

The New Kings Bay YM-YWHA Day Camp  
 3495 Nostrand Avenue, Brooklyn, New York 11229  
 Tel: 718-648-7703 Ext.223 ♦ Fax: 718-648-0758 ♦ E-Mail: [dzeltser@kingsbayy.org](mailto:dzeltser@kingsbayy.org)

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## Kings Bay Y Swim Camp

### 2010 Swim Camp Application (Intermediate Level Swimmers and Higher)

Camper's Name \_\_\_\_\_ Male \_\_\_ Female  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade in Sept. 2010 \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Business Name and Address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Business Name and Address \_\_\_\_\_  
 Emergency Name (Other than parent) \_\_\_\_\_ Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

T-shirt Size \_\_\_\_\_ Extra T-shirts are \$10 per shirt.

**How did you hear about us?**     Friends     Flyer     TV     Radio     Internet

**Special Requests (Groupings, etc.):**

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**Please list any allergies that your child has:** \_\_\_\_\_

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#### PLEASE CHECK APPROPRIATE AGE AND SESSION

|                                    | <u>Full Session</u>              | <u>Session 1</u>                 | <u>Session 2</u>                 |
|------------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                                    | 6/28-8/20/10                     | 6/28- 7/23/10                    | 7/26-8/20/10                     |
| Ages 8-15                          | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,300 | <input type="checkbox"/> \$1,300 |
| Transportation                     | <input type="checkbox"/> \$295   | <input type="checkbox"/> \$175   | <input type="checkbox"/> \$175   |
| Early Drop off (7:45AM)            | <input type="checkbox"/> \$150   | <input type="checkbox"/> \$75    | <input type="checkbox"/> \$75    |
| Late Stay Option (5:15 PM-6:30PM)  | <input type="checkbox"/> \$150   | <input type="checkbox"/> \$80    | <input type="checkbox"/> \$80    |
| Late Stay Option (4 PM-6:30PM)     | <input type="checkbox"/> \$150   | <input type="checkbox"/> \$80    | <input type="checkbox"/> \$80    |
| Combo (Early Drop Off & Late Stay) | <input type="checkbox"/> \$250   | <input type="checkbox"/> \$125   | <input type="checkbox"/> \$125   |

\*\*\*Please note the late stay option is until 6pm on Friday.

\*\* Registration for Transportation ends on June 21, 2010

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#### Terms of Agreement

1. A deposit of only \$200 is required to each camper with this application. The deposit will be deducted from the overall prices.
2. Make all checks or money orders payable to the "Kings Bay YM-YWHA".
3. Full payment is due on June 1, 2010.
4. A service charge of \$75 will be made for cancellation up to June 1, 2010, after submission of the summer camp registration packages. No refunds will be issues after June 1, 2010.
5. A standard Department of Health Medical Form must be submitted to the camp by June 1, 2010. No camper may come to camp without a completed Medical form and an Emergency Authorization form.

6. The Kings Bay YM-YWHA is not responsible for any lost, stolen, or damaged property.
7. Due to unstable economic conditions, the Administration of the Kings Bay YM-YWHA reserves the right to add a minimal surcharge to any camp program.
8. If child misses camp due to sickness or family related issues, no make up or refunds may be issued.

I give permission to the Kings Bay YM-YWHA, Inc. to take photographs of me and/or my child to be shown in a video, brochure, advertisement, or internet display for purposes of promoting interest in the Kings Bay YM-YWHA. I release the Kings Bay YM-YWHA, Inc. from any claims resulting from the pictures taken on, before, or after the date of this communication.

I do hereby give permission for my child to participate in all camp activities and including off-ground activities, and authorize the Kings Bay YM-YWHA, Inc. to act as parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to and during the camp season. I do hereby give authority to the day camp and staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

*I have carefully read the contract and other related information and agree to accept all terms.*

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT INFORMATION STATEMENT**

**Kings Bay Y Swim Camp**  
*(Name of Camp)*

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*3495 Nostrand Avenue Brooklyn, NY 11229*  
*(Address)*

This camp is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly. We operate with a permit granted by The City of New York Department of Health and Mental Hygiene. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation;  
OFFICE OF WINDOW FALL PREVENTION AND DAY CAMPS  
NEW YORK, NY 10007

**FOR OFFICE USE**

MEMBERSHIP FEE \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

FULL CAMP FEE \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

PARTIAL PAYMENTS

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

REMARKS:

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OFFICE STAFF SIGNATURE \_\_\_\_\_