

# SPRING BREAK 2025 REGISTRATION FORM

<b>Office Use Only</b>	
<input type="checkbox"/>	B Email
<input type="checkbox"/>	WC Email

## 1. CAMPER INFORMATION PLEASE PRINT NEATLY

Camper's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_  
 Contact Parent/Legal Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## 2. PROGRAM INFORMATION

Week	AM/ PM	Camp Title	Camp Location C = Central WL = Westlake	Age	Circle Option BCC = Before Camp Care ACC = After Camp Care	Camp Fee
March 17 – 21	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	
	AM				BCC	
	PM				ACC	

Please select Camper T-shirt size below.

Youth sizes: S M L Adult sizes: S M L XL

Camp Fees	\$	
Registration & Material Fee	\$	
		TOTAL \$

# RELEASE AND CONSENT

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT AND RELEASE TO PARTICIPATE

I (parent's name) \_\_\_\_\_ binding my heirs, executors, administrator, estate and assigns, do hereby release and agree not to hold liable Young Peoples Workshops (YPW), their officers, agents and employees, from any and all actions, causes of actions, claims, demands, costs or damages as a result of property damage or personal injuries sustained by myself, my child/children, or my property arising from or resulting from any act of omission or otherwise, of Young Peoples Workshops, their officers, agents and employees while participating in an YPW workshop or activity.

I further release Young Peoples Workshops, their officers, agents and employees from all liabilities for personal injury resulting from my child's failure or the failure of other participants in the activity to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however that nothing contained herein shall excuse any employee of YPW or person assigned to be an activity leader by an employee of Young Peoples Workshops, from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstances.

I hereby authorize Young Peoples Workshops to consent to emergency medical or dental treatment for my child while my child is a participant in a Young Peoples Workshops program. I understand that Young Peoples Workshops will make all reasonable efforts to contact me and provide me with notice in the event that my child requires emergency medical or dental treatment.

In the event that YPW cannot contact me and give me notice, I understand that I am hereby authorizing YPW to consent to such treatment on my behalf. I understand that YPW will seek necessary emergency treatment for my child only in the event my child is injured or harmed while engaged in a workshop or activity sponsored by Young Peoples Workshops.

Parent/Guardian (printed name) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

## PHOTO USAGE

I hereby give consent to Young Peoples Workshops to use photographs of my child, in advertising publications, including but not limited to, print, video, and electronic media, produced by Young Peoples Workshops. I understand that the email address provided above will be used no more than three times per month to disseminate YPW photos, news or evaluations ONLY and will not be sold or provided to any other entity or institution for any reason. I understand I can be removed from the mailing list at any time by request.

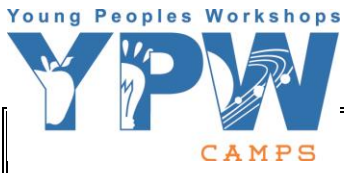
Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

## CANCELLATION POLICY

Due to the high demand for camp spaces, each sale will be considered final.

- Registrations are not transferable from child to child. Registration and Material fee are non refundable.
- Families who cancel a camp or wish to switch their child from one camp to another will receive a 50% refund of the cost of a cancelled or dropped camp if notification is received at least 10 working days before that camp starts. There are no refunds for camps cancelled or dropped less than 10 working days before camp begins.
- In order to receive the 50% refund, families must contact YPW via email: [YPWCamps@YPWkids.com](mailto:YPWCamps@YPWkids.com)

Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_



#### 4. RELEASE NAMES AND HEALTH INFORMATION

Child's Name	Date of Birth	Child's Home Telephone No.
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Child's Home Address

Parent's or Guardian's Name	Address (if different from child's address)
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Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:	Relationship
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I hereby authorize YPW Camps to allow my child to leave YPW Camps **ONLY** with the following people. Please list name & telephone number for each. Campers will only be released to a parent or a person designated by the parent/guardian after verification of ID.

*Your child will not be released to persons other than those listed below, or unless YOUR written permission is given*

Name / Relationship	Home Address	Home Phone/ Business Phone
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Name / Relationship	Home Address	Home Phone/ Business Phone
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Name / Relationship	Home Address	Home Phone/ Business Phone
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#### EMERGENCY INFORMATION

**In case of illness or injury, please first contact:**  
 \_\_\_ Mother \_\_\_ Father \_\_\_ Other (please specify \_\_\_\_\_ )  
**Other persons to contact in the event of an emergency or illness:**

Name (relationship to child)	Address	Phone
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#### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

"In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of YPW Camps to take my child to the following physician or hospital or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic."

Name of Physician:	Address:	Ph.#:
Hospital or Clinic	Address:	Ph.#:

Date	Signature - Parent or Legal Guardian
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List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which camper instructor should be aware of:

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3640 Bee Caves Road ▪ Austin TX 78746 ▪ 512 329-5611

## ACH / Credit Card **CAMP** Payment Authorization Form

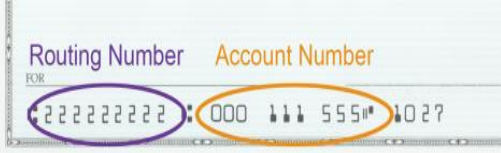
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### Please complete the information below:

I \_\_\_\_\_ authorize YPW to charge my bank account  
(full name)  
indicated below for payment of my Child(ren) camp tuition.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Credit Card
Name on Acct	_____		
Bank Name	_____		
Account Number	_____		
Bank Routing #	_____		
Bank City/State	CC Exp Date	Security Code	
_____	_____	_____	



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization is only one time authorization. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that there will be \$30.00 charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.