

# **2008/09 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 \_\_\_\_\_ CV2# \_\_\_\_\_ **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 \_\_\_\_\_