

# SILVER BAY

YMCA

87 Silver Bay Road • Silver Bay, NY 12874  
518-543-8833

## 2012 Music Camp Enrollment Form June 25-29

For office use only	
Received	
Membership Type	
50% Deposit	
Balance Payment	
Open Pathways %	
Badge	
Transaction Code	MUSC

**Childs Name:** \_\_\_\_\_  
*First (Nickname) Middle Last*

**DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Sex:** \_\_\_\_ **Grade entering in the Fall:** \_\_\_\_

**Parent or Guardian's Name(s):** \_\_\_\_\_  
*First Last*

Permanent Address	
Street/PO Box:	_____
City:	_____
State: _____	Zip Code: _____
Home Phone:	_____
Work Phone:	_____
Cell Phone:	_____
Email Address:	_____

Summer Address(if applicable)	
Street/PO Box:	_____
City:	_____
State: _____	Zip Code: _____
Summer Phone:	_____
Summer Dates from: _____	to _____
Do you prefer to receive mail at this address?	
Yes	No

### Instruments (List two instruments to focus on)

	Instrument	Number of Years	Do you need to borrow this instrument?	
1			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Area of Interest (Check all that Apply)

- Band
- Chorus
- Orchestra
- Jazz Ensemble
- Vocal Lessons
- Guitar Lessons
- Piano Lessons
- Beginning Instrument Lessons

### Vocal (Check One)

- Soprano
- Alto
- Tenor
- Bass

Registration Fees	Sub-Total
Program Member & On-Campus Guest \$115/week	
Basic Member & Non-Member \$172/week	
Rental of second instrument - \$50	
<b>Optional Bag Lunch</b> \$32.50/week	
<b>50% Deposit Due by June 15<sup>th</sup></b>	<b>Total</b>
<b>Balance Due by June 25<sup>th</sup></b>	

### Form of Payment: Make Checks Payable to Silver Bay YMCA

Check # \_\_\_\_\_  Credit Card Exp. Date: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Open Pathways Scholarship Program (*Town of Putnam, Warren and Essex County Residents*).

If using the Open Pathways program, please provide a copy of your 2011 tax return.

**Please return form to:** Bonnie Brod | Silver Bay YMCA | 87 Silver Bay Rd | Silver Bay, NY 12874

**FOR SECURITY REASONS PLEASE DO NOT SUBMIT CREDIT CARD INFORMATION OVER EMAIL.**

**Pick Up / Emergency Information**

The following individuals may pick up my child as well as be contacted in case of an emergency when we cannot reach a parent or guardian:

<b>Name and Relationship:</b>	<b>Phone/Pager #</b>
_____	_____
_____	_____
_____	_____

The following individuals are **NEVER** to pick up my child:

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Is there anything we should know about your child to make sure this is a healthy and fun summer experience? (i.e., allergies, phobias, etc.) \_\_\_\_\_

\_\_\_\_\_

Does your child have special needs? \_\_\_\_\_

\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**I give full permission for my child to:**

- To be involved in video recordings and photographs
- Ride on a Silver Bay golf cart for emergency purposes only
- Participate in Climbing Wall sessions during camp hours

**Initial**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to the following:**

- I understand that my child will be allowed to walk themselves between music camp and recreational activities by signing in and out with the camp director \_\_\_\_\_
- I will inform the staff when I cannot be reached at the numbers on this form or if any information has changed on this form or other forms at the center. \_\_\_\_\_

**Parent or Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# AUTHORIZATION

## For Medical Treatment of Minors

If your child needs medical, dental or hospital services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. After you complete this form give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person, physician, dentist or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

### Identification

Name of Minor \_\_\_\_\_ Birth date \_\_\_\_\_

Known allergies \_\_\_\_\_

Special Conditions \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Medications now being taken \_\_\_\_\_

### Hospitalization Coverage for Above Minor

Insurance Company or Government Plan \_\_\_\_\_

ID or Contract Number \_\_\_\_\_

### Family Physician

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint: **Silver Bay YMCA of the Adirondacks** to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

(Witness must be different from person authorized to provide care)

This form is valid for a period of one year from date signed