

# 2012 YMCA Camper Application

Please complete this form and return with the appropriate deposit (*non-refundable, non-transferable*) see below.

Mail to: **Camp Sky-Y; 5725 S. Senator Hwy Prescott, AZ 86303** or fax to: **928-445-1908**

For questions regarding Camp Sky-Y or Chauncey Ranch please call 800-660-1385.

Grade in Fall \_\_\_\_\_; Age at Camp \_\_\_\_\_

Camper Name: \_\_\_\_\_  boy;  girl; Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Family Medical Insurance carrier or plan name: \_\_\_\_\_ Group # \_\_\_\_\_

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

Cabin Mate request: \_\_\_\_\_ One request per camper, please.

Cabin mate requests must appear on both campers registrations and must be both campers must be in the same age grouping. 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.

Name/Session # \_\_\_\_\_ Session Date: \_\_\_\_\_ Fees (A or B) \$ \_\_\_\_\_

<b>Camp Sky-Y</b>  <b>Chauncey Ranch</b> Check one	YMCA member ID # _____; or <i>Program Member Fee</i>	\$30	\$ _____
	Transportation: One Way To Camp ____; To Phoenix ____:	\$35	\$ _____
	Transportation: Round Trip _____	\$65	\$ _____
	Chauncey Saddle Club (ages 9-12 only) (Optional) :	\$100	\$ _____
	Saturday Stay Over Fee; Prior to Camp ____; After Camp ____	\$60	\$ _____
	Camp Store (optional)		\$ _____
	<b>TOTAL</b>		\$ _____
<b>(Less Deposit or Payment Amount)</b>		\$ _____	
<b>Balance Due</b>		\$ _____	

Registration requires a **Minimum Deposit** which is a part of the Camp Fee.  
 \$100, Full wk program  
 \$200, 2-3 Wk programs

**Program Member Fee** also required for non YMCA members.  
 \$30 Program member fee

Credit Card # \_\_\_\_\_ Visa/MC/AmEx/Discover

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 \_\_\_\_\_

Camper Name: \_\_\_\_\_

Please fill BOTH sides of this form out and mail or fax back to the YMCA Camp office.

Camp Sky-Y								
Date	May 27-June 2	June 3-9	June 10-16	June 17-23	June 24-30	July 1-7	July 8-14	July 15-21
Session #	1	2	3	4	5	6	7	8
A-\$555		<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A
B-\$515		<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B
Secret Agent Camp		<input type="checkbox"/> Fee A \$605	<input type="checkbox"/> Fee A \$605	<input type="checkbox"/> Fee A \$605	<input type="checkbox"/> Fee A \$605	<input type="checkbox"/> Fee A \$605	<input type="checkbox"/> Fee A \$605	<input type="checkbox"/> Fee A \$605
Outdoor Adventure				<input type="checkbox"/> Fee A \$605		<input type="checkbox"/> Fee A \$605		
Teen Leadership Programs		CIT A <input type="checkbox"/> Fee A \$1,000			CIT B <input type="checkbox"/> Fee A \$1,000			

Teen/Adventure Programs								
Date	May 27-June 2	June 3-9	June 10-16	June 17-23	June 24-30	July 1-7	July 8-14	July 15-21
Session #	1	2	3	4	5	6	7	8
California Dreaming			Fee A = \$950					Fee A = \$950
Surf & Six Flags							Fee A = \$950	

Chauncey Ranch								
Ranch Camp Date	May 27-June 2	June 3-9	June 10-16	June 17-23	June 24-30	July 1-7	July 8-14	July 15-21
Session #	1	2	3	4	5	6	7	8
A-\$555	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A		<input type="checkbox"/> Fee A		<input type="checkbox"/> Fee A		<input type="checkbox"/> Fee A
B-\$515	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B		<input type="checkbox"/> Fee B		<input type="checkbox"/> Fee B		<input type="checkbox"/> Fee B
Optional Add on								
Saddle Club \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100		<input type="checkbox"/> \$100		<input type="checkbox"/> \$100		<input type="checkbox"/> \$100
Vaqueros	<input type="checkbox"/> Fee A \$695	<input type="checkbox"/> Fee A \$695		<input type="checkbox"/> Fee A \$695		<input type="checkbox"/> Fee A \$695		<input type="checkbox"/> Fee A \$695
Cowboy Camp	Cowboy Camp #1 <input type="checkbox"/> Fee A \$1535 <input type="checkbox"/> Fee B \$1460		Cowboy Camp #2 <input type="checkbox"/> Fee A \$1535 <input type="checkbox"/> Fee B \$1460		Cowboy Camp #3 <input type="checkbox"/> Fee A \$1535 <input type="checkbox"/> Fee B \$1460		Cowboy Camp #4 <input type="checkbox"/> Fee A \$1535 <input type="checkbox"/> Fee B \$1460	

