



YMCA Camp MacLean

An affiliate of the YMCA of Metropolitan Chicago

31401 Durand Ave.
Burlington, WI 53105
Phone: 262-763-7742
Fax: 262-763-9944

www.campmaclean.com



YMCA Camp MacLean 2011 Summer Day Camp Registration

Please Print: Date of Registration _____

Camper's Name _____ Age at Camp _____ Birth Date: _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

This will be my _____ summer at Camp MacLean. I am a Member of _____ YMCA.

Parent's Name: _____ Work # _____ Cell # _____

Parent's Name: _____ Work # _____ Cell # _____

Emergency Name: _____ Phone# _____

Insurance Carrier and Policy # _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I hereby give permission to YMCA Camp MacLean to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp RN to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the YMCA does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize YMCA Camp MacLean to use any of my credit cards on file to pay for medical bills and/or prescription drugs.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Camp MacLean reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding camp fees: Deposits are non-refundable; No refunds will be given for canceling within 14 days of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to homesickness or personal commitments. Account balances are due by June 1, 2011 and I authorize the YMCA to charge any fees due at that time to any of my credit cards on file (if applicable). Any registration submitted on June 1, 2011 or later must be paid in full at the time of registration.

The YMCA of Metropolitan Chicago has my permission to use photographs taken of my child while at camp for promotional purposes.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent(s)/guardian(s): _____ Date: _____

2011 YMCA Camp MacLean Summer Day Camp Registration

Mail or Fax completed form with a \$50.00 non-refundable deposit per session to:

YMCA Camp MacLean
31401 Durand Ave
Burlington, WI. 53105

262-763-7742 phone / 262-763-9944 fax

www.campmaclean.com

Day Camp Sessions (9:00 a.m. – 4:00 p.m.) \$172.00 per week

Extended Camp (7:30 a.m. – 6:15 p.m.) \$52.00 per week

Horseback (must be 11 years old) \$45.00 per week

Week A – June 20-24

Extended

Horseback

Week F – July 25-29

Extended

Horseback

Week B* - June 27-July 1

Extended

Horseback

Week G* - August 1-5

Extended

Horseback

Week C – July 4-8

Extended

Week H – August 8-12

Extended

Horseback

Week D – July 11-15

Extended

Horseback

Week I – August 15-19

Extended

Week E* - July 18-22

Extended

Horseback offered where indicated

*Weeks offering a Thursday Night Stay