



# 2011 YMCA Camp Kenan Registration Form

**Return registration form to:**

Lockport Family YMCA  
19 East Avenue  
Lockport, NY 14094  
Phone: (716) 434-8887  
Fax: (716) 434-8887  
[www.lockportymca.com](http://www.lockportymca.com)  
[www.campkenan.com](http://www.campkenan.com)

**Please Print Clearly**

Campers Name \_\_\_\_\_  
(Last) (First)

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (please circle) Male Female

Address \_\_\_\_\_

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

Home Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Camper Email \_\_\_\_\_

Parent #1 \_\_\_\_\_  
(Last) (First)

Parent #2 \_\_\_\_\_  
(Last) (First)

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home address \_\_\_\_\_

Home address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**All information is required for registration. This form must be completed in full to process.**

Camper lives with (please circle) Both Parents Mother Only Father Only Guardian Other

**Cabin Request** \_\_\_\_\_

**Only ONE request per person, requests are not guaranteed!**

Number of years at Camp Kenan \_\_\_\_\_

If this is your first year, how did you learn about Camp Kenan? \_\_\_\_\_

**Agreement**

I understand that all fees must be paid in full two weeks prior to my child's attendance at camp. The \$50 deposit is an administrative fee that is non refundable and non negotiable. A deposit for each week your child attends camp is due at registration. I consent and authorize the Lockport Family YMCA to use photographs taken of my child for promotional purposes without compensation. I hereby certify that my child is in normal health and capable of safe participation in the camp program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize Camp Kenan to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached. I have read the instructions for registration and understand all policies and procedures.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please check camp session(s) desired.

### Resident Camp (Ages 7-14)

**\*NEW THIS YEAR\*** Register for two consecutive weeks and save \$50 per week. Your child will have the option to stay at camp right through the full two weeks. *NOT valid with any other offer.*

\_\_\_\_\_ Check here if your child will stay at camp through the full two weeks

Session	Dates	Theme	Member	Non Member
_____ A.	July 3 - July 9	<b>New!</b> Medieval Times	\$325	\$380
_____ B.	July 10 - July 16	Sports-a-Palooza	\$325	\$380
_____ C.	July 17 - July 23	Mud, Sweat, and Glory	\$325	\$380
_____ D.	July 24 - July 30	Wild, Wild West	\$325	\$380
_____ E.	July 31 - Aug 6	Olympiad	\$325	\$380
_____ F.	Aug 7 - Aug 13	Wet, Wild & Wacky	\$325	\$380
_____ G.	Aug 14 - Aug 20	<b>New!</b> Color Combat	\$325	\$380

### Leadership Development Camp (Ages 15-17)

**\*NEW THIS YEAR\*** Your child will have the option to stay at camp right through the full session.

Session	Dates	Theme	Price
_____ H.	July 3 - July 16	LIT Session I	\$450
_____ I.	July 17 - July 30	LIT Session II	\$450
_____ J.	July 31 - Aug 13	LIT Session III	\$450
_____ K.	July 3 - July 23	CIT Session I	\$450
_____ L.	July 24 - Aug 13	CIT Session II	\$450

\_\_\_\_\_ Check here if your child will stay at camp through the full session

**TOTAL FEES \$** \_\_\_\_\_ **TOTAL ENCLOSED \$** \_\_\_\_\_

**Deposit: A \$50 deposit** per session must accompany this form and is applied to the total fee.  
Deposits are *NOT* refundable/non transferable.

### Lockport Family YMCA Membership

Membership is open to everyone without regard to race, color, gender, religion, or national origin. If a camper is not a member of the Lockport Family YMCA during his/her session at camp, the camper must pay the non member rate, which equals an additional \$55 per week. **You are eligible for the member rates ONLY if the following information is completed.**

**Type of Membership (circle one)** Youth Young Adult Single Parent Family Family  
**Expiration Date** \_\_\_\_\_

*To qualify for the Y Member rate, this must be completed*

**Financial Assistance is available on a limited basis.** Please refer to our website.

Parent information packets are available on our website.

\_\_\_\_\_ Please check here if you prefer us to mail you a packet.

**Return this completed form with checks payable to:**

Lockport Family YMCA  
 19 East Avenue, Lockport, NY 14094  
 (716) 434-8887 Fax (716) 434-0227

**Or please charge to:**

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Debit Card

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_

**Cardholder's Signature** \_\_\_\_\_

#### Office Use Only:

- \_\_\_\_\_ Parent Packet Sent
- \_\_\_\_\_ Entered in Computer
- \_\_\_\_\_ Paid in Full
- \_\_\_\_\_ Financial Aid Amount
- \_\_\_\_\_ Health Form Received
- \_\_\_\_\_ Deposit