



Ukrainian American Youth Association 2010 Camp Registration



CAMPER INFORMATION (Please print in English, unless otherwise noted)

Last Name: _____ Прізвище (укр.) _____
 First Name: _____ Ім'я таборовика (укр.) _____
 Address: _____ Активний Член СУМу? Ні Так
 _____ Якщо так, Осередок в: _____
 Date of birth (mm/dd/yy) ____/____/____ Ukrainian School grade completed: _____
 Gender: Male Female Speaks Ukrainian: Fluently/Native Speaker
 School Attended Daily: _____ Poorly Fairly Not At All
 Grade completed at this school: _____ Location of School _____
 Camper's email address: _____ Camper's Cell Phone #: _____
 Select T-shirt: **Children's:** S M L **Adult Sizes:** S M L XL

PARENT/GUARDIAN INFORMATION and AGREEMENT (Please complete in English)

Name(s) of Parent(s) or Legal Guardian(s) _____
 Home Tel.# (____) _____ Parent's Email: _____
 Mother's work or cell (____) _____ Father's work or cell (____) _____

I, the undersigned parent/guardian, assume full responsibility for payment of all camp fees, related expenses and all medical expenses incurred by my child. I understand that camp fees and registration costs are not refundable. I understand that I am liable for all costs related to, but not limited to, damages caused by my child, or for additional costs incurred by the Ukrainian American Youth Assoc., Inc. (UAYA), as a result of my child's actions, be they intentional or unintentional (e.g. telephone, damages, kiosk, etc.). I give the UAYA the right and permission to copyright, and/or use, and/or publish photographic portraits, pictures, or likenesses of my child depicted during his/her stay at camp, through any media, including, but not limited to newspapers and/or the Internet and, for art, advertising or any other lawful purpose. Furthermore, I understand that for unbecoming conduct my child can be expelled from camp, without reimbursement of cost, at the absolute discretion of the management, Camp Director and/or Medical Director. My child has been made aware of the rules and regulations of the UAYA Camp in Ellenville and I and my child agree to abide by them.

Signature of Parent/Guardian _____ Date: _____

CAMP(S) ATTENDING (Use one registration form PER CHILD - check off ALL camps)

- | | |
|---|---|
| <input type="checkbox"/> Husenyata - week 1 (Jul 18 – Jul 24) | <input type="checkbox"/> Starsho-yunatskyj - (Jul 11- Jul 17) |
| <input type="checkbox"/> Husenyata - week 2 (Jul 25 – Jul 31) | <input type="checkbox"/> Vidpochynkovyj – (Jul 18 – Jul 31) |
| <input type="checkbox"/> Husenyata - both weeks (Jul 18 – Jul 31) | <input type="checkbox"/> Perekhodovyj – (Jul 18 – Jul 24) |
| <input type="checkbox"/> Sumenyata - week 1 (Jul 18 – Jul 24) | <input type="checkbox"/> Sportovyj – (Aug 1 – Aug 14) |
| <input type="checkbox"/> Sumenyata - week 2 (Jul 25 – Jul 31) | <input type="checkbox"/> Kultury / Mystetstva – (Aug 15 – Aug 28) |
| <input type="checkbox"/> Sumenyata - both weeks (Jul 18 – Jul 31) | |

CYM BRANCH RECOMMENDATION

I, (circle one) **President / Bulavnyj** of the CYM Branch in _____ certify that the above-named applicant is a member in good standing. Date: _____

Print Name: _____ Sign: _____

CHECKLIST and IMPORTANT INFORMATION

- TWO (2) copies of completed Health form, Camp Registration, **and** front & back of insurance card **MUST** be submitted no later than 15 days before the start of Camp. **\$1 per page will be charged for copies made in office.**

Send this completed & signed Camp Registration with: full payment by June 1 to receive discounted pricing **OR** \$100 deposit to hold child's place in camp (balance due first day of camp).

Mail all forms to: **UAYA CAMP, 8853 ROUTE 209, ELLENVILLE, NY 12428 Phone: (845) 647-7230**