



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

**2025 SUMMER DAY CAMP REGISTRATION FORM**

Camper's Name: \_\_\_\_\_

Gender: Male Female Age as of Sept 1st: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Pin Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_

Site Selection: Daniel Pratt (DP) Main(M) Pine Level (PL)

Note: Daniel Pratt and Pine Level will relocate after 7/18/25. Daniel Pratt will move Bradford Branch and Pine Level to Main. Those at DP will select BB and Pine Level select M.

Shirt Size: Youth: Sm Md Lg

Adult: Sm Md Lg XL 2XL

Camper's current Membership Status:

\_\_\_ Prattville YMCA Member

\_\_\_ Non-Prattville YMCA Member

Summer Day Camp Pricing:

YMCA Members: \$130 per week (\$10 sibling disc.)

Non-Members: \$165 per week (\$10 sibling disc.)

Deposit: \$15 per week

Registration Fee: \$35 per child until March 1<sup>st</sup>, \$85 per child after March 1<sup>st</sup> (incl. T-Shirt)

Lunches: \$25 per week (optional)

Week of Camp	Child Attending Camp?		Field Trip	Summer Camp Site			Lunch Purchase?	
	Yes	No		DP	M	PL	Yes	No
May 27 – May 30	Yes	No	No Field Trip	DP	M	PL	Yes	No
June 2 – June 6	Yes	No	Newtopia-\$25 Y or N	DP	M	PL	Yes	No
June 9 – June 13	Yes	No	Movies-\$20 Y or N	DP	M	PL	Yes	No
June 16 – June 20	Yes	No	Bama Lanes-\$20 Y or N	DP	M	PL	Yes	No
June 23 – June 27	Yes	No	Camp Tuk-\$35 Y or N	DP	M	PL	Yes	No
June 30 – July 3	Yes	No	No Field Trip	DP	M	PL	Yes	No
July 7 – July 11	Yes	No	McWane Center-\$25 Y or N	DP	M	PL	Yes	No
July 14 – July 18	Yes	No	Launch-\$25 Y or N	DP	M	PL	Yes	No
July 21 – July 25	Yes	No	No Field Trip	DP	M	PL	Yes	No
July 28 – August 1	Yes	No	No Field Trip	DP	M	PL	Yes	No
August 4 – August 8	Yes	No	No Field Trip	DP	M	PL	Yes	No

\$ \_\_\_\_\_ registration fee

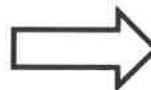
\$ \_\_\_\_\_ deposit (\$15 per week)

\$ \_\_\_\_\_ field trip pre-pay (optional)

\$ \_\_\_\_\_ lunch pre-pay (optional)

\$ \_\_\_\_\_ Coach A Child donation (optional)

\$ \_\_\_\_\_ Total Due Today



Weekly fees, field trip fees, lunch fees, registration fees, & deposits are non-refundable & non-transferrable for any reason.



Legal Guardian #1 Information

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Gender: Male Female  
(First) (Middle) (Last)

Race: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Legal Guardian #2 Information

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Gender: Male Female  
(First) (Middle) (Last)

Race: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Emergency/Authorized Pick-Up Information Use additional sheet for more than 4 pickups. Guardians do not need to be listed.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Participation Waiver

Participants specifically assume all risks of injury arising out of his/her presence on the premises of the Young Men's Christian Association (the "YMCA"), the use of its equipment or facilities and the participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA. My child is physically capable of participating in such programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Cancellation Policy:

I understand that the Prattville YMCA has a ONE WEEK written cancellation policy. I must submit this request in writing by Monday before the week I wish to cancel. I understand I must submit this request in writing to the Assistant Childcare Director of Administration by written letter or email. I understand that verbal withdrawals will NOT be accepted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participation Waiver:

Participants specifically assume all risks of injury arising out of his/her presence on the premises of the Young Men's Christian Association (the "YMCA"), the use of its equipment or facilities and the participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA. My child is physically capable of participating in such programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Authorization:

All Summer Day Camp payments will draft on the Friday before the week of attendance (unless an alternate draft plan has been approved by the Assistant Childcare Director of Administration). I authorize the Prattville YMCA to draft my bank account, debit card, or credit card for the amount owed weekly. I understand that if my payment returns, I will be contacted by Daxko Revenue Recovery Services to collect my payment and will also be charged a \$40 service charge. I acknowledge that I may contact the Assistant Childcare Director of Administration at least 48 hours prior to a scheduled draft to make alternate payment arrangements. I also understand that I may be charged a \$15 late fee for any payments that are not paid in timely manner. I understand that failure to make regular payments will result in removal from Summer Day Camp with no refunds on deposits.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Refund Policy:

I understand there will be no refunds on field trips, lunches, registration fees, or weekly deposits. I understand that there is no refund if my child does not attend a week they are registered for. If my child is out sick for 3 or more days in a week, then I may bring in a doctor's note and I will be credited for a system credit that is good towards a future week of camp or any other Prattville YMCA program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photograph and Video Release:

I hereby consent to and authorize the use and reproduction of any and all photographs and/or video footage taken of my child for YMCA promotional purposes, including website use. I understand that I receive no reimbursement for allowing my child's photo to be taken or for the use of the photo or video.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Prattville YMCA Draft Authorization

A new Draft Authorization form MUST be completed with every program registration

Name (as it appears on card) \_\_\_\_\_

Card Type:                      Master Card                      Visa                      American Express                      Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

OR

Name on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Weekly Fee \$ \_\_\_\_\_ - Deposit Paid \$ 15 + Lunch (optional) \$ \_\_\_\_\_ = Weekly Draft Total \$ \_\_\_\_\_  
+ field trip fee, if registered

Draft and Attendance Agreement

- I agree to pay the YMCA the amount above weekly for my child(ren) to participate in the Prattville YMCA Summer Day Camp Program.
- This draft agreement is only for the 2025 Summer Day Camp Program. Any additional programs must be signed up and paid for by their registration date.
- I understand that this draft will remain in effect for the 2025 Summer Day Camp program until I cancel in writing at least one (1) week in advance of the weekly Friday draft. If I do not provide at least a one week notice in writing, I am required to pay for that week's fee.
- I understand that the 2025 Summer Day Camp Program & lunch fees will draft on the Friday due dates.
- I understand that field trip fees will draft the Friday before the field trip with the weekly fees.
- I understand there is an additional fee of \$40.00 for any returned Summer Day Camp program payment.
- I understand I must provide written notice of any changes related to payment information.
- I hereby authorize the Prattville YMCA to charge the credit card, debit card or bank account listed on this form for the amount(s) indicated above on each due date.
- I understand that once drafted, all weekly fees, lunch fees, field trip fees, registration fees, and deposits are non-refundable.
- I certify that I have received and read the parent guide, that all the above information is true and that I will notify the YMCA staff of any changes. I understand that I am responsible for the registration and miscellaneous fees when applicable.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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2025 Field Trip Payment Schedule

Please check the field trips that your child will be attending. All field trips must be registered for by May 15th.

Newtopia | \$25 | Main: June 5<sup>th</sup> | Daniel Pratt: June 4<sup>th</sup> | Pine Level: June 3<sup>rd</sup>

Movies (includes drink and popcorn) | \$20 | Main: June 13<sup>th</sup> | Daniel Pratt: June 13<sup>th</sup> | Pine Level: June 13<sup>th</sup>

Bama Lanes | \$20 | Main: June 17<sup>th</sup> | Daniel Pratt: June 19<sup>th</sup> | Pine Level: June 17<sup>th</sup>

Camp Tukabatchee | \$35 | Main: June 26<sup>th</sup> | Daniel Pratt: June 25<sup>th</sup> | Pine Level: June 24<sup>th</sup>

McWane Center | \$25 | Main: July 10<sup>th</sup> | Daniel Pratt: July 9<sup>th</sup> | Pine Level: July 10<sup>th</sup>

Launch | \$25 | Main: July 17<sup>th</sup> | Daniel Pratt: July 16<sup>th</sup> | Pine Level: July 15<sup>th</sup>

Please check how you would like to pay for the selected field trips.

Pay in full at registration

Draft with the weekly fee that field trip is part of

**\*\*For any alternative payment arrangements please reach out to Kerry Jones at [kjones2@prattvillemca.org](mailto:kjones2@prattvillemca.org)\*\***

I agree to draft on the above marked schedule until all field trips are paid for in full or I withdraw my child from the field trip and/or summer camp program. Any payments made towards field trips that occur after my child's withdraw date will not be refunded or credited to my account. I understand that if the field trip is not paid in full by the date of the field trip my child will not be able to attend, and no refund or credit will be given.

I understand that if I withdraw my child from summer day camp and do not

As a reminder, all withdrawals must be made at least one week in advance, in writing. Verbal withdrawals are not accepted for any reason.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**All About Me!**

**Directions: To be completed by camper's parent/guardian. The information provided is vital to the staff and directors to help us insure a good experience for your camper this summer. Please be as thorough as possible.**

**My camper's name is \_\_\_\_\_ . My camper likes to be called (nickname) \_\_\_\_\_ .**

**My camper is...most happy when \_\_\_\_\_ .**

**...least happy when \_\_\_\_\_ .**

**...enthusiastic about \_\_\_\_\_ .**

**...is not fond of \_\_\_\_\_ .**

**How does your child get along with peers? \_\_\_\_\_**

**What is the most effective way to care for your child?**  
\_\_\_\_\_

**Please list any special dietary needs (food sensitivities/allergies/etc.)**  
\_\_\_\_\_

**Please list any special needs or diagnosis that your child has**  
\_\_\_\_\_

**I want my child to attend camp because:**  
\_\_\_\_\_  
\_\_\_\_\_

**While at camp, I hope my child \_\_\_\_\_**

**My camper will take medication while at camp (circle one)      Yes      or      No**  
**(If YES, please complete the Medication Permission form. Medication must be in original prescribed container with dosing instructions.)**

**Please attach additional information or directions, as necessary.**

**Parent/Guardian's Name (Print)**

**Parent/Guardian's Signature**

**Date**