



Stevens Point Area YMCA

2010 RESIDENT CAMP/TRIP – Registration/Application



Fully complete and return this registration/application form along with the required deposit(s) to:
Stevens Point Area YMCA - Camp Registration, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980 ext. 308

Registration Information Additional Registration Forms can be downloaded online at www.glacierhollow.com

1. **Complete (both sides)** and return this form along with a **\$100 non-refundable, non-transferable deposit or full payment for each camp**. If program is full, your deposit will be returned or you will be placed on a waiting list. **Timbertop Camp requires a separate registration packet.**
2. Balance is due at least **(4) four weeks** prior to each camp session. An unpaid balance may result in forfeiture of your reserved spot.
3. As your camp session gets closer, you will receive general camp information, arrival and departure times, a list of things to bring, a Health History and Physical Examination Form, map & directions and information on participant medication.
4. A Physical Exam must have been performed within the last 24 months. The Health History and Physical Exam Form is due at least **(3) three weeks** prior.
5. We will return all fees except your deposit if written cancellation is made four weeks prior to session. After four weeks, refunds may not be available.

Participant Name _____ **Birth Date** _____ **Age at Camp** _____ **M or F**

Address _____
Street City State Zip

Home Phone _____ **Grade Next Year** _____ **Parent Email** _____

Are there any medical, custodial, physical, behavioral conditions or special needs that we should be aware of now? _____

Have you attended an overnight camp before? _____ I am a returning camper. This is my _____ year at camp.

Would you like to request to be in a cabin with a friend? Who? _____

First Parent Name _____ **Second Parent Name** _____

H # _____ **Cell or Work #** _____ **H #** _____ **Cell or Work #** _____

CHOOSE THE PRICE TIER YOU CAN BEST AFFORD. We understand that different families have differing abilities to pay, so we have implemented three pricing levels to better accommodate all financial needs. Please consider selecting the highest tier you can afford to allow Camp Glacier Hollow to best stretch our funding and continue to improve the quality of each camper's experience.

Price C is our historically subsidized rate, which does not represent the true cost of camp, but has been our standard rate.

Price B is a partially subsidized rate, but more clearly reflects the actual cost of camp.

Price A most accurately reflects the actual cost of YMCA Camp Glacier Hollow.

Our Tier Pricing Program in **no way influences the experience your child(ren) will receive!** We simply feel it is important to share with parents the true costs of YMCA Camp Glacier Hollow and give families the opportunity to decide how much they can contribute toward their child's camp experience. **As always, further financial assistance is available. Please request a Camp financial assistance application.**

2010 Resident Camps

June 20-26 The Adventure - Nature Quest (Ages 9-14)
Sun-Sat Price A: \$495 Price B: \$440 Price C: \$375

July 11-17 Camp Wise Spirits (Girls Ages 8-14)
Sun-Sat Price A: \$495 Price B: \$440 Price C: \$375

July 18-23 Horse'n Around - Nature Quest (Ages 8-12)
Sun-Fri Price A: \$455 Price B: \$395 Price C: \$340
 Horsemanship Option (see brochure)
Additional \$125 Fee

July 18-21 Beginning Adventurers - Nature Quest (Ages 7-10)
Sun-Wed Price A: \$390 Price B: \$320 Price C: \$245

August 8-14 Splash & Sport - Nature Quest (Ages 9-14)
Sun-Sat Price A: \$495 Price B: \$440 Price C: \$375

Must use separate application form for:

August 1-7 Timbertop for Youth w/ Learning Disabilities (Ages 8-13)
Price A: \$525 Price B: \$460 Price C: \$395

2010 Adventure Trips

June 27-July 2 Flambeau Paddle & Cave (Ages 13-16)
Sun-Fri Price A: \$495 Price B: \$445 Price C: \$385
(Early Pick-Up Available as Needed)

July 5-9 Devil's Lake Rock Climbing (Ages 12-15)
Mon-Fri Price A: \$485 Price B: \$425 Price C: \$365
(6:00-7:00pm Drop-Off on Monday)

July 25-30 Porcupine Mts Backpacking (Ages 13-16)
Sun-Fri Price A: \$495 Price B: \$445 Price C: \$385

2010 Leaders & Counselors In Training

June 13-18 Leadership Training Camp
Sun-Fri (Ages 12-17 must be entering 7th grade)
This Camp is a prerequisite to being a LIT or CIT. If you can't attend this week please call for alternate week details.
Price A: \$465 Price B: \$395 Price C: \$330

All YMCA members are eligible for a \$35 member discount per program. (Complete the YMCA member information below.)

Participant is a YMCA Member. YMCA & Phone # _____ Member # _____ Exp. Date ____/____/____

Please Circle Price Option: A B or C \$ _____ **YMCA Member Discount (\$35):** -\$ _____ **TOTAL DUE:** \$ _____

Please Charge My: Visa MasterCard Amount: \$ _____

Card #: _____ Card I.D. #: _____
(I.D. # is last three digits on signature stripe)

Exp. Date: _____ Signature: _____

\$100 Dep. Req. Total Paid Now: \$ _____

Staff Notes:
Health Form Received:

Recruit a friend (non sibling) who has not attended one of our Camps before and you will receive a **\$20 Trading Post Credit**. There is no maximum credit amount so recruit more than one and get additional credits. Credits are not redeemable as cash. **Just be sure your friend(s) list you here:**

I was recruited by _____

Alumni Campers

Do you want us to help you promote camp to a group of friends or neighbors? We will come to your house or meeting location to show a camp video and answer questions. Call the Camp Director at 715-342-2980 x308 or email at pmatthai@spymca.org to set up a meeting date.

Please tell us how you heard about us: A Friend School or Youth Group Visit to Camp Brochure/Mailing to our Home

Newspaper/Magazine Ad (which) _____ Camp Fair (where) _____ Picked Up a Brochure (where) _____

Internet Search (what did you search for; was there a specific website found) _____

Other: _____

WARNING OF RISK

The Stevens Point Area YMCA is committed to conducting its summer camping and tripping programs in a safe manner and holds the safety of participants in high regard. However, participants and parents of children registering for any program must recognize that there are inherent risks of sickness and/or injury when choosing to participate in these recreational activities. Understandably, not all hazards and dangers can be foreseen. Certain risks and dangers associated with such things as, but not limited to, acts of God, inclement weather, slipping, falling, insect bites, and equipment failure do exist. In this regard, it must be recognized that it is impossible for the YMCA to guarantee absolute safety. The Stevens Point Area YMCA does, however, continually strive to reduce such risks through careful and proper preparation and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety.

You are solely responsible for determining if you or your children are physically fit for the activities contemplated in these programs. It is always advisable, especially if you are pregnant, disabled in any way, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any active recreational program.

PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

SECTION #1: RELEASE FROM LIABILITY: I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment and programs. I am aware of and accept all the risks inherent in the program. I agree that my or my child's voluntary participation in Resident Camp, Teen Leadership Programs, and/or Teen Outdoor Adventure Trips shall be undertaken at my or his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or cause of action whatsoever, to me, my child and his/her property, arising out of or connected to participation in Resident Camp, Teen Leadership Programs, and/or Teen Outdoor Adventure Trips including but not limited to transportation services, camping, canoeing/kayaking, rafting, hiking, swimming, biking, rock climbing, fishing, horseback riding/grooming, and other camp activities. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents, from any and all liabilities and claims resulting from participation in this program.

____ (Parent/Guardian Initials)

SECTION #2: EMERGENCY TREATMENT AUTHORIZATION: In the event that I cannot be reached in an emergency, I authorize the YMCA staff to transport to or secure emergency services for me or my child, and I give my consent for the YMCA staff to act in my behalf in granting permission for me or my child to receive any emergency treatment deemed necessary including, hospitalization, injection, anesthesia or surgery. I agree that I will be responsible for the payment of any and all medical services rendered.

____ (Parent/Guardian Initials)

SECTION #3: PHOTOGRAPHIC/MEDIA RELEASE: I give permission for my child or I to appear in media coverage approved by the YMCA and for the YMCA to use photographs, slides, and/or videotapes of my child or I for promotional purposes.

____ (Parent/Guardian Initials)

Section #4: FIELD TRIP & TRANSPORTATION PERMISSION: I give permission for my child to participate in walking, bus and YMCA Van field trips. I give permission for my child to be transported for field trips or any regular scheduled vehicle transportation.

____ (Parent/Guardian Initials)

SECTION #5: REASONABLE ACCOMMODATIONS & BEHAVIOR CLAUSE: Participants/children with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other participants/children in the program. I understand that if my child or I require an unusual amount of one-on-one attention, whether due to special needs or behavior, I or my child may be denied or removed from the program. Participants are expected to follow guidelines and instructions from staff and act in a responsible, caring, honest and respectful manner. Failure to follow guidelines may result in dismissal from camp without refund.

____ (Parent/Guardian Initials)

SECTION #6: MEDICATION/SUNSCREEN/REPELLANT: I give permission to the Camp Health/Trip Staff to give my child or I over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, body aches, insect bites, sun protection, etc...) I give permission for my child or I to use sunscreen and insect repellent and receive assistance as needed from Counselors, unless otherwise noted on my child's or my Health History form.

____ (Parent/Guardian Initials)

SECTION #7: PARTICIPANT ENROLLMENT ACCEPTANCE: I hereby apply for a reservation for myself or child as a program participant. I agree to pay the total camp fee on or before the payment due date. I understand that failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child or I are forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available.

____ (Parent/Guardian Initials)

SECTION #8: ACCURATE/COMPLETE INFORMATION: I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's or my registration and/or participation in this program.

____ (Parent/Guardian Initials)

I have carefully read and fully understand the above warning of risk, parent/guardian consent and waiver & release of all claims sections. I fully understand that by signing this form I have given my parent/guardian consent on all sections contained within.

Participant's Name - Please Print

Parent/Guardian Signature

Date