

UPDATED: 5/19



2020 SOUTHERN BRANCH YMCA OF YORK AND YORK COUNTY

CAMP DISCOVERY REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AUTOMATIC DRAFT PAYMENT AUTHORIZATION ON REVERSE - PLEASE COMPLETE IF YOU ELECT THIS OPTION

PARTICIPANT NAME: _____ AGE*: _____ BIRTH DATE: ____/____/____ GRADE*: _____
*Must have completed Kindergarten to participate in camp

ADDRESS: _____ GENDER: Female Male Other: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: (____) _____

PARENT/GUARDIAN _____ BIRTH DATE: ____/____/____ WORK PHONE: (____) _____

EMAIL ADDRESS _____ CELL PHONE: (____) _____

DATES	Full Time	Part Time
June 1 - 5	<input type="checkbox"/>	<input type="checkbox"/>
June 8 - 12	<input type="checkbox"/>	<input type="checkbox"/>
June 15 - 19	<input type="checkbox"/>	<input type="checkbox"/>
June 22 - 26	<input type="checkbox"/>	<input type="checkbox"/>
June 29 - July 3	<input type="checkbox"/>	<input type="checkbox"/>
July 6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
July 13 - 17	<input type="checkbox"/>	<input type="checkbox"/>
July 20 - 24	<input type="checkbox"/>	<input type="checkbox"/>
July 27 - 31	<input type="checkbox"/>	<input type="checkbox"/>
August 3 - 7	<input type="checkbox"/>	<input type="checkbox"/>
August 10 - 14	<input type="checkbox"/>	<input type="checkbox"/>

To officially register for Camp Discovery each family must email this completed form to Camp Director, Travis Bowman (tbowman@yorkcoymca.org). Once the form is received the Camp Director will reach out to you to set up payment.

CAMP FEES & RATES

Registration Fee:

Single Camper Family: \$30
Multiple Camper Family: \$50

Standard Rates:

Full-Time (4-5 days)

Y-Member \$155 per week
Non-Member \$200 per week

Part-Time (1-3 days)

Y-Member \$95 per week
Non-Member \$125 per week

YMCA MEMBER

- Member (Must have a Family Membership)
- Non-Member

DROP OFF/PICK UP LOCATION

- Southern Branch YMCA

* At this time this is the only location for Camp Discovery. Pleasant View Elementary is not an option due to the current circumstances. Our YMCA team is currently looking into other possible locations. If one is found all camp families will be notified of that location.

CAMPER'S T-SHIRT SIZE

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

* Camp shirts are ordered in bulk. By selecting a size you are helping us decide how many of each size to order. We will try our best to accommodate your size selection but it is not guaranteed.

SCHOLARSHIPS

Scholarships are available to those who qualify thanks to the generous contributions made to the YMCA Annual Campaign and United Way. Scholarship applications for financial assistance along with supporting documents are to be submitted to the Camp Director in a timely fashion in order for them to be approved by the start of camp.

HOUSEHOLD INCOME

- Unemployed
- Less than \$15,000
- \$15,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$49,999
- \$50,000-\$74,999
- Over \$75,000

CAMPERS RACE

- White
- Black/African American
- Hispanic
- Asian
- American Indian
- Pacific Islander
- Other/refuse

Please check only the box(es) indicating the camp weeks you are paying for and enrolling in.





FOR YOUTH DEVELOPMENT
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FOR SOCIAL RESPONSIBILITY

CAMP PRE-AUTHORIZATION FOR WEEKLY PAYMENT PLAN

Camper's Name: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Other Phone: (____) _____

I, _____ hereby authorize the YMCA of York & York County to charge my Bank/Credit Card (circle one) account for my camper's weekly camp fee.

My account will be charged fees from _____ to _____ in the method of payment I indicate below:

Tuition of: \$ _____ will be charged on the Sunday prior to the upcoming week for the weeks my camper is registered.

Checking Account Draft Method of Payment

(Please attach a voided check)

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

Credit Card Account Draft Method of Payment

Name of Card Holder _____ Last 4 digits on card: _____

Address, City, St, Zip _____ Card Expiration: _____

Signature of Card Holder _____

Please bring your card and this form to the Customer Service Desk for processing.

PAYMENT CHANGE/CANCELLATION POLICY

I understand that my checking account / credit card will be charged Sunday prior to the upcoming week, I understand that I am financially responsible for all payments from my account. Should my weekly amount not be honored by my bank or credit card account for any reason, I understand and agree that a NSF fee will be collected electronically from my account. I also understand that all past due balances will be withdrawn on the next scheduled draft date. I agree to give the YMCA of York & York County written notification of any change/cancellation of this payment agreement by the Monday prior to the upcoming week for weekly payments. After receipt of written notification, the YMCA will charge or stop the draft payment. In the case of cancellation, I understand that failure to follow this policy will result in continued debts/charges to my account until written authorization is received. I understand that the YMCA reserves the right to cancel this financial agreement if at any time my Bank/Credit Card charge is invalid. Therefore, in order for my camper to continue to participate in the Camp program, I agree to remit any outstanding fees within 10 days. I have read and understand all the provisions set forth above.

Parent/Guardian Signature: _____ Date: _____