

(PLEASE PRINT)

YMCA CAMP DUNCAN 2011-2012 SCHOOL YEAR DAY CAMP REGISTRATION

Return with \$20 (non-refundable) deposit per date registered for to: YMCA Camp Duncan, 32405 N. Hwy 12, Ingleside, IL 60041
Phone: (847) 546-8086 Fax: (847) 546-3550 Email: dkiessel@ymcachicago.org or smelton@ymcachicago.org

Camper's First Name: _____ Last Name: _____

Birth date (Month/Day/Year): _____ Age at Beginning of 2011-2012 School Year: _____ Male Female

School: _____ Grade: _____ This will be my child's _____ year at Camp Duncan.

Camper's Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Father's Name: _____ Employer: _____ Title: _____ Business Phone: _____

Mother's Name: _____ Employer: _____ Title: _____ Business Phone: _____

Father's Cell Phone Number: _____ Mother's Cell Phone Number: _____

Camper lives with: Both Parents Mother Father Guardian Special custody information: _____

If you are new to Camp Duncan, how did you learn about our School Year Day Camp / If applicable, last name of family who referred you: _____

Emergency contact if either parent/guardian cannot be reached: Name: _____ Phone #: _____

DATES NEEDED (Check all dates that apply—PLEASE CHECK YOUR CHILD'S SCHOOL CALENDAR CAREFULLY AS CALENDARS VARY BY DISTRICT)

___ Monday, March 26 ___ Tuesday, March 27 ___ Wednesday, March 28 ___ Thursday, March 29 ___ Friday, March 30 ___ Wednesday Overnight

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 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 child as named above. I also give permission for Camp Duncan to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director. PHOTO RELEASE: Camp Duncan has my permission to use any photographs taken of my child on its annual promotional materials without compensation. School Year Day Camp programs must have a minimum of ten campers registered in order to be held. Parents will be notified 48 hours in advance in the event of a program cancellation.

I understand that a non-refundable deposit of \$20.00 per child, per School Year Day Camp date is required with registration and that the balance of fees is due no later than check-in of each School Year Day Camp day registered for. I also understand that if camp fees are not paid in full and/or required paperwork is not returned by the start of the School Year Day Camp day, the prospective camper will not be permitted to participate in any camp programs. The balance of fees is refundable for medical reasons only and will be issued upon receipt of a Doctor's authorized written notice. Cancellations must be made in writing at least one week prior to the scheduled School Year Day Camp date; fees paid are transferable if cancellation is made in due time. If a cancellation is made less than one week before the scheduled date, participants are responsible for the total balance of fees owed, regardless of attendance. A fee of \$5.00 will be charged for each change made after registration form is received. A \$10.00 fee will be charged for campers who arrive at camp for School Year Day Camp without being pre-registered. Camp fees include staff supervision, extended care (6:30am-6:00pm), 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. I understand that no refunds will be issued for campers going home early, for disciplinary action, or home sickness. The YMCA is not responsible for lost, stolen, or damaged personal items. I understand that if my child is sent home for disciplinary reasons I must pick him/her up within 1 hour of being contacted.

I realize if there is any exiting 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 camper/child. Camp Duncan will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents. It is up to the individual(s) that registered the child to share information with any other custodial parent(s)/guardian(s) who may be sharing custody of the above-mentioned child. 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 share the custody of the above registered camper. My signature also indicates that the information on this registration form is correct and that I have read and am in agreement with all of the above information.

SIGNATURE _____ DATE _____

FOR CREDIT CARD PAYMENT Discover Visa Master Card American Express

Card Holder's Name: _____ Credit Card Number: _____ Security Code: _____ Exp. Date: _____

Charge Full Fee \$ _____ Charge Deposit Only \$ _____ Charge deposit now and automatically charge balance of fees on date of each School Year Day Camp date registered for.

Signature: _____