


Camp Timbers WEB Registration Form
Please complete one form per camper and mail to:
YMCA Camp Timbers
1915 Fordney Street
Saginaw, MI 48601

_____ New Camper? Referred by: _____

_____ Camper's First Name Last Name Age

_____ Street Address City State Zip

_____ ()
Home Phone Email Address

_____ Date of Birth Grade Entering 9/2010 Gender

_____ Parent/Legal Guardian Name Daytime Phone

_____ Cabin Mate Request (name) T-Shirt Size

YMCA Camp Timbers Parent and Camper Agreement

Parents - I approve this camp application and believe that my child is capable of contributing to a positive and enriching experience. I know I will receive a complete confirmations packet, and that all forms, including health history form signed by a physician, are due 10 days prior to the start of the camp session. I have read and understand the camp's refund policy. I authorize my child to participate in all planned camp activities unless I have specified in writing otherwise. I will partner with the Camp Director regarding any behavioral concerns with my child.

Camper - I want to experience the Camp Timbers tradition. I agree to follow the camp rules and to show respect for others. I will make every effort to assure that camp is a great experience for myself and fellow campers. I understand that failure to live up to this agreement could result in dismissal from camp without a refund and without an opportunity to return.

_____ Parent/Guardian Signature Date

_____ Camper Signature Date

