

# 2008 Ukrainian American Youth Association Camp Registration

## CAMPER INFORMATION *(Please Print in English)*

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:  Not at all  Fairly  
School attended daily \_\_\_\_\_  Poorly  Fluently/Native speaker  
Grade completed at this school \_\_\_\_\_ Location of school \_\_\_\_\_

## CAMP ATTENDING *(Use one registration form per camp)*

Praktychnyj  Vyshkilnyj Year  1  2  3  
 Sportovyj  Vidpochynkovyj for Starshe Yunatstvo  
 Mystetskyj  Vidpochynkovyj for Molodshe Yunatstvo  
 Kobzarskyj  Sumenyata Week  1  2  Both  
 Perekhodovyj  Husenyata Week  1  2  Both



## CHECKLIST

signed registration form  
\$100 deposit  OR  
payment in full   
 completed health form  
 insurance card

## T-SHIRT SIZE

Select one: **Child Size:**  S  M  L or **Adult Size:**  S  M  L  XL  XXL

## PARENT/GUARDIAN INFORMATION *(Please Print 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

## PARENTAL AGREEMENT

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 or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CYM BRANCH RECOMMENDATION

I, *(circle one)* **President/Bulavnyj** of the CYM Branch in \_\_\_\_\_ certify that  
the membership status of the applicant is *(check one)*  active  not active. Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Sign \_\_\_\_\_

## FOR OFFICE USE ONLY

POSTMARK: \_\_\_\_\_ INIT. \_\_\_\_\_ CAMP COST \_\_\_\_\_  
RECEIVED: \_\_\_\_\_ INIT. \_\_\_\_\_ - DISCOUNT (\_\_\_\_)  
PRICING: MEMBER  OTHER  TOTAL DUE \_\_\_\_\_  
ADD'L CHILD DISCOUNT  # \_\_\_\_\_ PAYMENT \_\_\_\_\_  
PREPAID RATE  BALANCE \_\_\_\_\_  
OTHER  # \_\_\_\_\_ PAYMENT \_\_\_\_\_

Mail all forms to:

**UAYA CAMP**  
**8853 ROUTE 209**  
**ELLENVILLE, NY**  
**12428**