



UAYA 2012 **VYSHKIL** 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: _____
 Poorly Fairly
 Grade completed at this school: _____ Location of School _____
 Camper's email address: _____ 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

For Office Use Only:

Vyshkilnyj- Year 1 (June 23 – July 8)
 Vyshkilnyj- Year 2 (June 23 – July 8)
 Vyshkilnyj- Year 3 (June 23 – July 8)

Date Received _____
 Amount _____
 Check _____ Cash _____ Credit Card _____
 Receipt # _____

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.***