



# 2012 WARNER-TULLY YMCA CAMP APPLICATION

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

For Office Use Only

Payment Amt: \_\_\_\_\_

Receipt # : \_\_\_\_\_

Date: \_\_\_\_\_

## Camper Information

Camper's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender \_\_\_\_\_ Parent/Primary Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of June 1, 2012 \_\_\_\_\_ Next Grade \_\_\_\_\_

Previous summers at Warner-Tully (enter 0 if camper has never been to Warner-Tully) \_\_\_\_\_

Father's Name (First, Last) \_\_\_\_\_

Occupation and place of business \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name (First, Last) \_\_\_\_\_

Occupation and place of business \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Are parents divorced or legally separated? Yes No - If yes with whom does the child live?

\_\_\_\_\_

Cabin mate preference (Limit 2): (1) \_\_\_\_\_ (2) \_\_\_\_\_

\_\_\_\_\_

## 2012 Session Information - Please check the appropriate session(s):

Camps	Dates	Fee Per Session		Age
		Y-Member	Non Y-Member	
<input type="checkbox"/> 2- Night Mini	June 8-10	\$120	\$130	6-
		10		
<input type="checkbox"/> Session 1	June 10-16	\$355	\$380	7-13

<input type="checkbox"/> <b>Session 2</b>	<b>June 17-23</b>	<b>\$355</b>	<b>\$380</b>	<b>7-13</b>
<input type="checkbox"/> <b>Session 3</b>	<b>July 1-7</b>	<b>\$355</b>	<b>\$380</b>	<b>7-13</b>
<input type="checkbox"/> <b>Session 4</b>	<b>July 8-14</b>	<b>\$355</b>	<b>\$380</b>	<b>7-13</b>
<input type="checkbox"/> <b>Session 5</b>	<b>July 15-21</b>	<b>\$355</b>	<b>\$380</b>	<b>7-13</b>

**PLEASE TURN OVER TO COMPLETE APPLICATION**

Are you a current YMCA member? \_\_\_\_\_ Name of YMCA

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 (Proof of current YMCA membership - copy of membership card, official letter from membership department, etc. - MUST accompany this application to be eligible for \$25/week YMCA member savings.)

What school does the camper attend?

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 Want to recommend a friend to Warner-Tully? Give name and address and we'll send a camp brochure:

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ALL CAMP SESSIONS ARE CO-ED. OPEN ON SUNDAY AFTERNOON AND CLOSE THE FOLLOWING SATURDAY MORNING. CAMP FEE INCLUDES SNACKS & CRAFTS, ACCIDENT INSURANCE AND ALL CAMP COSTS. CAMPER'S NEED NO ADDITIONAL MONEY WHILE IN CAMP. A PARENT'S PACKET, INCLUDING A "WHAT TO BRING" LIST, MAP TO CAMP AND CAMPER HEALTH FORM WILL BE MAILED TO ALL REGISTERED CAMPER'S 4 WEEKS PRIOR TO CAMP SESSION.

**Payment Information**

\* \$100 non-refundable sign-up fee (per camper/per session) required with completed application to reserve camper's place at camp and is applied to fee total; balance due on or before arrival in camp.

Registration Deposit (\$100 per session)	\$
OR	
Entire camp cost paid at this time	\$
Optional donation to Warner-Tully YMCA Camp Fund (tax-deductible)	\$
Total Enclosed	\$
Enclose check payable to <u>Vicksburg YMCA</u> or choose credit card option below: Visa MC American Express Credit Card # _____ - _____ - _____ Exp. Date _____	

**Parent or 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 these 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 these activities.

I agree to pay the balance of camp fees on or before the opening date of the session. The deposit is non-refundable. 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.

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Signature

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Date

You may also register online at [www.warnertullycamp.com](http://www.warnertullycamp.com)!