

**Brentwood Family YMCA Specialty Camp 2010 Registration**

**Please Print Family Information:**

Child Name \_\_\_\_\_ Grade in fall \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Parental Consent Form (please initial)**

- I wish to apply for financial assistance through the YMCA
- I participate with DHS Child Care Certificate Program (please attach the current certificate)

**Permission Statement (please initial)**

- I give permission for my child to participate in all activities planned and conducted by the YMCA summer programs, including bus transportation to and from field trips.
- I understand that the YMC provides the required DHS medical insurance and that this requirement does not imply or admit guilt or liability of the YMCA.
- I understand that in the event the insurance company denies a claim, the parent/guardian is responsible for payment of medical care.
- I understand it is my responsibility to submit a current DHS certificate

- I understand that financial assistance is limited and I must apply for assistance for the summer program regardless of the current status. I am responsible for full amounts until assistance has been approved. The YMCA is unable to make assistance retroactive.
- I understand that I am responsible for payment of all weeks reserved.
- I understand that I have **until Friday, May 7 to make written changes** (including cancellation weeks) to my child's attendance without penalty.
- I understand that **after Friday, May 7** I will be required to pay a **cancellation fee of \$45 per child, per week** for cancellation of reserved weeks.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Y-Sports at Scales Elementary**  
6430 Murray Lane, Brentwood, TN 37027

Ages: 6-12yrs (must have completed K)  
Please  check the session(s) your child wishes to attend:

- Soccer: May 24-June 4\* (2-week session \$230/child)
- Flag Football: June 7-18 (2-week session \$230/child)
- Volleyball: June 21-July 2 (2-week session \$230/child)
- Y World of Sports July 5-9\*\* (1-week session \$115/child)
- Basketball: July 19-30 (2-week session \$230/child)

\*Closed Memorial Day, Monday, May 31  
 \*\* Closed Monday, July 5 in observance of Independence Day. No Y-Sports July 12-17 for Scales Elementary Encore Camp

**Fees Due:**  
 \$45 Non-refundable Sports Activity Fee (must accompany registration form)  
 \$ \_\_\_\_\_ Total Session Fees (due prior to the start of each session)

**Y-Arts at Scales Elementary**  
6430 Murray Lane, Brentwood, TN 37027

Ages: 6-12yrs (must have completed K)  
Please  check the session(s) your child wishes to attend:

- Dance: May 24-11\* (3-week session \$345/child)
- Drama: June 14-July 2 (3-week session \$345/child)
- Intro to Art Session 1: July 5-9\*\* (1-week session \$115/child)
- Art Session 2: July 19-30 (2-week session \$230/child)

\*Closed Memorial Day, Monday, May 31  
 \*\*Closed Monday, July 5 in observance of Independence Day. No Y-Arts July 12-17 for Scales Elementary Encore Camp

**Fees Due:**  
 \$45 Non-refundable Arts Activity Fee (must accompany registration form)  
 \$ \_\_\_\_\_ Total Session Fees (due prior to the start of each session)

**Y-Nature at Edmondson Elementary**  
851 Edmondson Pk, Brentwood, TN 37027

Ages: 5-12yrs  
 Weekly Session Fees: \$100/child  
 Please  check the session(s) your child wishes to attend:

- May 24-28
- June 1-June 4\*
- June 7-11
- June 14-18
- June 21-25
- June 28-July 2
- July 5-9\*\*
- July 12-17
- July 19-23
- July 26-30

\*Closed Memorial Day, Monday, May 31  
 \*\*Closed Monday, July 5 in observance of Independence Day.

**Fees Due:**  
 \$45 Non-refundable Nature Activity Fee (must accompany registration form)  
 \$ \_\_\_\_\_ Total Session Fees (due prior to the start of each session)

**Office Use Only:** Activity fee paid \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmation Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_  
 Fee information: Weekly Fee: \$ \_\_\_\_\_ Financial Assistance % \_\_\_\_\_ DHS \_\_\_\_\_ Staff % \_\_\_\_\_ Weekly Fee due \$ \_\_\_\_\_  
 Sent to Ops \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Spreadsheet by \_\_\_\_\_ Date \_\_\_\_\_ Other \_\_\_\_\_