



Ukrainian American Youth Association Camp Registration

Krayoviy Mandrivniy Tabir 2010

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

Last Name _____ Прізвище (укр.) _____
 First Name _____ Ім'я таборовика (укр.) _____
 Address _____ Активний член СУМ-у Осередку в: _____
 Email _____
 Address: _____ Cell Phone #: _____
 Date of birth (mm/dd/yy) ____ / ____ / ____ Ukrainian School Grade Completed _____
 Gender Male Female Speaks Ukrainian: Not at all Fairly
 School attended daily _____ poorly Fluently/Native speaker
 Grade completed at this school _____ Location of school _____
 Select T-shirt: **Adult Size:** S M L XL XXL

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

Name(s) of Parent(s) or Legal Guardian(s) _____
 Home Tel.# (____) _____ Parent's E-mail: _____
 Mother's WORK or CELL# (____) _____ Father's WORK or CELL# (____) _____
circle one circle one

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. 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 and/or Camp Director. My child has been made aware of the rules and regulations of the UAYA Camp and I and my child agree to abide by them.

Signature of Parent or Guardian _____ Date _____

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

Completed Health form and ins. card copies MUST be submitted no later than June 15, 2010
 Send this completed & signed Camp Registration with:
 * \$275 deposit - due by May 15, 2010
 * Remaining payment of \$275 plus transportation cost, if applicable, due by June 15, 2010

Mail all forms to:
CYM Krayoviy Mandrivniy Tabir
Attn: Roman Drozd
1087 Sprucedale Road
Broadview Heights, OH 44147