

2025 LIT 2 Camp Registration



Participant Name: _____ Birth Date _____

LIT 1- AGES 12 TO 14	DATES	OPTIONAL OVERNIGHT (\$10)	MEMBER COST	NON MEMBER COST
NO LIT PROGRAMS				
TRAINING (OVERNIGHT)	JUNE 8-13		TIER A \$440 TIER B \$400 TIER C \$315	TIERED PRICING OFFERED FOR OVERNIGHT CAMPS
PIRATES OF LAKE ELAINE	JUNE 16-20		\$90	\$120
MYTHS AND LEGENDS	JUNE 23-27	JUNE 26 <input type="checkbox"/>	\$90	\$120
STARS AND STRIPES	JUNE 30-JULY 2		\$55	\$70
ECO ADVENTURE	JULY 7-11	JULY 10 <input type="checkbox"/>	\$90	\$120
WACKY WATERS	JULY 14-18		\$90	\$120
WILD, WILD WEST	JULY 21-25	JULY 24 <input type="checkbox"/>	\$90	\$120
RAIDERS OF THE LOST ARTIFACT	JULY 28- AUG 1		\$90	\$120
GLACIER HOLLOW OLYMPICS	AUG 4-8		\$90	\$120
GAME SHOW MANIA	AUG 11-15	AUG 14 <input type="checkbox"/>	\$90	\$120
SURVIVOR: CAMP EDITION	AUG 18-22	AUG 21 <input type="checkbox"/>	\$90	\$120
LIT END OF YEAR TRIP (NEW TO 2025!)	AUG 24-29		\$90	\$120
MESSTIVAL	AUG 25-29		\$90	\$120

LIT 2- AGES 15 TO 17 (OR HAVE COMPLETED TWO SUMMERS OF LIT 1)	DATES	MEMBER COST	NON MEMBER COST
NO LIT PROGRAMS			
TRAINING (OVERNIGHT)	JUNE 8-13	TIER A \$440 TIER B \$400 TIER C \$315	TIERD PRICING OFFERED FOR OVERNIGHT CAMPS
ECO ADVENTURE	JUNE 15-20	\$90	\$120
HOOFBEATS	JUNE 22-27	\$90	\$120
BEGINNING EXPLORER 2	JUNE 29-JULY 2	\$55	\$70
FISHIN'. HUNTIN', CAMPIN'	JULY 6-11	\$90	\$120
ADVENTURE CAMP	JULY 13-18	\$90	\$120
SPORTSAPALOOZA	JULY 20-25	\$90	\$120
WILD WATERS	JULY 27-AUG 1	\$90	\$120
WISE SPIRITS	AUG 3-8	\$90	\$120
STRONG SPIRITS	AUG 10-15	\$90	\$120
TWILIGHT TAMERS	AUG 17-22	\$90	\$120
LIT END OF YEAR TRIP (NEW FOR 2025!)	AUG 24-29	\$90	\$120

TIERED PRICING FOR OVERNIGHT CAMP

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 fundraising, 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.

OVERNIGHT CAMP 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 "LIT Training."

DAY CAMP REGISTRATION INFORMATION

1. 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. Deposits will not be returned due to changes or cancellations initiated by camper families. **Incomplete registrations will not be processed.**
2. 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.
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. 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 will be charged a \$20 service fee to transfer between weeks or programs.
5. 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.
6. 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

DAY CAMP

- Participant is SPYMCA Family or Single Parent Family Member
- \$25 Summer Camp Registration Fee
- \$30 Deposit (per week) or payment

TOTAL DUE: \$ _____

OVERNIGHT

Tier Price: A B or C
\$ _____

Y Member Discount (-\$25):
\$ _____

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

- Check Enclosed Charge My Card:

Amount: \$ _____

- Visa Master Card Discover American Express

Card #: _____ Exp Date: _____

Name on Card: _____

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



YMCA CAMP GLACIER HOLLOW 2025 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 Camo, 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 (Rocky Mountain Sunscreen SPF 50 Lotion for Kids) 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



YMCA CAMP GLACIER HOLLOW

2025 Refer A Friend & Trading Post Form



Participant Name: _____ Camp Attending: __Day Camp __Overnight Camp __LIT/CIT

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: _____

New for 2025:

Cash will **not** be accepted for adding funds this year. Funds can be added using this form, online, or over the phone by calling the Stevens Point YMCA at **(715) 342-2980**. Do NOT send cash with Campers.

Authorization for Trading Post Account Funds

I hereby authorize The Stevens Point Area YMCA to charge the credit/debit card provided on the previous page to fund the Trading Post account for the camper listed below. I understand and agree that:

1. This authorization allows The Stevens Point Area YMCA to charge the card for an initial deposit to the camper's Trading Post account.
2. The camper(s) will use the Trading Post account for purchases during their stay, and funds will be deducted from the account as items are purchased.
3. The card will only be charged for the initial deposit and any additional approved funds.
4. The SPYMCA will not automatically process additional payments without your authorization. (See Below)

Authorization Statement: By signing below, I acknowledge and give permission to The Stevens Point Area YMCA to process charges using the card information provided earlier for the purposes of funding the Trading Post account. A \$20 service fee will be charged on any returned bank draft. I understand that all transactions will be processed securely and any unspent funds (Except for Recruit-A-Friend Credits) may be refunded at the end of the camp session, according to camp policy.

Cardholder Signature: _____ Date: _____

Name(s) of Camper(s) _____ Amount: \$ _____
*Card #: _____ Exp. Date: _____
Name on Card: _____ Total Amount Paid Today: \$ _____



YMCA Camp Glacier Hollow - Stevens Point Area YMCA Resident Camp/Tripping Health History Form



FULLY COMPLETE ALL SECTIONS of this YEARLY REQUIRED Health and Care Form and return to: 1000 Division Street, Stevens Point, WI 54481 715-342-2999 Fax 715-342-2987

Camp Session Attending: _____

Participant Name _____ Birth Date _____ Age _____ M F

Street Address _____
Street City State Zip

Home Phone _____ School _____ Grade _____ Height _____ Weight _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Workplace & Ph. # _____ Workplace & Ph. # _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Email _____ Email _____

Please Indicate any Custody Issues _____

Emergency Contacts (other than Parent/Guardian) and Persons Authorized to Pick Up

Emergency Contact Name _____ Emergency Contact Name _____

Relationship to Participant _____ Relationship to Participant _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Participant's Physician _____ Phone _____
Dr. Name/Facility Office Address

Participant's Dentist _____ Phone _____
Dr. Name/Facility Office Address

Insurance Information: Is Participant covered by family medical/hospital insurance? YES NO

Carrier or Plan Name _____ Member ID# _____ Group# _____

Carrier Address & Phone # _____

Name of Insured & Birth Date _____ Relationship to Participant _____

IMMUNIZATION HISTORY: Provide the month/year for each immunization. Starred (*) immunizations must be current.

Copies of immunization forms from health-care providers or state government are acceptable, please attach to this form.

Immunization	Dose 1 month/year	Dose 2 month/year	Dose 3 month/year	Dose 4 month/year	Dose 5 month/year	Recent month/year
*Diphtheria-Tetanus-Pertussis (DTP, DTaP, DT)						
*Tetanus Booster (dT) or (TdaP)						
*Measles-Mumps-Rubella (MMR)						
*Polio (IPV)						
Haemophilus Influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)			<input type="checkbox"/> Had Chicken Pox Date: _____			
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) Test Date: _____		<input type="checkbox"/> +pos	<input type="checkbox"/> -neg			

OVER

Participant Name _____ Birth Date _____ Age _____ M F

HEALTH CONDITIONS: (Check any that apply to the participant and explain below, include severity.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Cerebral Palsy/Motor |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Joint/Bone Problems | <input type="checkbox"/> Picky Eater |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Head/Neck/Back Injuries | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Warts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Convulsions/Seizures | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Visual Impairment/Glasses... | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Hearing Impairment/Aids... | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Abnormal Menstruation | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> Doesn't Swim (describe) | <input type="checkbox"/> Bleeding Clotting Disorder | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Does participant have a School IEP? |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Cognitive Disability | |
| <input type="checkbox"/> Exercise Induced Difficulties | <input type="checkbox"/> Emotional/Behavior Disorder | <input type="checkbox"/> Chronic Illness/Condition | |

Give details including triggers, signs/symptoms, care procedures and when to call parent and/or 911 for any conditions checked above: _____

ALLERGIES: List and Describe reaction/symptoms, management instructions and when to call parent or 911.

Medications: _____
Foods: _____
Insects, Animals, Plants ... _____

RESTRICTIONS or Other things we forgot to ask: List and describe any restrictions or limitations including: Recent injury/illness/infection, Dietary, Health Conditions (physical, behavioral, emotional, mental), Impairments, Other Illnesses, Major Surgeries, Special Needs and indicate if there are any adaptations that could be made: _____

MEDICATIONS: All Medications/Vitamins are REQUIRED to be in original containers, be clearly labeled and include written instructions. Attach additional pages as needed.

Medication Name	Dosage (tabs & mg)	Circle Time(s) to be Taken or write "PRN"(only as Needed)	Reason for Taking:
1. _____	_____	9am 1pm 4pm 7pm Bed other:_____	_____
2. _____	_____	9am 1pm 4pm 7pm Bed other:_____	_____
3. _____	_____	9am 1pm 4pm 7pm Bed other:_____	_____
4. _____	_____	9am 1pm 4pm 7pm Bed other:_____	_____
5. _____	_____	9am 1pm 4pm 7pm Bed other:_____	_____

Special Instructions: _____

____ P/G Initials I hereby give permission to the YMCA Staff to give participant the medications (as directed) listed above and on any additional page. I also give permission to the YMCA Staff to give the participant over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, sun protection, insect bites, etc...).

____ P/G Initials 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 to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize participation in this program. If participant has NOT been fully immunized – I understand and accept the risks from not being fully immunized.

____ P/G Initials In the event that I or emergency contact listed cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for participant to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered. The camp has permission to obtain a copy of participant's health record from providers who treat participant and these providers may talk with the staff about participant's health status.

Participant's Name – Please Print

Signature of Legal Parent/Guardian

Date