

PARTICIPANT #: SITE: DATE COMPLETED: / / STAFF COMPLETED BY:

PLEASE SCAN DIRECTLY TO YD ADMIN OFFICE: YD@FCYMCA.org

SUMMER DAY CAMP REVISION FORM

YMCA of Florida's First Co	ast		
Child's First & Last Name	hild's First & Last Name Camp Site		
Parent/Guardian's First & Last Nar	ne		
How to add/change your child's Authorized Pick-Up List: Please log-in to your account at www.FCYMCA.org. Once logged in, click on the "My Account", then choose "Authorized Pick-Ups" from the drop-down menu. Must have ID when picking up.			
To make changes to your child *ADD Weeks: please visit our we *CANCEL Weeks: please email of writing.	ebsite at www.FCYMCA.o	-	future week org) to submit your cancellation in
be submitted using the process al new camp. All cancellations must Non-attendance does not entitle a missed due to illness, vacation or	prior to the summer cam ble, non-transferable \$25 bove. Changing camps is the submitted by emailing a participant to a refund. when YMCA programs ar to other outstanding bala	deposit and the \$50 sthe same as cance gour Youth Develo No refunds or adjuste cancelled due to inces. Refunds are is	O registration fee. All cancellations must elling the original camp and ordering a
thereafter. Late fee must be parautomatically charged to the condition of	aid in full before return card on file in your YMO k-up Time	ing to the progra CA account Amount Due: _	
Signature of person picking child upDate/			
AUTHORIZATION FOR	LAKE PICK-UP FE	E (IF CARD OTHE	ER THAN WHATS ON ACCOUNT)
Automatic Withdrawal Billing	Method:		
Late Pick Up Fee will be auto account. If you would like to			
□ Add New Account	use a new account	prease enter the	e information below:
Name on Card:	Address:		Zip Code:
Card Number:	Card Type:		Expiration Date (month/year):
Draft Terms of Agreement			
must give the YMCA a 30 day w	ritten notice. d by my bank for any rea	son, I realize that I	minate or change my draft in any way, I am still responsible for that payment plus that my bank may charge.

• I hereby authorize the YMCA of Florida's First Coast to initiate weekly debit entries to my account indicated above.

Date:

Signature