



Ukrainian American Youth Association, Inc.
 Lapp Road Fillmore, New York 14735



Camp Registration Form

Name _____

Address _____

City/State/Zip _____

Date of Birth ____/____/____ M / F ____ Age ____

Home Phone (____) ____ - _____ Grade Completed ____

_____ (____) ____ - _____
 Fathers Full Name Work Phone Number

_____ (____) ____ - _____
 Mothers Full Name Work Phone Number

Health Insurance Carrier _____

_____ Policy Number Policyholder's Name

Member of CYM Branch in _____

Speaks Ukrainian Yes No If yes: Fluently Fairly Poorly

Understands Ukrainian Yes No If yes: Fluently Fairly Poorly

Anticipated length of stay at Camp _____ week(s). From _____ to _____

Has attended Vychovno-Vidpochynkovyj Tabir for _____ years (s).

For Camp Counselors Only: Attended Vyshkilnyj Tabir for _____ year(s).

Has attended Vychovno-Praktychnyj Tabir for _____ years (s).

PERMISSION FOR EMERGENCY TREATMENT

I hereby give permission for _____ to receive
(Child's Name)

emergency medical treatment while attending the CYM Camp in Fillmore New York.

_____/_____/_____
Parent's Signature Date

PERMISSION FOR FIELD TRIPS

I hereby give permission for _____ to go on
(Child's Name)

field trips while attending the CYM Camp in Fillmore New York.

_____/_____/_____
Parent's Signature Date

RESPONSIBILITY AGREEMENT

I, the undersigned parent, assume full responsibility for payment of all camp fees, charges and damages incurred by my child while at camp, including medical expenses not covered by insurance, and to abide by the rules and regulations of the CYM Camp in Fillmore New York.

_____/_____/_____
Parent's Signature Date

FOR OFFICIAL USE ONLY

Vyhovno Viddpochynkovyj Tabir _____

Tabir Symenyat _____

Zlet _____

Vykhovno-Praktychnyj Tabir _____

Payment Balance Received _____