



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FRIENDS MEMORIES & FUN

2012 CAMP STARHITCH & TRAVEL CAMP



MISSION

The mission of the Saratoga Regional YMCA is to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all. The YMCA welcomes men, women and children of all ages, income, abilities, races and religions.

The Saratoga Regional YMCA is a 501(c)(3) charitable organization.

ANNUAL SCHOLARSHIP CAMPAIGN

The Saratoga Regional YMCA's Annual Scholarship Campaign, We Build People, makes these camp programs possible to all by providing scholarships to families and children who could not otherwise share in the YMCA experience. To make a donation, please contact Susan Rhoades, at 583-9622, ext. 104 or at susan@saratogaregionalymca.org.

Thank you for your support!

YMCA SUMMER CAMP

DAY CAMP POLICIES.....	1
SUMMER CAMP DESCRIPTIONS.....	2
STARHITCH CALENDAR.....	3
TRAVEL CAMP CALENDAR.....	4
CHARACTER DEVELOPMENT.....	5

REGISTRATION FORMS:

General & Medical Information.....	7-Back Cover
------------------------------------	--------------

DAY CAMP POLICIES

PROGRAM DETAILS

Requirements: Your child's first week of camp must be paid in full at the time of registration.

Additional weeks of camp require a \$50 non-refundable/non-transferable deposit.

Automatic withdrawals from a checking account, savings account or credit card are required for the balance of the additional weeks. The withdrawals will be made on the Wednesday preceeding the camp week. You may also make payment in full at the time of registration for all of the weeks that your camper is enrolled. Your child's immunization form and physical report must be submitted to the Camp Director by June 1, 2012.

Policies:

Footwear: Sneakers or closed-toe sandals are required at all times. Campers are NOT allowed to wear flip-flops to camp. Flip-flops are only worn at the pool or lake.

Electronics: Video games, iPods/MP3 players, CD/DVD players and electronic games are not recommended for camp as the YMCA staff cannot be responsible for lost, damaged or stolen items.

Cell Phones: Cell phones ARE NOT ALLOWED to be used during camp hours unless in an emergency where immediate communication is necessary and with permission from the camp counselor/director. Cell phones need to be turned off and stored in personal backpacks. Cell phones being used beyond emergency situations may be confiscated and held by a staff member until the end of the camp day.

Child Safety: Daily, parents and authorized pickups should be prepared to provide a photo ID upon request. For the safety and security of your child, until he/she is signed out by a parent/guardian or an authorized pick-up, he/she will remain with the Day Camp Program. This includes possible encounters with family and friends during field trips.

We also ask that you provide your child with nut-free lunches and snacks as we are a nut-free facility.

Late Pick-up Policy: Camp ends at 6:00 pm and our staff is scheduled to leave. Please notify the Camp Director if you anticipate being late. This will ensure the comfort of your child.

Beginning at 6:00 pm, there is an additional charge of \$5 per child for the first 15 minutes and a \$1 every minute thereafter, payable to the YMCA at the time the child is signed out. You risk dismissal of your child from the program if:

- You fail to pay the late pick-up fee.
- You are late picking up your child(ren) three times.



SUMMER CAMPS

CAMP STARHITCH

Overview: Camp Starhitch is held at our Saratoga Springs Branch and runs for 9 one-week sessions. This camp is for children having completed Kindergarten through entering 5th grade. Campers will participate in games, sports, crafts, nature activities, trips, swimming and more! You may choose to attend day camp for one week or any combination of weeks.

Experienced counselors will supervise children and a ratio of 1:10 ensures a safe, quality camping experience. CPR and First Aid certified camp staff accompany all trips. Campers must bring a nourishing nut-free lunch and drink each day in an insulated bag with an ice pack. Each camper should also bring a swimsuit, towel and knapsack. All items should be labeled.

For more information, contact Taraya Ricci, Starhitch Director, at ext. 148 or Paige Minear, Registrar/Recreation Director, at 518-583-9622, ext. 116.

CAMP STARHITCH: (for each week, select the option that accomodates your schedule)

Location: Saratoga Springs Branch
 Dates: June 25-August 24
 Nine 1-week sessions
 Monday - Friday

Option A: 9:00 am to 4:00 pm
 Members: \$173/week
 Program members: \$273/week

Option B: 7:00 am to 6:00 pm
 Members: \$200/week
 Program members: \$300/week

Registration is accepted on a first-come, first-serve basis. You can register in person at the YMCA Saratoga Springs Branch beginning Tuesday, February 7, 2012 at 9:00 am.

NOTE: Sneakers or closed-toe sandals are required, NO flip flops allowed.

All trips will leave promptly at 9:00 am. The bus will not wait for late arrivals.

TRAVEL CAMP

Overview: Join us for an adventure-packed summer. This program provides campers entering fifth grade through tenth grade an opportunity to travel everyday to fun-filled locations. Campers have a chance to explore different summer activities: amusement and water parks, outdoor sports, fairs, and horseback riding. Travel Camp conducts 9 one-week sessions. Join us for one week or for all; this is your choice.

Located at the Saratoga Springs Branch, most day trips depart at 9:00 am and return by 4:30 pm. Campers will be grouped according to age and supervised by experienced adult staff. A 1:10 ratio ensures a safe, fun, and quality camping experience. This program is popular, so register early.

For more information, contact Patti Laudicina, Travel Camp Director, at 583-9622, ext. 110 or Paige Minear, Registrar/Recreation Director at ext. 116.

TRAVEL CAMP:

Location: Saratoga Springs Branch
 Dates: June 25-August 24
 Nine 1-week sessions
 Monday - Friday
 9:00 am to 4:30 pm
 Extended hours are available at no additional cost.

Fees: \$225 to \$260/week
 Based on trip destinations

Program members will be charged an additional \$100/week.

Registration is accepted on a first-come, first-serve basis. You can register in person at the Saratoga Springs Branch beginning Tuesday, February 7, 2012 at 9:00 am.

NOTE: Sneakers or closed-toe sandals are required, NO flip flops allowed.

All trips will leave promptly at 9:00 am. The bus will not wait for late arrivals.

Travel Camp is permitted to operate by the New York State Department of Health and is inspected twice yearly. Inspection reports are filed at 290 West Avenue, Saratoga Springs, New York.

CAMP STARHITCH CALENDAR

SARATOGA SPRINGS BRANCH

Field Trip Schedule:

Week 1: June 25–June 29

Wednesday, June 27th

New York State Museum

Week 2: July 2–July 6

***no camp on July 4**

Thursday, July 5th

Treepaad

Week 3: July 9–July 13

Wednesday, July 11th

Circus Smirkus

Week 4: July 16–July 20

Wednesday, July 18th

Funspot

Week 5: July 23–July 27

Wednesday, July 25th

Liberty Ridge Farm

Week 6: July 30–August 3

Tuesday, July 31st

Camp Chingachgook

Week 7: August 6–August 10

Wednesday, August 8th

Adirondack Animal Land

Week 8: August 13–August 17

Wednesday, August 15th

Ben & Jerry's/Congress Park Carousel
(picnic, carousel, field games)

Week 9: August 20–August 24

Friday, August 24th

Camp Starhitch – Saratoga Springs Branch

All trips are tentative and subject to change, due to availability. CPR and first aid certified camp staff will accompany the campers on all trips.



TRAVEL CAMP CALENDAR

SARATOGA SPRINGS BRANCH

Field Trip Schedule:

Week 1: \$225

- June 25: Fun Spot
- June 26: Moreau Lake
- June 27: Gurney Lane
- June 28: Catamont Adventure Park
- June 29: Veteran’s Beach

Week 2: \$225

- July 2: Grafton State Park
- July 3: Great Escape
- July 4: No Camp
- July 5: Million Dollar Beach
- July 6: Zoom Flume

Week 3: \$225

- July 9: Gurney Lane/Bowling
- July 10: White Water Rafting
- July 11: Adventure Family Fun Center
- July 12: Veteran’s Beach
- July 13: Water Slide World

Week 4: \$260

- July 16: Moreau Lake
- July 17: Howe’s Caverns/Ropes Course
- July 18: Saratoga County Fair
- July 19: Beach
- July 20: Trip to Boston

Week 5: \$225

- July 23: Million Dollar Beach
- July 24: Valley Cats Baseball Game
- July 25: Grafton State Park
- July 26: Great Escape
- July 27: Fun Spot

Week 6: \$260

- July 30: Water Slide World
- July 31: Camp Chingachgook
- August 1: Tubing Down the Battenkill
- August 2: Gurney Lane
- August 3: Six Flags New England

Week 7: \$225

- August 6: Million Dollar Beach
- August 7: White Water Rafting
- August 8: Horseback Riding
- August 9: Shepard’s Cove
- August 10: Ausable Chasm

Week 8: \$225

- August 13: Moreau State Park
- August 14: Tubing Down the Battenkill
- August 15: Beach
- August 16: Indoor Rock Wall Climbing or Oasis (Camper’s Choice)
- August 17: Kayaking

Week 9: \$260

- August 20: Grafton State Park
- August 21: Zoom Flume
- August 22: Gurney Lane
- August 23: New York State Fair
- August 24: West Ave Carnival

All trips are tentative and subject to change, due to availability. CPR and first aid certified camp staff will accompany the campers on all trips.

CHARACTER DEVELOPMENT

CAMP CODE OF CONDUCT

DETAILS: The Saratoga Regional YMCA is committed to providing a safe and welcoming environment embodying the YMCA core values of Caring, Honesty, Respect, and Responsibility. To promote safety and comfort for all, individuals are asked to act appropriately at all times when in our facility or participating in our programs. All campers are required to read and sign a contract of understanding in reference to the Code of Conduct. We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of all others.



CARING

- Campers should treat others as they would like to be treated. Bullying and teasing will not be tolerated.
- Campers should be conscious of each other and work together.
- Physical contact with another person in an angry, aggressive, or threatening way is prohibited.



HONESTY

- Theft or behavior that results in the destruction or loss of property belonging to the Saratoga Regional YMCA, trip locations, and fellow campers is prohibited.



RESPECT

- Campers will follow all bus, electronic, and program expectations.
- Campers will uphold the "Buddy System" as mandated by the New York State Department of Health.



RESPONSIBILITY

- Campers should strive to maintain a positive attitude. Inappropriate language, gestures and conversations will not be tolerated.
- Campers will conduct themselves appropriately on all trips, acting as representatives of the Saratoga Regional YMCA.
- Campers will leave trip area and bus space as clean if not cleaner than it was found.
- Each camper should strive to lead others by example.
- Campers are responsible for being appropriately dressed, ie. sneakers, shorts and a t-shirt for daily wear and flip flops/sandals with a bathing suit for pool/lake wear.





Please choose the camp you are registering for:

Camp Starhitch, 2012 Travel Camp, 2012

Please be sure to complete all of the information requested in this application. For your convenience, we have highlighted all sections that REQUIRE parental/guardian signatures. Incomplete applications will be returned to the parent/guardian. ALSO NOTE: By completing the following information and submitting for enrollment, the responsible parent/guardian verifies that they are in understanding of all policies, regulations, and payment expectations pertaining to the Saratoga Regional YMCA's Day Camp Program. Please print when filling out these forms.

CHILD'S INFORMATION

CHILD'S LAST NAME	FIRST	MIDDLE	MALE FEMALE	GRADE ENTERING SEPT. 2012	HOME PHONE ()	
STREET ADDRESS			CITY	STATE	ZIP CODE	BIRTH DATE AGE

PARENTS/GUARDIANS

1	PARENT/GUARDIAN LAST NAME	FIRST	MIDDLE	EMPLOYER		WORK PHONE ()	
	STREET ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE ()
	EMAIL ADDRESS					CELL PHONE ()	
2	PARENT/GUARDIAN LAST NAME	FIRST	MIDDLE	EMPLOYER		WORK PHONE ()	
	STREET ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE ()
	EMAIL ADDRESS					CELL PHONE ()	

In case of emergency, who should be called first (please circle one): Parent/Guardian #1 Parent/Guardian #2 Either

Parents' Marital Status If separated or divorced, who has legal custody? Is the child's time divided between parents due to divorce or separation?
 YES _____ NO _____

PLEASE NOTE: Unless there is a legal document ON FILE with the program office stating that one parent is not allowed contact with a child, staff is NOT legally able to keep a non-custodial parent from picking up the children. Please attach a copy of a legal document to this form if this situation applies to you.

EMERGENCY CONTACTS/AUTHORIZED FOR PICKUP

I give permission for the following people (over 18 years of age) to pick up my children at the Saratoga Regional YMCA's Day Camp Program locations. I realize that my children will not be released to anyone who is not listed below unless the Day Camp Program has been informed with written permission. I also understand that if a staff member does not recognize a parent or someone else on this child's pickup form, the staff person may ask for identification. It will be my responsibility to assure that each of the individuals below will have proper identification if required to present it to the Day Camp Program staff.

LAST NAME	FIRST NAME	RELATIONSHIP TO CHILD
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
LAST NAME	FIRST NAME	RELATIONSHIP TO CHILD
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
LAST NAME	FIRST NAME	RELATIONSHIP TO CHILD
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()

DAY CAMP PAYMENT AGREEMENT

An agreement between _____ and the Saratoga Regional YMCA for the purpose of Day Camp for _____.
 (Parent/Guardian's Name) (Child's Name)

PLEASE indicate a membership type for your child:
 __Full Facility Member __Program Member __Stewarts' Employee __YMCA Employee __DSS

PROGRAM FEES (please circle the appropriate fee.)

STARHITCH FULL FACILITY MEMBER	OPTION A: 9:00 AM-4:00 PM \$173/WEEK	OPTION B: 7:00 AM-6:00 PM \$200/WEEK
TRAVEL CAMP FULL FACILITY MEMBER	WEEKLY FEES RANGE FROM \$225 TO \$260 BASED ON TRIP AND BUS FEES PER TRIP.	
PROGRAM MEMBER	IF YOUR CHILD HOLDS A PROGRAM MEMBERSHIP, THERE WILL BE AN ADDITIONAL \$100 CHARGE PER WEEK.	

I understand that at the time of registration, my child/ren is required to be a member of the Saratoga Regional YMCA. Stewarts' Employees must submit a SIGNED Check Request Form by JUNE 1. DSS members must provide a CURRENT Acceptance Letter by JUNE 1. _____ (Initial)

I understand that the cost listed above represents the full cost of each week my child is enrolled in the program. I understand that the person signing this agreement is responsible for payment for each week my child/ren attends camp. I understand that there will be no reduction in fee for my child's absence due to illness, vacation or when an emergency closing is deemed necessary. _____ (Initial)

I understand that I must either pay for every week my child/ren will attend camp in full or arrange for automatic withdrawal from a checking or savings account or debit or credit card. _____ (Initial)

I understand that if I arrange for automatic withdrawal for payments, I must pay the first week of camp in full at the time of registration as well as a NONTRANSFERABLE, NON-REFUNDABLE \$50/week deposit for every week my child/ren will be attending camp. This deposit secures my child/ren a space in the program. The deposit is deducted from each week's fee and the balance is withdrawn on the Wednesday preceding the camp week. _____ (Initial)

I understand I will be charged a processing fee if any payments are returned for insufficient funds. _____ (Initial)

I understand that it is the policy of the Saratoga Regional YMCA to charge a late fee if I am late picking my child up. The late pick up fees are \$5 per child for the first 15 minutes and \$1 per minute thereafter, payable to the Saratoga Regional YMCA at the time the child/ren is(are) signed out. _____ (Initial)

The Saratoga Regional YMCA reserves the right to refuse childcare services if my child is picked up late more than (3) times during the season. I also understand that the Saratoga Regional YMCA may be required to report my child/ren as abandoned to the New York Office of Children and Family Services if my child/ren has not been picked up from the program by 7 pm. _____ (Initial)

SIGNATURES: The above terms have been read, are understood and agreed to, and I am enrolling my child in the Saratoga Regional YMCA's Day Camp Program.

Parent/Guardian Signature:

Date:

ENROLLMENT DATES

Week	Date	Starhitch Only Option A or B	Travel Camp Weekly Fees	Deposit: \$50	Balance Due or Paid in Full	Balance Due Date
1	June 25	A or B \$173 or \$200	\$225			At Registration
2	July 2	A or B \$173 or \$200	\$225			June 27, 2012
3	July 9	A or B \$173 or \$200	\$225			July 5, 2012
4	July 16	A or B \$173 or \$200	\$260			July 11, 2012
5	July 23	A or B \$173 or \$200	\$225			July 18, 2012
6	July 30	A or B \$173 or \$200	\$260			July 25, 2012
7	Aug. 6	A or B \$173 or \$200	\$225			August 1, 2012
8	Aug. 13	A or B \$173 or \$200	\$225			August 8, 2012
9	Aug. 20	A or B \$173 or \$200	\$260			August 15, 2012

HOLD HARMLESS

I absolve and hold harmless the Saratoga Regional YMCA's Day Camp Program, its staff, and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in any of the Saratoga Regional YMCA's sponsored programs, including the Day Camp Program. Any and all accidents must be reported to the parents, Camp Director and Branch Director within 24 hours.

Parent/Guardian Signature:

Date:

AUTHORIZATION AND PERMISSION FORMS

FIELD TRIP and PHOTO AUTHORIZATION: Throughout the summer our campers will be participating in various activities, including field trips and/or swimming. Transportation for all field trips/activities will be provided by the Saratoga City School District Transportation Department or charter bus. All trips/activities will be properly supervised by certified staff. These trips/activities require parents to sign a permission form. I, the undersigned, give my child permission to participate in all programs and activities including field trips and swimming, provided through the Saratoga Regional YMCA's Day Camp Program.

Parent/Guardian Signature:

Date:

T-SHIRT SIZE (please choose one)

- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Child Small | <input type="checkbox"/> Child Medium | <input type="checkbox"/> Child Large | |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult Extra Large |

PHOTO AUTHORIZATION

I further give _____ (or) do not give _____ my consent for the use of my child's comments and his/her photograph/video to be used in YMCA professional materials, including website postings.

Parent/Guardian: _____

Date: _____

SUNSCREEN, CELL PHONES & FOOTWEAR

Sunscreen Required for Starhitch Campers

The Saratoga Regional YMCA requires written permission for our staff to distribute topical sunscreen or lotions to a child. Please check the box if you wish us to do so. **All sunscreen needs to be labeled with the child's name. Staff will keep all sunscreen in one container. Staff will bring the sunscreen container to all offsite locations (field trips) or when sunscreen is needed. No children are allowed to carry sunscreen.

I give permission for the staff of the Saratoga Regional YMCA's Day Camp Program to distribute sunscreen as needed to help protect my child from the sun.

Special Instructions:

Cell Phones

I understand that cell phones ARE NOT ALLOWED to be used during camp hours unless in an emergency where immediate communication is necessary and with permission from the camp counselor/director. Cell phones need to be turned off and stored in personal backpacks. Cell phones being used beyond emergency situations may be confiscated and held by a staff member until the end of the camp day.

Footwear

I understand that flip flops cannot be worn to camp. Sneakers or closed-toe sandals are required. Flip flops can be brought in a backpack and worn ONLY at the beach or pool.

Camper Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

CHILD'S MEDICAL INFORMATION

YOUR CHILD'S IMMUNIZATION DATES MUST BE SUBMITTED TO THE CAMP DIRECTOR BY JUNE 1, 2012.

*These can be filled out by a parent/guardian, or provided by a doctor.

Immunization History: This section must include all dates of basic immunizations as well as booster doses. This is required by New York State Department of Health. Minimum requirements are noted below.

To your knowledge, are all shots up to date and meet the NYS Health requirements? Yes ___ No ___

Date of Last Physical: _____

DPT (Diphtheria, Pertussis and Tetanus) At least three dates.	1st: _____	2nd: _____	3rd: _____	Booster: _____	Booster: _____
POLIO OPV (sabin) At least three dates.	1st: _____	2nd: _____	3rd: _____	Booster: _____	Booster: _____
Tetanus Booster (within 10 years of 1st series)	1st: _____	2nd: _____			
Hepatitis B At least three dates.	1st: _____	2nd: _____	3rd: _____	Tuberculin Test given?	Yes ___ No ___ DATE: _____
**MMR (two dates for people born after 1956)	1st: _____	2nd: _____			
HIB (Hemophilus Influenza Type B) Sometimes combined with DTP	1st: _____	2nd: _____	3rd: _____	Booster: _____	
Influenza Type B					
Varicella (Chicken Pox) Specify Immunization or Disease	Date: _____	Booster: _____	Booster: _____		
Other					

**MMR is a combination of Measles (live), Measles (Rubella) and Mumps.

HEALTH HISTORY: For all conditions checked, please give date of diagnosis and current management below, if appropriate.

- Vision Impairment
 Hearing Impairment
 Frequent Ear Infections
 Heart Defect/Disease
 Diabetes
 Convulsions/Seizures

- Asthma
 High Blood Pressure
 Lung Disease
 Bleeding/Clotting Disorder
 Kidney Disease
 Cancer

ALLERGIES

- Hay Fever
 Ivy Poisoning, etc.
 Penicillin
 Insect Stings
 Foods
 Other Drugs
 Further Detail:

DISEASES

- Chicken Pox
 Measles
 Shingles
 German Measles
 Mumps
 Further Detail:

Chronic or recurring illness (include details):

Specific information regarding child's development (physical, emotional, cognitive):

Any specific activities to be... ENCOURAGED?

RESTRICTED?

PARENT AUTHORIZATION

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities, except as noted by me above.

Parent/Guardian Signature:

Date:

PERMISSION TO DISPENSE MEDICATION

Medication will not be dispensed for any reason if this portion is not filled out by a parent or guardian.

I hereby give the Camp Director, the Camp Medical Designee, or the Recreation Director permission to dispense the following medication(s) to my child in the following manner:

Medication:	Dosage:	Times:
Parent/Guardian Signature:		
Medication:	Dosage:	Times:
Parent/Guardian Signature:		

All medications must be given to us in the original pharmacy bottle and we must have enough for the entire week. Please note that all medication must be given only to the Camp Director, Camp Medical Designee or the Recreation Director.

MEDICAL CONCERNS

Please specify any concerns (i.e. seizures, epilepsy, heart problems, heat stroke, physical limitation and any allergies):

Do you have medical insurance? Yes _____ No _____

Insurance Carrier:

Name of Insured:

Member ID/#:

Group #:

PERMISSION TO SEEK MEDICAL TREATMENT

I am filling out this form for my child _____. In the event that I can not be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director and/or Camp Medical Designee and/or the Recreation Director of the Saratoga Regional YMCA to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as noted on this form. I understand EMS will handle any emergency requiring assistance and ambulance transport if required.

Family Physician:

Phone:

Family Dentist:

Phone:

Hospital of Preference:

Date of last Tetanus Shot:

Parent/Guardian Signature:

Date:

SARATOGA REGIONAL YMCA EZ PAY WEEKLY CAMP DRAFT AUTHORIZATION

IF YOUR CAMP FEES HAVE NOT BEEN PAID IN FULL, PLEASE COMPLETE THIS FORM, AUTHORIZING THE SARATOGA REGIONAL YMCA TO MAKE WEEKLY WITHDRAWALS ON THE WEDNESDAY PRECEDING THE CAMP WEEK.

CHILD'S NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE: _____ ZIP: _____

SAVINGS OR CHECKING ACCOUNT

NAME _____
(AS IT APPEARS ON ACCOUNT)

BANK NAME _____

BANK ADDRESS _____

ROUTING # _____
(FIRST LONG NUMBER ON CHECK)

ACCOUNT # _____

I authorize the Saratoga Regional YMCA to access my checking or savings account for my weekly camp fees. I understand that the payment will be electronically transferred weekly from my account to the Saratoga Regional YMCA.

A voided check must accompany the above checking account information.

CREDIT/DEBIT CARD

NAME _____
(AS IT APPEARS ON CARD)

VISA/MC/AMEX/DISCOVER ACCOUNT #
----- - - - - -

EXPIRATION DATE ____/____

I authorize the Saratoga Regional YMCA to access my VISA, Mastercard, American Express, or Discover Card for my weekly camp fees. It is understood that sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due. When my issuing bank authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment.

SARATOGA REGIONAL YMCA EZ PAY AGREEMENT

1. I understand that this EZ Pay Draft authorizes a perpetual week to week camp registration.
2. If I wish to cancel any camp week, written notice must be received.
3. Should any weekly draft not be honored by my bank/credit card company for any reason, I realize that I am still responsible for paying fees or any charges assessed to the YMCA associated with the return or decline of my EZ Pay transaction. If I fail to make the required payment my camp registration may be canceled.
4. The YMCA, at its discretion, may adjust the weekly rate applicable to any category of camp registration. Camp registrants will receive notice.
5. I agree to immediately notify the Saratoga Regional YMCA of any changes in my credit or bank account that may affect payment of my camp fees.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND DURATION OF THE AGREEMENT.

SIGNATURE _____ DATE _____