



## Camp Glacier Hollow 2026 CIT Camp Registration

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_



	CIT/LIT	DATES	TIER A	TIER B	TIER C
	CIT/LIT TRAINING (REQUIRED FOR PARTICIPATION)	JUNE 7-12	\$440	\$400	\$315

	LIT (AGES 12-14)	DATES	MEMBER COST	NON MEMBER COST
	WILD WATERS	JUNE 14-19	\$90	\$120
	HOOFBATS	JUNE 21-26	\$90	\$120
	BEGINNING EXPLORERS	JUNE 28-JULY 1	\$55	\$70
	FISHIN' HUNTIN' CAMPIN'	JULY 5-10	\$90	\$120
	ADVENTURE CAMP	JULY 12-17	\$90	\$120
	SPORTSAPALOOZA	JULY 19-24	\$90	\$120
	WISE SPIRITS (ALL GIRLS)	JULY 26-31	\$90	\$120
	TIMBERTOP*	AUG 2-7	\$90	\$120
	STRONG SPIRITS (ALL BOYS)	AUG 9-14	\$90	\$120
	TWILIGHT TAMERS	AUG 16-21	\$90	\$120
	LIT/CIT CAMPOUT	AUG 23-28	\$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.

Our Tiered Pricing in no way influences the experience your child (ren) will receive! We simply feel it is important to share with you the true costs of YMCA Camp Glacier Hollow, to give families the opportunity to decide how much they can contribute toward their child's camp experience.

### 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/CIT Training."

**LIT TRAINING**

Tier Price: A B or C \$ \_\_\_\_\_

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

\$100 Dep. Required. Total Paid Now:

\$ \_\_\_\_\_

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

TOTAL DUE: \$ \_\_\_\_\_

☐ Check Enclosed☐ Charge My Card:

Amount: \$ \_\_\_\_\_

☐ Visa ☐ Master Card ☐ Discover ☐ American Express CVV: \_\_\_\_\_

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**

How did you hear about YMCA Camp Glacier Hollow?

☐ YMCA Center☐ Internet☐ Social Media☐ 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 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.

\_\_\_\_\_  
Participant Name – Please Print\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date

# **PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY**

\_\_\_\_ Initial **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, Leadership Programs, Day Camps, and/or 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, Day Camps 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. 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.

\_\_\_\_ Initial **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 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.

\_\_\_\_ Initial **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 and videos of my child or I for promotional purposes and social media.

\_\_\_\_ Initial **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 regularly scheduled vehicle transportation.

\_\_\_\_ Initial **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 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.

\_\_\_\_ Initial **SECTION #6: PARTICIPANT ENROLLMENT ACCEPTANCE:** 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.

\_\_\_\_ Initial **SECTION #7: 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.

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.

\_\_\_\_\_  
Participant Name – Please Print

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## YMCA CAMP GLACIER HOLLOW

### 2026 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:

For 2026:

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: \$ \_\_\_\_\_

Completed paperwork and payment can be mailed or dropped off at  
The Stevens Point Area YMCA – Camp Registration, 1000 Division Street, Stevens Point, WI 54481  
(715)342-2999



# 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)						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) Test Date:						

☐ +pos ☐ -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 |
| <input type="checkbox"/> Nightmares                    | <input type="checkbox"/> Fainting/Dizziness          | <input type="checkbox"/> Cognitive Disability          | School IEP?                                      |
| <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