

**For Office Use Only** Membership on File Y / N Expiration Date: \_\_\_\_\_ Member # \_\_\_\_\_

**Girls Incorporated of Monroe County  
Summer Sunshine Day Camp 2010 Registration**

Member's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Alternate Day Time Phone \_\_\_\_\_

E-mail contact info \_\_\_\_\_

Prescription medication(s) to be administered (please fill out a release) \_\_\_\_\_

Camp Weeks	Weekly Fee	Deposit Paid? (\$15/wk)	Fee Paid?	Balance Due	Balance Due Date	Notes
<b>Week 1</b> June 2-4	\$60				<b>May 24th</b>	
<b>Week 2</b> June 7-11	\$95				<b>May 31st</b>	
<b>Week 3</b> June 14-18	\$95				<b>June 7th</b>	
<b>Week 4</b> June 21-25	\$105				<b>June 14th</b>	
<b>Week 5</b> June 28-July 2	\$105				<b>June 21st</b>	
<b>Week 6</b> July 6-9	\$90				<b>June 28th</b>	
<b>Week 7</b> July 12-16	\$110				<b>July 6th</b>	Girls Inc. closed July 5 <sup>th</sup> to observe 4 <sup>th</sup> of July
<b>Week 8</b> July 19-23	\$105				<b>July 12th</b>	
<b>Week 9</b> July 26-30	\$95				<b>July 19th</b>	
<b>Week 10</b> August 2-6	\$95				<b>July 26th</b>	
<b>Week 11</b> August 9-13	\$110				<b>August 2nd</b>	
<b>Camp T-Shirt*</b>	\$10				<b>At Registration</b>	<b>Shirt size (Include Adult or Youth)_____</b>

\*T-shirts are mandatory for all campers and are required for major field trips. Wearing matching t-shirts helps to keep girls recognizable and safe.

I am the parent/legal guardian of, \_\_\_\_\_ (my child) to attend **Summer Sunshine Day Camp including all activities and off-site field trips**. I affirm that I am her legal custodian with the authority to grant this permission and release. I agree to hold harmless Girls Incorporated of Monroe County, its trustees, staff, agents, and volunteers from liability for any accident, damage, or injury sustained by my child during all activities and field trips. In the unlikely event of accident or illness, I grant permission for medical treatment of my child, including without limitation permission to authorize any care, treatment or service and to administer medication or procedures deemed necessary. I further agree to pay for all such medical treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This permission slip and any necessary fees must be turned in before registration is complete.**

**All fees are nonrefundable.**