

2007/08 YMCA Winter Camp Application

Please complete this form and return with a \$100 (*non-refundable, non-transferable*) deposit for Winter Camp.
Mail to: **YMCA Camping Services; 5725 S. Senator Hwy Prescott, AZ 86303.**
For questions call: 602-254-1571 or 1-800-660-1385. Fax to: 928-445-1908

Camper Name: _____ Boy__ Girl__ Date of birth _____ Grade in Fall ____ Yrs at Camp ____

Home Address: _____ City _____ ST _____, Zip _____

Parent 1 Name: _____ email _____ Home: (____) _____

Employer: _____ Work: (____) _____ Cell: (____) _____

Parent 2 Name: _____ email _____ Home: (____) _____

Employer: _____ Work: (____) _____ Cell: (____) _____

Who is the camper living with? Parent 1 ____ Parent 2 ____ Other _____

Relationship if not parent: _____ Are you legal guardian? Yes ____; No ____

Other Emergency contact: _____ Work: (____) _____ Cell: (____) _____

Relationship: _____ Home: (____) _____

Family Medical Insurance carrier or plan name: _____ Group # _____

Family insurance is always considered primary; camp carries secondary health & accident insurance.

Camper General Health Information: this section **is in addition** to the required Health History form that is brought to camp.

Does camper take medication? No ____ Yes ____, What/When: _____

Camper Allergies: Food? Yes ____, No ____ Medicine? Yes ____ No ____ Other _____

Restrictions camper is under: _____ Explain _____

Winter Camp Fees and Cabin Mate Request

Cabin Mate request: _____ One request per camper, please.

Cabin mate requests must appear on both campers registrations and must be no more than one year apart in age. Requests are not guaranteed.

We reserve the right to separate groups of more than 3 campers to facilitate new group/cabin friendships.

Cabins are grouped in Villages by age, so campers of the same age but not sharing the same cabin are in the same Village.

Winter Camp participant \$275 + \$ _____

Transportation: Round Trip ____ to Camp ____ To Phoenix ____ \$65 + \$ _____

Camp Store (optional) + \$ _____

Deposit Amount Paid \$100 - \$ _____

= TOTAL DUE \$ _____

Credit Card # _____ Visa/MC/AmEx/DscrV

Expiration _____ CVV2# _____ **Make checks payable to: YMCA Camping Services**

TO PARENT OR GUARDIAN: Please check the registration information for accuracy. Please read the following statement and sign at the point indicated below. "Admission as a camper to Camps Sky-Y and/or Chauncey Ranch carries many privileges and responsibilities. Campers are expected to participate in the total life of camp: to work, play and live together. Camp Administration does not allow the use of tobacco, alcohol, illegal drugs or weapons. Registration application signifies my understanding and acceptance of these responsibilities – violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect work with other campers or their enjoyment of camps Sky-Y and/or Chauncey Ranch, CAMP ADMINISTRATION RESERVES THE RIGHT TO DISMISS THOSE CAMPERS RESPONSIBLE, WITHOUT A REFUND. In the event of the withdrawal or dismissal from camp for any other reason than illness requiring the attention of a physician, I will pay the camp fee in full. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administrator to hospitalize, secure proper treatment of, and to order injection, anesthesia or surgery for my child as named above. I will notify the Camp Director if my child has any serious restrictions related to his/her participation in the camp program. I also understand that the Valley of the Sun YMCA and its Camping Services Branch assume no responsibility for accidental injury to my child during his/her stay at the camps. Photographs of my child may be used for promotional materials."

Parents signature _____ Date _____