

# YMCA Weekend 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: (\_\_\_\_) \_\_\_\_\_

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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 # \_\_\_\_\_ YMCA Family 1 & 2 Members receive 20% off.

CAMP SKY-Y; \_\_\_ Nov. 21-23, 2008. \_\_\_ Feb. 13-15, 2009

All Campers \$ \_\_\_\_\_

Family member discount \$ \_\_\_\_\_ 20%

Less Deposit, if paid \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**ADULTS, age 13 & up: \$110**  
**YOUTH, age 8-12: \$85**  
**YOUTH, age 3-7: \$65**  
**CHILDREN, AGE 0-2: N/C**

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 \_\_\_\_\_