

# CYC Junior Division Registration Information 2010

Registrant Name: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Check One Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

T-shirt size: (circle one) Adult S M L XL Child S M L e-mail: \_\_\_\_\_

The \$30 registration fee is due by June 1, 2010. Registration is limited. Fees for the program must be paid in full prior to the first day of the program/session that the student is attending. The application and medical consent form must be completed for each child attending. **Pre-registration is highly recommended!**

### Check those that apply:

- Full session July 5 through August 19 - \$320 + \$30 Registration fee = \$350
  - First session July 5 through July 27 - \$220 + \$30 Registration fee = \$250
  - Second session July 28 through August 19 - \$220 + \$30 Registration fee = \$250
  - Two weeks (5 consecutive days) \$140 + \$30 Registration fee = \$170
- Please indicate days of attendance \_\_\_\_\_
- Daily Guest Fee - \$35 (based on availability and 24 hour notice)

Total Due \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact Information (if parents are not available)

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Alternate drivers to whom your child can be released

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**\* I have reviewed the rules and regulations with my child\***

Signature of Parent or Guardian \_\_\_\_\_

Please forward completed registration form, medical consent and registration fee to:

CYC Junior Division  
PO Box 456  
Chaumont, New York 13622