

# IYB RECREATION SUMMER REGISTRATION

Office use only (check all camps attending):  Cass  SPDC  Other \_\_\_\_\_ /  Immunizations

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ M / F  
(Please circle)

Grade in September: \_\_\_\_\_ School: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street & Number City State Zip code

Mother/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
(circle)

Father/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
(circle)

Residency: **Recreation Partners:** City of Ithaca • Village of Lansing • Towns of: Caroline • Danby • Dryden  
(Circle one) • Enfield • Groton • Ithaca • Newfield • Ulysses • **Other:** Town of Lansing • Other \_\_\_\_\_

Ethnicity (voluntary & confidential – for statistics only): • African American • Asian or Pacific Islander • Latino/a  
(Please circle) • Multi-racial • Native American • White • Other: \_\_\_\_\_

**EMERGENCY CONTACTS (in case the above are unavailable):**

Name & Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ W/C: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ W/C: \_\_\_\_\_

**LIST THOSE AUTHORIZED TO PICK UP THIS CHILD (Other than Parents, Guardians, or Emergency Contacts):**

Name & Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ W/C: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ W/C: \_\_\_\_\_

Day Camp Program:	Session # & Dates	7/6-7/17	7/20-7/31	8/3-8/14	8/17-8/21	Coming on Summer School bus?	Cost Per Class / Session	Total	Office Use
		1	2	3	4				
Please circle: Cass Park / Stewart Park	A.M.								/ / Date
	P.M.					Y / N			
	Full Day								
Before-Camp Supervision	A.M.								Initials
After-Camp Supervision	P.M.								\$
Other Program(s): \$5 Camp T-shirt? Y or N – Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL / Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL									
	Session #		&/or Class #						cash
	Session #		&/or Class #						card
10% discount for each additional sibling registered for FULL day camp!						# of Siblings	Disc /	Disc Total	check
							-	-	#

**GRAND TOTAL:** \_\_\_\_\_

If you are registering for summer music program, PLEASE, give instrument your child plays: \_\_\_\_\_

**PARENTS / GUARDIANS – PLEASE READ AND SIGN THE FOLLOWING:**

I acknowledge that participation in the Ithaca Youth Bureau programs entails certain risk and dangers. I also understand that the presence of qualified instructors does not relieve participants of the responsibility for their own safety. We agree to exercise caution and good judgment throughout the program. Note: This is not to be interpreted as a waiver of participant's legal rights.

I also give permission for the Ithaca Youth Bureau & Friends of the IYB to use photos/videos/name of my child to promote community awareness. (If you wish to not give permission for the usage, you must submit a signed note in writing.)

Parent/Guardian

Signature: ~~X~~ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**ALL Camp Registrations MUST complete and SIGN the back also!**

METHOD OF PAYMENT <input type="checkbox"/> CASH \$ _____ <input type="checkbox"/> CHECK # _____	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> American Express	Office Use
Payment is due in full at time of registration. Sorry, there are no refunds after registration.		Date
Account # _____ Exp. Date ___/___	Cardholder's Name (Print) _____ Last 3 digits from code on back _____	Initials
Authorized Signature _____		

