

# Clipper Day Camp Registration Form

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade (10/11):** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Email Address (please print):** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_  
**Phone # Day:** \_\_\_\_\_ **Phone # Day:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Name	Wk	Dates	5 Day Camp Fee	3 Day Camp Fee	Before Care Only	After Care Only	Before & After Care	Total
	8 Wks	6/21 - 8/13	<input type="checkbox"/> \$750 38 days	<input type="checkbox"/> \$540 24 days	<input type="checkbox"/> 5 days - \$185	<input type="checkbox"/> 5 days - \$265	<input type="checkbox"/> 5 days - \$375	\$
			<input type="checkbox"/> 3 days - \$125	<input type="checkbox"/> 3 days - \$180	<input type="checkbox"/> 3 days - \$245	\$		
	1	6/21 - 6/25	<input type="checkbox"/> \$140	<input type="checkbox"/> \$90	<input type="checkbox"/> 5 days - \$35	<input type="checkbox"/> 5 days - \$50	<input type="checkbox"/> 5 days - \$70	\$
	2	6/28 - 7/2	<input type="checkbox"/> \$140	<input type="checkbox"/> \$90	<input type="checkbox"/> 5 days - \$35	<input type="checkbox"/> 5 days - \$50	<input type="checkbox"/> 5 days - \$70	\$
	3	7/6 - 7/9	4 days <input type="checkbox"/> \$115	<input type="checkbox"/> \$90	<input type="checkbox"/> 4 days - \$28	<input type="checkbox"/> 4 days - \$40	<input type="checkbox"/> 4 days - \$55	\$
	4	7/12 - 7/16	4 days <input type="checkbox"/> \$115	<input type="checkbox"/> \$90	<input type="checkbox"/> 4 days - \$28	<input type="checkbox"/> 4 days - \$40	<input type="checkbox"/> 4 days - \$55	\$
	5	7/19 - 7/23	<input type="checkbox"/> \$140	<input type="checkbox"/> \$90	<input type="checkbox"/> 5 days - \$35	<input type="checkbox"/> 5 days - \$50	<input type="checkbox"/> 5 days - \$70	\$
	6	7/26 - 7/30	<input type="checkbox"/> \$140	<input type="checkbox"/> \$90	<input type="checkbox"/> 5 days - \$35	<input type="checkbox"/> 5 days - \$50	<input type="checkbox"/> 5 days - \$70	\$
	7	8/2 - 8/6	<input type="checkbox"/> \$140	<input type="checkbox"/> \$90	<input type="checkbox"/> 5 days - \$35	<input type="checkbox"/> 5 days - \$50	<input type="checkbox"/> 5 days - \$70	\$
	8	8/9 - 8/13	<input type="checkbox"/> \$140	<input type="checkbox"/> \$90	<input type="checkbox"/> 5 days - \$35	<input type="checkbox"/> 5 days - \$50	<input type="checkbox"/> 5 days - \$70	\$

The Undersigned hereby releases and holds harmless the Town of Yarmouth, Yarmouth Community Services (YCS), and its agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation in this program/event sponsored by Yarmouth Community Services. The undersigned further authorizes anyone working for YCS to call for medical care for my child if, in the opinion of the program supervisor working for YCS, medical attention is needed. In addition, YCS is given permission to use your child's photo in any YCS promotional material (IE: brochures, flyers or productions)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**T-Shirt Size: Youth** \_\_\_S\_\_\_M\_\_\_L  
**Adult** \_\_\_S\_\_\_M\_\_\_L\_\_\_XL

**Please visit**  
**[www.yarmouthcommunityservices.org](http://www.yarmouthcommunityservices.org)**  
**for day camp forms.**



**Signature** \_\_\_\_\_  
**Credit Card #** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_

Subtotal \_\_\_\_\_  
 Non-Resident Fee (\$10.00) \_\_\_\_\_  
 Late Registration Fee (\$10.00) \_\_\_\_\_  
**TOTAL FEE** \_\_\_\_\_  
 Gift Cert. / Credit ± \_\_\_\_\_  
 Payment Plan \_\_\_\_\_  
**Payment Rec'd.** \_\_\_\_\_