

For Internal Use Only

Payment: Check  Credit Card  Medical Form



**Ocean Beach Youth Group**  
**P.O. Box 631**  
**Ocean Beach, New York 11770**  
**Phone: (631) 583-5300 Fax (631) 583-9174**

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.

Child's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
F.I. Address \_\_\_\_\_ F.I. Community \_\_\_\_\_  
F.I. Phone \_\_\_\_\_ Summer Day Time # for Parent \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**If possible**, please group my child with (1) \_\_\_\_\_ (2) \_\_\_\_\_  
*Please list only **2** children*

Additional Information we should know: \_\_\_\_\_  
*Please complete above information on reverse side if more spaces is needed.*

**My Child Will Be Attending OBYG (please circle one):**

<b>Season</b>	<b>July Session</b>	<b>August Session</b>	<b>By the Week</b>
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If your child is attending by the week, please list the dates he/she will be attending:  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*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 \_\_\_\_\_  
(Circle) Mastercard    Visa Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment for this child's camp tuition is \$ \_\_\_\_\_ paid by (circle) check - credit card  
*If paying by check, please make check payable to Ocean Beach Youth Group.*

You may include my Fire Island phone number in a camp phone book \_\_\_\_\_