymca.com