

Exp. Date: \_

Signature:

## YMCA CAMP GLACIER HOLLOW 2023 Adventure Trips Registration Ages 12–17



STEVENS POINT AREA YMCA	A	ges 12-17			The state of the s
Participant Name		Birth Date	Age at Camp _	Gender	
Address					
	Street	City		State	Zip
	Parent Email				
Are there any medical, cu	stodial, physical, behavioral conditions or	special needs that	we should be aware of now?		
Have you attended an ove	ernight camp before? I	am a returning car	mper. This is my	year at camp.	
Would you like to request	to be in a cabin with a friend? Who? (We cannot guarantee this request.	Many factors are s	oncidered when making are		
Parent Name	Parei	nt Name		шрѕ.)	
H#	Secondary #	Н#	Seconda	ry #	
202	3 ADVENTURE TRIPS	0	TIERED FFERING MORE OPPORT	PRICING UNITIES TO MOR	RE CAMPERS!
Price A: \$575	Tents & Trails (Ages 14-17) Price B: \$525 Price C: \$455	exper	r continuing efforts to off ience to everyone, we un	derstand that di	fferent families
☐ July 4-7 Price A: \$440	Intro to Adventure (Ages 12-15) Price B: \$400 Price C: \$320	accor	differing abilities to pay. nmodate all financial situ ting the highest tier you o	ations. Please c	onsider
☐ July 30-August 4 Price A: \$575	Voyage on the River (Ages 14-17) Price B: \$525 Price C: \$455	Glacie the qu	er Hollow to stretch our f uality of our camp experi dized by the YMCA throu	unding to contin ence.  Price B an	ue improving d Price C are
REGISTRATION INFORMATION			ontributions, requiring the y that will be sent to the		•
1. Complete both sides	s and return this form along with a <u>\$10</u>	O • P	rice C is our historically	subsidized rate,	
	n-transferable deposit or full payment	r	epresent the true cost of	•	
	program is full, your deposit will be		rice B is a partially subsidered		nore clearly
due at least (4) four	Il be placed on a waiting list. Balance weeks prior to each camp session. An	• P	eflects the actual cost of Price A most accurately re Tamp Glacier Hollow.		cost of YMCA
	result in forfeiture of your reserved		Our Tiered Pricing in no way influences the experience your		
<ul><li>spot. Invoices will not be mailed.</li><li>As your camp session gets closer, you will receive an email</li></ul>			child(ren) will receive! We simply feel it is important to share		
with specific details about your camp session.			with you the true costs of YMCA Camp Glacier Hollow, to give		
3. Your child's completed health history profile and			es the opportunity to dec		
immunization inform	nation MUST be submitted with this	contr	ibute toward their child's	camp experienc	e.
_	he registration process will not begin		<b>.</b>		D.
	orms are received. Parents are		ways, financial assistance		Please reques
•	changes to the profile including	a Can	np Financial Assistance A	pplication.	
<b>-</b>	and authorized pick up. es except your deposit if written				
	e four weeks prior to session. After for	ur All S	Stevens Point Area YMCA Famil eligible for a \$25 Member Di		
					• • • • • • • • • • • • • • • • • • • •
☐ Participant is SPYMCA Tier Price: A B or C	A Family or Single Parent Family Member  \$ Y Member Discount (-\$2	25): \$	\$100 Dep. Required. To	TOTAL DUE: \$ tal Paid Now: \$	
☐ Charge Enclosed:	☐ Charge My Card: Amount: \$		☐ Recruit A Friend Tra	ading Post Credit	
Card #•			(see page 2 for inf		



Participant Name - Please Print

## RECRUIT A FRIEND TRADING POST CREDIT

Recruit a friend (non-sibling) who has not attended one of our Camps before and you will receive a \$25 Trading Post Credit. The friend that you refer will also receive a \$25 Trading Post credit. There is no maximum credit amount, so

STEVENS POINT AREA YMCA	recruit more than one friend and get additional credits! Credits are not redeemable for cash.
	□ I recruited:
	□ I was recruited by:
	WARNING OF RISK
participants in high regard. How injury when choosing to participa with such things as, but not limit equipment failure do exist. In th	committed to conducting its summer camping and tripping programs in a safe manner and holds the safety of rever, participants and parents of children registering for any program must recognize that there are inherent risks of sickness and/or ate in these recreational activities. Understandably, not all hazards and dangers can be foreseen. Certain risks and dangers associated ed to, acts of God, inclement weather, slipping, falling, insect bites, and is regard, it must be recognized that it is impossible for the YMCA to guarantee absolute safety. The Stevens Point Area YMCA does, duce such risks through careful and proper preparation and insists that all participants follow safety rules and instructions that are
	termining if you or your children are physically fit for the activities in these programs. It is always advisable, sabled in any way, or have recently suffered an illness, injury or impairment, to consult a physician before nal program.
	PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY
and programs. I am aware of and participation in Resident Camp, I its directors, employees, volunte whatsoever, to me, my child and Trips including but not limited to grooming, and other camp activi	ASE FROM LIABILITY: I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment d accept all the risks inherent in the program. I agree that my or my child's voluntary Leadership Programs, and/or Adventure Trips shall be undertaken at my or his/her sole risk, and that the YMCA and Camp Glacier Hollow, ters and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or cause of action his/her property, arising out of or connected to participation in Resident Camp, Teen Leadership Programs, and/or Outdoor Adventure transportation services, camping, canoeing/kayaking, rafting, hiking, swimming, biking, rock climbing, fishing, horseback riding/ties. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents, from resulting from participation in this program.
or secure emergency services for granting permission for me or my	RGENCY TREATMENT AUTHORIZATION: In the event that I cannot be reached in an emergency, I authorize the YMCA staff to transport to r me or my child, and I give my consent for the YMCA staff to act on my behalf in y child to receive any emergency treatment deemed necessary including, hospitalization, injection, anesthesia or surgery. I agree that I ent of any and all medical services rendered.
	TOGRAPHIC/MEDIA RELEASE: I give permission for my child or I to appear in media coverage approved by the YMCA and for the YMCA to my child or I for promotional purposes and social media.
<del></del>	TRIP & TRANSPORTATION PERMISSION: I give permission for my child to participate in walking, bus and YMCA Van field trips. I give nsported for field trips or any regularly scheduled vehicle transportation.
that reasonable accommodation would not allow for the safety an to special needs or behavior, I or	SONABLE ACCOMMODATIONS & BEHAVIOR CLAUSE: Participants/children with special needs or challenges will be accepted provided in some made for their participation in the program and/or their participation does not require an inordinate amount of staff time that in welfare of the other participants/children in the program. I understand that if my child or I require one-on-one attention, whether due my child may be denied or removed from the program. Participants are expected to follow guidelines and instructions from staff and act and respectful manner. Failure to follow guidelines may result in dismissal from camp without refund.
(as directed) in the event of mino	ICATION/SUNSCREEN/REPELLENT: I give permission to the Camp Health Staff to give my child or I over-the-counter camp medications or pain/ailment (i.e. headache, stomach ache, body aches, insect bites, sun protection, etc) I give permission for my child or I to use not receive assistance as needed from Counselors, unless otherwise noted on my child's or my Health History form.
camp fee on or before the payme	FICIPANT ENROLLMENT ACCEPTANCE: I hereby apply for a reservation for my child as a program participant. I agree to pay the total ent 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 to illness, injury, or inappropriate behavior, a refund may not be available.
responsibility to provide any cha	JRATE/COMPLETE INFORMATION: I hereby state that the information I have provided is accurate and complete. I understand that it is m nges/updates regarding emergency and health information to the YMCA. I further le accurate, complete, and updated information may jeopardize my child's or my registration and/or participation in this program.
	d and fully understand the above warning of risk and parent/guardian consent and waiver & release sections. I fully his form I have given my parent/guardian consent on all sections contained within.

Date

Parent/Guardian Signature