

2009 YMCA Camp H.R. Erdman – School Break Registration

69-385 Farrington Highway, Waialua, HI. 96791 • PH: 808.637.4615 • FX: 808.637.8874 • www.ymcahonolulu.org
(Please PRINT clearly)

Camper
Last Name _____ First Name _____ Age _____ Birthday(MM/DD/YY) _____ Gender _____

Mailing
Address _____ City _____ State _____ Zip _____

Main Phone _____ School Attending _____ Current Grade _____

Main Contact _____ Relationship to Camper _____ Main Phone _____ Main Email _____

Mother/Guardian _____ Work Phone _____ Cell / Alt. Phone _____

Occupation _____ Email _____

Father/Guardian _____ Work Phone _____ Cell / Alt. Phone _____

Occupation _____ Email _____

Selecting a Program: Check the program(s) that you would like to enroll the above child to. (Select only one)
FALL Break Camp:
WINTER Break Camp:
Best Value! FALL & WINTER Break Camps:
****WINTER Break Camp ends on a Thursday****

Additional Options: Check the option(s) that you will like to enroll the above child to. (Check all that apply)

Questionnaire: Please answer the following questions
1. Could you please describe how you heard about YMCA Camp Erdman?
2. Has the child above attended YMCA Camp Erdman prior to this event?
If YES, what program did he/she participate in?

Method of Payment: Check the payment type that you will be using. Payment must accompany this registration.
Amount enclosed / to charge:
\$ _____ Check(included) Visa MasterCard Discover American Express
Card Number _____ Exp. Date _____
Name on Card _____
Cardholder's Signature _____ Date _____

Important Information:
DEPOSIT: must accompany registration. \$150 per program.
DEADLINE: full payment is due 30 days prior to the start date of program.
REFUNDS: considered only with medical documentation. Should your child be required to leave camp, there will be no refund.
CANCELLATIONS: made 30 days prior to start date of program will receive balance of funds minus the deposit. Cancellations made within the 30 days prior to start date of program will forfeit the entire amount paid including the deposit.
****All deposits are nonrefundable. Transferring of deposits is done on a case to case basis.****

Parent and Camper agreement:
Should my child be required to leave camp, there will be no refund of fees, and I agree to pay all transportation cost. I give permission for out of camp travel when part of the program or to secure medical attention. The YMCA of Honolulu may use any photographs, slides or video of my child for public relations or promotional purposes. I do here authorize and request the camp health supervisor or director to provide routine, non-surgical medical care and to secure necessary emergency medical and surgical treatment for my child should the need arise. The person signing this registration accepts full responsibility for all incurred camp fees and expenses. Signature required before registration will be processed.

Print name of Parent / Guardian _____ Signature of Parent / Guardian _____ Date _____
For more **PROGRAM** information contact:
Peter McGregor
Ext.22 or pmcgregor@ymcahonolulu.org
To **REGISTER** contact:
Shan Calbero-Hun
Ext.29 or scalbero-hun@ymcahonolulu.org