

Ukrainian American Youth Association 2007 Camp Registration

CAMPER INFORMATION (Please Print in English)

Last Name _____	Прізвище (укр.) _____
First Name _____	Ім'я таборовика (укр.) _____
Address _____ _____	Активний член СУМу? <input type="checkbox"/> ні <input type="checkbox"/> так
Date of birth (mm/dd/yy) _____ / _____ / _____	якщо так - Осередок в: _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ukrainian School Grade Completed _____
School attended daily _____	Speaks Ukrainian: <input type="checkbox"/> Not at all <input type="checkbox"/> Fairly
Grade completed at this school _____	<input type="checkbox"/> Poorly <input type="checkbox"/> Fluently/Native speaker
Location of school _____	

CAMP ATTENDING (Use one registration form per camp)

<input type="checkbox"/> Praktychnyj	<input type="checkbox"/> Vyshkilnyj	Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> Sportovyj	<input type="checkbox"/> Vidpochynkovyj for Starshe Yunatstvo	
<input type="checkbox"/> Mystetskyj	<input type="checkbox"/> Vidpochynkovyj for Molodshe Yunatstvo	
<input type="checkbox"/> Kobzarskyj	<input type="checkbox"/> Sumenyata	Week <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both
<input type="checkbox"/> Perekhodovyj	<input type="checkbox"/> Husenyata	Week <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both



CHECKLIST

<input type="checkbox"/> Signed registration form
<input type="checkbox"/> \$100 deposit
2 copies of:
<input type="checkbox"/> Completed health form
<input type="checkbox"/> Insurance card

T-SHIRT SIZE

Select one: **Child Size:** S M L or **Adult Size:** S M L XL XXL

PARENT/GUARDIAN INFORMATION (Please Print in English)

Name(s) of Parent(s) or Legal Guardian(s) _____

Home Tel.# (____) _____ Parent's E-mail: _____

Mother's WORK or CELL# (____) _____ Father's WORK or CELL# (____) _____

circle one

PARENTAL AGREEMENT

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 or Guardian _____ Date _____

CYM BRANCH RECOMMENDATION

I, (*circle one*) **President/Bulavnyj** of the CYM Branch in _____ certify that the membership status of the applicant is (*check one*) **active** **not active**. Date _____

Print Name _____ Sign _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____	INIT. _____	PRICING: MEMBER OTHER
LATE REGISTRATION <input type="checkbox"/>	ADD'L CHILD DISCOUNT <input type="checkbox"/>	P/S/H SURCHARGE <input type="checkbox"/>
_____ CAMP COST	_____ DEPOSIT # _____	
_____ + FEES	_____ BALANCE	
(____) - DISCOUNT	_____ PAYMENT # _____	
_____ TOTAL DUE	_____ BALANCE	

Mail all forms to:

**UAYA CAMP
8853 ROUTE 209
ELLENVILLE, NY
12428**