

OCEAN BEACH YOUTH GROUP
P.O. Box 631, Ocean Beach NY 11770

Registration Form

To register for camp, please include a completed application form and medical form.

*Please note all first-time campers at OBYG (in any age group) must present an original birth certificate or passport before the first day of camp.

First Time OBYG Camper : yes no Last Year's Group Assignment _____
Child's Name _____ Male Female Birth Date _____
Winter Mailing Address _____ Apt. No. _____
City _____ State _____ Zip Code _____ Home Phone _____
Mother's Name and cell _____
Father's Name and cell _____
F.I. Summer Address: _____ Community: _____ Home Phone: _____ Fire
Island Emergency Contact Name: _____ Phone: _____
E-Mail Address(es) : (to be used for all updates) _____
Allergies/Medical Concerns: _____
Additional Information we should know: _____

My Child Will Be Attending OBYG:

Season (8 weeks) July Session (5 weeks) August Session (3 weeks) By the Week

If your child is attending by the week, please list the dates he/she will be attending:

We'd like to do Lunch Bunch on these weeks: _____

If possible, please group my child with (1) _____ (2) _____

I understand that Ocean Beach Youth Group uses photographs and videos of campers engaged in camp activities for internal and promotional purposes, such as the camp website, brochures and other publicity and marketing purposes. I hereby consent to the use of my child's image now and in the future for such purposes. yes no

Parent/Guardian's Signature _____ Date _____

PAYMENT INFORMATION:

Please refer to the enclosed fee schedule when calculating your child's tuition.

If paying by Credit Card, please complete the information below.

Name on Credit Card _____

Billing Address for Credit Card _____

Mastercard Visa _____ Exp. Date _____

Signature _____ Date _____

Payment for this child's camp tuition is \$ _____ paid by check credit card

If paying by check, please make check payable to: **Ocean Beach Youth Group.**