



# 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

Осередок в: \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ukrainian School grade completed: \_\_\_\_\_

Gender:  Male  Female

Speaks, reads, writes Ukrainian:  Fluently/Native Speaker

School Attended Daily: \_\_\_\_\_

Poorly  Fairly

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)

Attendees of Vyshkilnyj tabir must be able to understand, speak, read and write Ukrainian

Vyshkilnyj- Year 1 (June 27 – July 10)

Vyshkilnyj- Year 2 (June 27 – July 10)

Vyshkilnyj- Year 3 (June 27 – July 10)

## 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**