



UYA 2012 **Sports** Camp Registration



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

Last Name: _____ Прізвище (укр.) _____

First Name: _____ Ім'я таборовика (укр.) _____

Address: _____

Date of birth (mm/dd/yy) _____/_____/_____

Gender: Male Female

School Attended Daily: _____

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

Активний Член СУМу? Ні Так

Якщо так, Осередок в: _____

Ukrainian School grade completed: _____

Speaks Ukrainian: Fluently/Native Speaker

Poorly Fairly Not At All

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. (UYA), 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: _____

PLEASE CHECK SPORT FOR WEEK 1 AND WEEK 2

- | Week 1 | Week 2 |
|--|--|
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Tennis |

CYM BRANCH RECOMMENDATION

I, (circle one) **Holova / 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. **\$5 per page will be charged for copies made in office.**

Send this completed & signed Camp Registration with full payment by May 28

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

*****Please be advised that all counselors, counselors in training and campers will be required to sign a zero-tolerance policy agreement. This document will be posted on the website shortly and MUST be submitted with the registration forms and counselor applications.**

For Office Use Only:

Date Received _____

Amount _____

Check _____ Cash _____ Credit Card _____

Receipt # _____