

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

2010 Music Camp Enrollment Form
June 28-July 2 & July 5-July 9

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: _____
Telephone: _____	
Work Phone: _____	
Cell Phone: _____	
Email: _____	

Summer Address	
Street/PO Box: _____	
City: _____	
State: _____	Zip Code: _____
Telephone: _____	
Work Phone: _____	
Cell Phone: _____	
Email: _____	

Instruments (List two instruments to focus on)

	Instrument	Number of Years
1		
2		

Vocal (Check One)

- Soprano
- Alto
- Tenor
- Bass

Area of Interest (Check all that Apply)

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

	Week 1 June 28 th -July 2 rd	Week 2 July 5 th -July 9 th	Sub-Total
Non-Full Member (\$162/week)			
Full-Member& On-Campus (\$108/week)			
Optional Bag Lunch (\$32.50/week)			
Total			

Form of Payment: Make Checks Payable to Silver Bay YMCA of the Adirondacks

Check # _____
 MasterCard
 Visa
 Discover
 American Express
 Credit Card No.: _____ Exp. Date: _____
 Name on Card: _____ Security Code: _____
 Signature: _____ *Please provide the last three digit number on the back of your card*

Open Pathways (Town of Putnam, Warren and Essex County residents) Approved by: _____

If using the Open Pathways program, please provide a copy of your 2008 tax return. % paid by Member: _____

50% Deposit Due by June 15th
Balance Due by June 28th

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:

Name and Relationship:

Phone/Pager #

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:

Initial

- 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 _____

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 an 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:** _____

Return Application to:
Silver Bay YMCA
Music Camp
87 Silver Bay Rd
Silver Bay, NY 12874

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

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint:

Name of Minor _____ Birth date _____

Silver Bay YMCA of the Adirondacks

Known allergies _____

to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence

Special Conditions _____

Date of Last Tetanus _____

Signature _____ Date _____

Medications now being taken _____

Address _____

Hospitalization Coverage for Above Minor

Phone _____

Insurance Company or Government Plan _____

Home

Work

ID or Contract Number _____

Signature of Witness _____

Family Physician

Address _____

Name _____ Phone _____

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

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

Address _____