

2024 DAY CAMP REGISTRATION

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

Fully complete both sides of the Day Camp Registration and submit, with \$30 (per week) deposit. If the requested program is full, your deposit will be returned and you will be placed on a waiting list.

Incomplete registrations will not be processed.

A one-time, non-refundable \$25 Camp Registration fee is also required. This fee only needs to be paid once, regardless of the number of weeks your camper is registered.

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.

Balance is due at least (2) two weeks prior to each camp week. An unpaid balance may result in forfeiture of your child's registration. All balances will be auto drafted from the debit/credit card provided for weekly balances. Invoices will not be mailed. You may be charged a \$20 service fee to transfer between weeks or programs.

Approximately one week prior to each camp, you will receive an email with general camp information, arrival and departure times, and a list of things to bring.

We will return all fees except your Registration Fee and Deposit if written cancellation is made two weeks prior to each session. After two weeks, refunds will not be available and parents will be held responsible for full payment.

SESSION NAME	WEEK	DATES	OPTIONAL OVERNIGHT (\$30)	MEMBER COST	NON MEMBER COST
SUMMER KICKSTART	1	JUNE 5-7		\$138	\$170
BUG'S LIFE	2	JUNE 10-14		\$190	\$230
DESERTED ISLAND	3	JUNE 17-21		\$190	\$230
UNIQUELY YOU	4	JUNE 24-28	JUNE 27	\$190	\$230
OUT OF THIS WORLD	5	JULY 1-3		\$138	\$170
ECO ADVENTURE	6	JULY 8-12	JULY 11	\$190	\$230
WACKY WATERS	7	JULY 15-19		\$190	\$230
WILD, WILD WEST	8	JULY 22-26	JULY 25	\$190	\$230
MYSTERIES OF GLACIER HOLLOW	9	JULY 29-AUG 2		\$190	\$230
GLACIER HOLLOW OLYMPICS	10	AUG 5-9		\$190	\$230
Y'LD THINGS	11	AUG 12-16	AUG 15	\$190	\$230
SPORTS MANIA	12	AUG 19-23	AUG 22	\$190	\$230
MESSTIVAL	13	AUG 26-30		\$190	\$230

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** of my automatic withdrawal date. A \$20.00 service fee will be charged on any returned bank draft.

Initial Here

☐ \$25 Summer Camp Registration Fee

☐ \$30 Deposit (per week) or payment in full

☐ Check Enclosed ☐ Please Charge My Card Amount: \$ _____

*Card #: _____

Exp. Date: _____

Signature: _____

Total Amount Paid Today: \$ _____

The card number listed above will be used for all payments at the time they are due.

Send payments and registration paperwork to

Stevens Point Area YMCA 1000 Division St. Stevens Point, WI 54481