



# Minority Achievers Summer Camp Registration 2008

Name (L) \_\_\_\_\_ (F) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Do you have a Social Security Number? Yes or No

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Mother/ Guardian Name (L) \_\_\_\_\_ (F) \_\_\_\_\_

Father/ Guardian Name (L) \_\_\_\_\_ (F) \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Current GPA \_\_\_\_\_

Favorite Subject: \_\_\_\_\_ Least Favorite Subject \_\_\_\_\_

What do you plan to do after High School? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

How do you plan to achieve your goals? \_\_\_\_\_

Where do you see yourself in Five (5) years?  
\_\_\_\_\_

List three words that best describe your character? (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

What is your weakness? \_\_\_\_\_

What is your strength? \_\_\_\_\_

1. I hereby certify that the above listed participant is in normal health and capable of safe participation in this camp program. I assume all risk (s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant listed above in the event that a parent and the emergency contact cannot be reached.
2. I support the YMCA philosophy, which is based on participation, having fun, physical fitness and health, skill development, teamwork, fair play, family involvement, volunteer leadership and character development, which are Caring, Honesty, Respect and Responsibility. I understand that pictures will be taken and used for YMCA promotion of this program and give consent for pictures.
3. I understand that the program fee must be paid with the registration form and is non-refundable if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the YMCA.
4. I give my consent for full participation in camp activities for which the participant above is registered. I accept the risk of incidental injury to this activity and do hereby release the Capital Region YMCA, its employees, volunteers, directors, members, and guest of any liability or negligence resulting from an accident or injury incurred while participating in camp activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date