

MCYC Summer Camp Application 2010, page 2

Camper's Last Name _____	First Name _____	
Amount to be paid today \$ _____		
Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHECK (Make payable to MCYC)		
Card # _____	Expiration Date _____	
Name on Card _____		
Cardholder's Signature _____		
PAYMENT PLAN OPTIONS are available to pay your camp fees by automatically charging your bank account or credit card on the first day of each scheduled month. There is a small fee to participate in the payment plan option. <u>Payments below are examples.</u>		
Option 1 (2 months, must start by May 1)	Payments \$105 each month	Start Month _____
Option 2 (3 months, must start by April 1)	Payments \$69.66 each month	Start Month _____
Option 3 (4 months, must start by Mar 1)	Payments \$52.50 each month	Start Month _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Credit Card
Bank Name _____	Card # _____	
Routing Number _____	Exp Date _____	
Account Number _____	Name on Card _____	
Name on Account _____	Signature _____	

I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all camp activities including travel off property. Also, I give permission for MCYC to use images and recordings of my child/ward without further compensation for the purpose of promoting MCYC. I realize that in the event of an illness or injury while at camp or participating in it's activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear all the cost of all such treatment. I also agree to hold harmless, MCYC, it's staff, and board of directors from any and all liabilities, claims, demands, and causes of action whatsoever may arise due to the participation of myself or my child/ward in said activities.

To be signed by Parent or Guardian _____ Date _____

***Mail** this form to Registrar, MCYC, 820 N. Lake George Road, Attica, MI 48412

For additional applications go to www.mcy.org and click on summer camp!!

Michigan Christian Youth Camp
820 N. Lake George Rd.
Attica, MI 48412
810-664-8040 www.mcy.org