

# CYC Junior Division Registration Information 2008

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

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

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

The \$30 registration fee is due by June 1, 2008 to ensure inclusion in the program and a t-shirt. Registration will be limited to 34 Juniors and 24 Seniors. 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. **Please note that enrollment numbers have been lowered for 2008 to ensure a high quality program. Pre-registration is highly recommended. Check those that apply:**

- Full session June 30 through August 14 - \$320 + \$30 Registration fee = \$350
- First session June 30 through July 22 - \$220 + \$30 Registration fee = \$250
- Second session July 23 through August 14 - \$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**