

MEDICAL AUTHORIZATION FORM

I, _____ authorize
the Alex W. Spears III Family YMCA to administer the
following medication to my
child, _____ at
the following times and dosages:

Time(s): _____

Dosage: _____

Instructions:

Parents' Signature

Date

SUNSCREEN PERMISSION FORM

I give permission to the summer camp staff at the Alex W. Spears III Family YMCA to apply sunscreen to my child during summer camp 2009. I understand that the application of sunscreen to my child will comply with the policy of the Alex W. Spears III Family YMCA summer camp.

Child's name

Parent/Guardian's name (print)

Signature of Parent/Guardian

<h2>ALTERNATE PICK UP LIST</h2>

I, _____, give permission for my child(ren) to be picked up by the following people: *(please include the full name as it appears on each person's driver's license).*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Child's name

Parent/Guardian's name (print)

Signature of Parent/Guardian

**Please feel free to request additional Parent Pick Up Cards for alternate pick-ups mentioned above.*

2009 YMCA Summer Camp Pre-Authorized Payment Agreement

I hereby authorize the Alex W. Spears III Family YMCA to make the following pre-authorized payments for my summer camp childcare.

Camper's name(s): _____

Parent/Guardian's name (print): _____

Payment Option: (PLEASE INDICATE THE METHOD OF PAYMENT)

___ AMERICAN EXPRESS ___ VISA ___ MASTERCARD

___ DISCOVER ___ DEBIT CARD (CHECK CARD W/VISA OR MASTERCARD LOGO)

Week(s) payment is authorized for: (Place a check next to the appropriate weeks)

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

***Please note that your payment will be processed the FRIDAY BEFORE the week(s) circled**

IMPORTANT REMINDER: WEEK 1 (JUNE 16-19) WILL BE PRORATED AS FOLLOWS:
\$92.00 YMCA Members \$108.00 Non-members

These balances reflect \$15.00 deposit made at the time of registration.

☒ *Scholarship Recipients: Please note your balance will also be reduced for week 1, and your regularly weekly balance due will be your weekly rate minus the \$15.00 deposit made at the time registration.*

Name as it appears on card: _____

Account # as it appears on card: _____

Expiration date on card: ___/___ (month/year)

Amount authorized per payment: \$ _____

Parent/Guardian's Signature: _____

Date: _____