

YMCA CAMP GLACIER HOLLOW
2024 Counselor in Training (CIT) Registration
Ages 15-17



Participant Name _____ Birth Date _____ Age at Camp _____	
Gender _____ Grade Next Year _____	
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.	
Parent 1 Contact Information: Name: _____ Phone Number: _____ Email: _____	Parent Contact Information: Name: _____ Phone Number: _____ Email: _____
Emergency Contact: Name: _____ Phone Number: _____ Email: _____	How did you hear about YMCA Camp Glacier Hollow? <input type="checkbox"/> YMCA Center <input type="checkbox"/> Internet <input type="checkbox"/> Social Media Other: _____

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 Day Camp, Resident Camp, Teen Leadership Programs, and/or 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 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. 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 on 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. I give permission for my child or I to appear in media coverage approved by the YMCA and for the YMCA to use photographs and videos of my child or I for promotional purposes and social media. I give permission to the Camp Health 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. I hereby apply for a reservation for my 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. 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.

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

_____	_____
Parent/Guardian Signature	Date

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 recruit more than one friend and get additional credits! Credits are not redeemable for cash.

☐ I recruited:

☐ I was recruited by:

TIERED PRICING

OFFERING MORE OPPORTUNITIES TO MORE CAMPERS!

In our continuing efforts to offer the Camp Glacier Hollow experience to everyone, we understand that different families have differing abilities to pay. Our tiered pricing allows us to accommodate all financial situations. Please consider selecting the highest tier you can afford, allowing Camp Glacier Hollow to stretch our funding to continue improving the quality of our camp experience. Price B and Price C are subsidized by the YMCA through fund-raising, special events, and contributions, requiring that you completing a subsidy survey that will be sent to the email address provided above.

- Price C is our historically subsidized rate, which does not represent the true cost of camp.
- 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.

REGISTRATION INFORMATION

1. Complete both sides and return this form along with a \$100 non-refundable, non-transferable deposit or full payment for each session. If program is full, your deposit will be returned and you will be placed on a waiting list. Balance is due at least (4) four weeks prior to each camp session. An unpaid balance may result in forfeiture of your reserved spot. Invoices will not be mailed.
2. As your camp session gets closer, you will receive an email with specific details about your camp session.
3. Your child's completed health history profile and immunization information MUST be submitted with this registration form. The registration process will not begin until all completed forms are received. Parents are responsible for any changes to the profile including emergency contact and authorized pick up information.
4. 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.
5. All Stevens Point Area YMCA Family and Single Parent Family members are eligible for a \$25 Member Discount for "CIT Training."

SESSION NAME		DATES	MEMBER COST	NON MEMBER COST
NO CIT PROGRAMS	1			
TRAINING (OVERNIGHT)	2	JUNE 9-14	TIER A \$420 TIER B \$380 TIER C \$300	TIERED PRICING OFFERED FOR OVERNIGHT CAMPS
NATURE BLAST	3	JUNE 16-21	\$85	\$115
HOOFBEATS	4	JUNE 23-28	\$85	\$115
BEGINNING EXPLORERS 2	5	JUNE 30-JULY 3	\$51	\$69
FISHIN, HUNTIN, CAMPIN	6	JULY 7-12	\$85	\$115
SPORTSAPALOOZA	7	JULY 14-19	\$85	\$115
ADVENTURE CAMP	8	JULY 21-26	\$85	\$115
WILD WATERS	9	JULY 28-AUG 2	\$85	\$115
WISE SPIRITS (GIRLS ONLY)	10	AUG 4-9	\$85	\$115
STRONG SPIRITS (BOYS ONLY)	11	AUG 11-16	\$85	\$115
TWILIGHT TAMERS	12	AUG 18-23	\$85	\$115
BEGINNING EXPLORERS 3	13	AUG 25-28	\$51	\$69

The YMCA guarantees satisfaction with the quality of its services. This authorization will remain in effect until revoked by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such charge. I agree that your treatment of each such charge and your rights in respect to it, shall be the same as if it were signed by me and that if any such charge be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of services.

If at anytime the amount in my account is insufficient to cover the amount to be deducted, the bank is not obligated to pay and is not responsible for these insufficient funds. Nor shall the bank be liable for any errors by the Stevens Point Area YMCA in handling the terms of this authorization.

I will use an electronic funds transfer to pay for services and I agree that if for any reason I wish to terminate or change the status of services, I must give the **YMCA WRITTEN NOTICE 15 DAYS IN ADVANCE** of my automatic withdrawal date. A \$20.00 service fee will be charged on any returned bank draft.

Initial Here

☐ Participant is SPYMCA Family or Single Parent Family Member

TOTAL DUE: \$ _____

Tier Price: A B or C \$ _____ Y Member Discount (-\$25): \$ _____ \$100 Dep. Required. Total Paid Now: \$ _____

Total Paid Now: \$ _____

☐ Check Enclosed

☐ Charge My Card:

Amount: \$ _____

Card #: _____

☐ Recruit A Friend Trading Post Credit

Staff Notes:

Health Form: