

North Country YMCA  
2010 Summer Soccer Camp  
Registration

Print out this form, complete one copy per child, and mail it with payment to:  
Dianne Rappa, NCYMCA Executive Director  
PO Box 123  
Bath, NH 03740-0123

Make checks payable to NCYMCA.

Child's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent's work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Check camp:

Grade entering Sept. 2010: \_\_\_\_\_

- Grades 1-3, August 2 – 6 (\$60)
- Grades 4-6, August 9 – 13 (\$75)
- Grades 7 -9, August 2 – 6 (\$60)

Family physician name: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Medical concerns (Please describe any physical conditions, allergies, medications or injuries which should be noted by the director.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Payment enclosed: \_\_\_\_\_

\*\* Deduct \$10 from total payment for each additional child from same immediate family.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_