



SCOPE REGISTRATION

HOPEWELL VALLEY YMCA

Participant Name: _____ Phone: _____
(One form per participant please)

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian contact: _____ Work #: _____

E-Mail: _____ Cell #: _____

Parent/Guardian contact: _____ Work #: _____

E-Mail: _____ Cell #: _____

Please list any medical allergies or medical conditions below:

Allergies: _____ Medical Conditions: _____

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Please indicate which dates you are registering for by placing an (X) next to the appropriate date:

<input type="checkbox"/> November 10	<input type="checkbox"/> December 27	<input type="checkbox"/> December 28	<input type="checkbox"/> December 29
<input type="checkbox"/> February 21	<input type="checkbox"/> April 2	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4
<input type="checkbox"/> April 5			

<u>Program</u>	<u>Time</u>	<u>Cost</u>	<u># Days Registered</u>	<u>Fees:</u>
Early Morning Care	7:15-8:30 am	\$10/Day	_____	\$ _____
Camp Day	8:30-6:00 pm	\$35/Day (YMCARE Members)	_____	\$ _____
		\$50/Day (non participants)	_____	\$ _____

Please check here if your child is already enrolled in early morning care during the school year and will attend Early Morning Care on all days registered; there is no extra charge.

*Membership must be current and paid in full at time of registration
* Total amount due at the time of registration

Total Amount Due \$ _____

I, the adult applicant, hereby give approval for the applicant's participating in any and all Camp Days to attend Camp Days at Stony Brook Elementary School for the indicated dates and to attend the trips as planned. I understand my child will be transported by First Student Bus Company and that my child will be supervised by YMCARE Staff. In addition, my child has permission to play on the Stony Brook Elementary School playground with YMCARE Staff. I also hereby waive, release, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the organization of the Hopewell Valley YMCA programs for his/her claims arising out of injury to the named applicant or any member of his/her family who may be participating as a spectator. By enrolling, I grant full and irrevocable consent to release any photographs taken during the program to the Hopewell Valley YMCA. I give permission to the Hopewell Valley YMCA to use photographs of myself and/or my child for historical archives, educational, and promotional purposes. These materials may be used for immediate or future use. I understand there is no remuneration and that the pictures may not be used for commercial purpose.

Parent/Guardian/Adult Applicant Signature: _____ Date: _____

CHECK ENCLOSED (Check Payable to HVYMCA) PLEASE CHARGE MY CREDIT CARD: VISA MC

CREDIT CARD # _____ EXP. DATE: _____ CVV2: _____

CARDHOLDER'S ADDRESS (if different than above)

CARDHOLDER'S SIGNATURE:

TO REGISTER, PLEASE SUBMIT COMPLETED FORM WITH PAYMENT.
Mail To: HVYMCA, P.O. BOX 301, Pennington, NJ 08534
Fax To: 609-737-8081 (CREDIT CARD PAYMENTS ONLY)