

# Ukrainian American Youth Association 2011 Camp Registration Krayoviy Mandrivniy Tabir

## 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 30 days before the start of Camp*

Send this completed & signed Camp Registration with:

- \* \$250 deposit - due by May 31, 2011
- \* Remaining payment of \$400 due by June 30, 2011

Mail all forms, deposits and payments to:

CYM Krayoviy Mandrivniy Tabir  
 C/O Andrian Kebalo  
 47 Deming St.  
 So. Windsor Ct. 06074