



Sunrise Mountain Children's Center

A separate form must be completed for each participant.

Camp Jewell YMCA

A branch of the YMCA of Greater Hartford

Name: _____ Home Phone: _____

D.O.B. (must be at least 5): _____ Gender: _____ Parent Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____ Emergency Contact & Phone : _____

Please describe any special needs your child may have.

Payment Method
Enclosed is a check for \$ _____ made payable to Camp Jewell.
Please Charge \$ _____ to my credit card.
Card Type: _____ Visa _____ Mastercard _____ Discover
Name on Card: _____
Card Number: _____
Expiration Date: _____ Security Code: _____
Signature: _____

Please refer to the current SMCC flyer for information.

Please write session number here: _____

Please check session and write in fee.

- _____ Program A Fee: _____
- _____ Program B Fee: _____
- _____ Program C Fee: _____
- _____ Program D Fee: _____
- _____ Program E Fee: _____
- _____ Program F Fee: _____
- _____ Program G Fee: _____

Total Amount Due \$ _____

For more information, please contact Barbara Marsh, SMCC Director at 888 412-2267.

Please send payment to: Camp Jewell YMCA
P.O. Box 8, 6 Prock Hill Road
Colebrook, CT 06021
Fax: (860) 379-8715

Parental Understanding

I agree to pay the total fee upon registration. Cancellations within 14 days of a particular session are non-refundable. I understand that I may not register my child for an SMCC program if I have an outstanding balance due to the YMCA. I hereby grant permission for the applicant to participate in all planned SMCC activities.

I authorize the Camp Director and Camp Nurse to seek emergency medical attention for my child in the case of an accident or illness if I cannot be reached by phone. I authorize the YMCA to have and use the name, photographs, slides, and video tape of the person named on this application in camp promotion materials.

Adult or Parent (of minor)
Signature/Date _____