

# 2011 Dates and Rates

Please Check the desired sessions

## Specialty Camps

<u>Camp</u>	<u>Ages</u>	<u>Dates</u>	<u>Rates</u>
<input type="checkbox"/> Family Camp	Families	September 2-5	\$175 Adult (12 and older) \$155 Youth (4-11) Under 3 free

**\*Please note:** Check-in for family camp is Friday, September 2, 2011 is 7:00-9:00 pm

**YMCA CAMP DUNCAN**

**2011 FAMILY CAMP REGISTRATION**

Mail or Fax with a \$100.00 (non-refundable) deposit to:  
**YMCA Camp Duncan, 32405 N. Hwy. 12, Ingleside, IL. 60041**

**Fax: 847-546-3550**  
**E-mail: rkr@ymcacampduncan.org**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ This will be our \_\_\_\_\_ year attending Camp Duncan Family Camp.

Member of \_\_\_\_\_ YMCA We request to be in the same cabin as \_\_\_\_\_ family.

Emergency Name and Phone Number \_\_\_\_\_

Insurance Carrier and Policy Number \_\_\_\_\_

How did you hear about Camp Duncan? \_\_\_\_\_

**PERSON'S ATTENDING**

**AGE**

Adult Name(s) (12 and up) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Youth Name(s) (4 and up) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Toddler(s) (3 and under) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*THIS SECTION MUST BE SIGNED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED\*\***

YMCA CAMP DUNCAN IS FOR THOSE WHO ENJOY CAMPING. RULES FOR PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX OR DISABILITY. IT IS UNDERSTOOD THAT ALL CAMPERS WILL BE TREATED AS INDIVIDUALS AND RESPECT SHOWN FOR NORMAL DIFFERENCES IN TASTES, PREFERENCES, ABILITIES AND A RANGE OF BEHAVIOR PATTERNS. YMCA CAMP DUNCAN RESERVES THE RIGHT TO DISMISS A CHILD FROM THE CAMP WHOSE SPECIAL NEEDS WE ARE NOT ABLE TO MEET OR WHOSE CONDUCT IS NOT IN THE BEST INTEREST OF THE TOTAL CAMP, WITHOUT REFUND.

**Parent Approval:** I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give permission to Camp Duncan to administer routine medical care and to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my children/family as named above. I also give permission to Camp Duncan to transport my family off the camp property for purposes of medical care and program activities as deemed appropriate by the director. **Photo Release:** YMCA Camp Duncan & YMCA of Metropolitan Chicago has my permission to use any photographs taken of my family while at Camp Duncan for promotional purposes.

I understand a non-refundable deposit of \$100.00 is required with registration. The balance of fees is refundable for medical reasons only, and will be issued upon receipt of Doctor's authorized medical reason. Camp fees include staff, lodging, meals, snacks, crafts and most program activities. **FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE.** The YMCA of Metropolitan Chicago does not carry medical, accident, or loss of personal property insurance for any program participants, due to the fact that it would drastically increase the cost of our program fees. Please review the insurance policies that protect you and your family to be certain that the proper coverage is in place. Medical bills incurred are the responsibility of the parent. The YMCA is not responsible for lost, stolen or damaged personal items. I realize if there is any an existing custodial situation regarding guardianship of the child registered above, Camp Duncan staff will only communicate with the parent/guardian who has registered the child and whose signature appears on this registration form. Additionally, Camp Duncan staff will not release any information to anyone who inquires about the above registered family. Camp Duncan will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents.

I understand that my signature indicates that I am in agreement to provide any necessary information, including information required by law or by the custodial agreement, with others that shares the custody. My signature also indicates that the information is correct in this registration form and that I have read and am in agreement with the above information.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Payment:** Make check/money order payable to: YMCA Camp Duncan. We accept Visa, MasterCard, Discover, & American Express

Please check method of payment:  Check/Money Order  MasterCard  Visa  Discover  American Express

Exp. Date \_\_\_\_\_ Account Number \_\_\_\_\_ Card Holder \_\_\_\_\_

Pay:  Deposit Only  Full Fee \$ \_\_\_\_\_  Auto pay if balance is not paid by August 1, 2011