

2009 YMCA Summer Family Camp Application

Please complete this form and return with a **\$ 100.00** (*non-refundable, non-transferable*) deposit for camp inclusive of the total fee.
 Mail to: YMCA Camping Services, 5725 S. Senator Hwy, Prescott, AZ 86303.

Family Name: _____ Years at Camp _____ E-mail _____

Home Address: _____ City _____, ST _____, Zip _____

Employer: _____ Work: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Camper Name: _____ Date of Birth _____ Home: (____) _____ Cell: (____) _____

Emergency Contact: _____ Work: (____) _____ Cell: (____) _____

Relationship: _____ Home: (____) _____ Cell: (____) _____

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

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

Share Cabin with Family request: _____



YMCA Member ID # _____

Session Date: July 26th through August 1st \$ _____

Camp Store (optional) \$ _____

Less Deposit \$ _____

TOTAL \$ _____

Credit Card # _____ Visa/MC/AmEx/Dscvr

Expiration _____ VV2# _____

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 _____

For questions call: 602-254-1571 or 1-800-660-1385. Fax to: 928-445-1908