



Camp Independence 2010 Registration Form

32405 N. Hwy. 12 ♦ Ingleside, Illinois 60041

Ph. 847-546-8086 ♦ Fax 847-546-3550 ♦ Email info@ymcacampduncan.org

Please complete the registration form and mail with a \$200.00 deposit (non-refundable) to the camp office.

T-SHIRT SIZE: (circle one)						
ADULT	S	M	L	2X	3X	4X
YOUTH	S	M	L	XL		

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED	
DATE APPROVED	
DEPOSIT RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	\$
DATE MATERIALS MAILED	

CAMPER INFORMATION				
Camper's First Name			Last Name	
Camper's Address			City	State Zip
Date of Birth	Age at Camp	Sex <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Grade 9/2010	
Home Phone	Email Address		Camper Lives With <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Parents <input type="checkbox"/> Alone <input type="checkbox"/> Other	

FAMILY INFORMATION					
Father			Mother		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone		Home Phone	Work Phone	
Cell Phone	Email		Cell Phone	Email	
Prefer Contact <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email			Prefer Contact <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email		
Who has legal custody of this camper? _____					

EMERGENCY CONTACT INFORMATION			
1. Name		2. Name	
Relationship		Relationship	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Email	Cell Phone	Email

INSURANCE INFORMATION

This information will be used for any medical treatment required while at camp or in case of an emergency

Insurance Company		Phone	
Address	City	State	Zip
Policy #	Group	Medicaid	
For group insurance, please give company name			
Insured's Name		Name of parent/guardian who insures camper	
Are there any special billing instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____			

PHYSICIAN/HOSPITAL INFORMATION

Physician's Name		Phone	
Address	City	State	Zip
Emergency Phone #			
Specialist's Name		Phone	
Hospital Affiliation		Emergency Phone #	

GENERAL INFORMATION

Are you or is your child a returning camper to Camp Independence? Yes No What sessions/year? _____
If no, have you previously applied to Camp Independence? Yes No What year? _____

How did you hear about Camp Independence?

 Doctor Friend Internet Poster Postcard Library Brochure YMCA Previous Camper Other

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

CAMP INDEPENDENCE 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. CAMP INDEPENDENCE RESERVES THE RIGHT TO DISMISS A CHILD FROM THE CAMP WHOSE NEEDS WE ARE NOT ABLE TO MEET OR WHOSE CONDUCT IS NOT IN THE BEST INTEREST OF THE TOTAL CAMP, WITHOUT REFUND.

Parental 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 to Camp Duncan to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director. YMCA Camp Duncan & YMCA of Metropolitan Chicago has my permission to use any photographs taken of my child while at Camp Duncan for promotional purposes.

I understand a non-refundable deposit of \$200.00 per child, per session is required with registration. Account balances are due on **June 1, 2010** and I authorize the YMCA to charge any fees due at that time to my credit card on file (if applicable). Any registration submitted on **June 2, 2010** or later must be paid in full at the time of 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 supervision, lodging, meals, snacks, crafts and most program activities. Transportation, specialty programs, sundries and trips are extra. **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. YMCA Camp Duncan has my permission to use my credit card on file to pay for prescription drugs for my child if needed while at camp. **I understand that no refunds will be issued for**

campers going home early, for disciplinary action, or homesickness. 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 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 individuals that registered the child to share information with any other custodial parents/guardians 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 shares the custody of the above registered camper. My signature also indicates that the information is correct in this registration form and that I have read and I am in agreement with the above information.

Signature	Date
Printed Name	

CAMP INDEPENDENCE FEES	
FOR OFFICE USE ONLY	
CAMP FEE PER CAMPER	\$1408.00
DEPOSIT PAID BY PARENT/CAMPER/GUARDIAN (SEND DEPOSIT WITH REGISTRATION FORM)	\$200.00
REMAINING CAMPER FEE PAID BY SCHOLARSHIP FUND	\$1208.00

PAYMENT INFORMATION

Check all that apply:

- Deposit Enclosed- \$200.00
- I would like the camp scholarship fund to pay the remaining \$1208 of my camper fee.
- I decline the camp scholarship of \$1208 and instead would like to pay some or the entire camp fee. I would like to pay \$_____ of the camp fee (amount enclosed) and have the scholarship fund pay \$_____ of the camp fee. (These two amounts must add up to \$1408)

NO CASH PAYMENTS ACCEPTED

Payment: Make check/money order payable to: **Camp Independence**

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

Account #	Exp. Date	Security Code (3 digits on the back of your card)
Card Holder	Zip code of billing address	
Signature of Cardholder		

2010 Dates and Rates

Please check the desired session

Session	Dates	Ages
<input type="checkbox"/> Session 1	June 13-18	7-12 years old wheel chair only
<input type="checkbox"/> Session 2	June 20-June 25	7-12 years old ambulatory only
<input type="checkbox"/> Session 3	June 27-July 2	13-15 years old wheel chair only
<input type="checkbox"/> Session 4	July 4-July 9	13-15 years old ambulatory only
<input type="checkbox"/> Session 5	July 11-July 16	16-18 years old wheel chair only
<input type="checkbox"/> Session 6	July 18-July 23	16-18 years old ambulatory only
<input type="checkbox"/> Session 7	July 25-July 30	19 yrs. old and up mixed
<input type="checkbox"/> Session 8	August 1-August 6	19 yrs. old and up mixed

*Wheelchair only and ambulatory only sessions are designated for programming purposes.

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To register for Camp Independence 2010, mail completed registration form to the camp office with your deposit of \$200.00 per camper, per session. Camp sessions are reserved on a first come, first serve basis. Forms must be completed in their entirety, accompanied by the \$200.00 deposit in order to be processed. Once a session is full, camper registration forms will automatically be placed on a wait list for the designated session.

Check-in Time

All sessions check-in on Sunday at 2:30 pm. If you arrive before the scheduled check-in time the camp staff are in a meeting preparing for camp and are not available to greet you. Camp activities begin at 4:00 pm, so please plan to arrive between 2:30-3:30 pm to have enough time for your camper to settle into his/her cabin.

Check-out Time

Check-out is at 9:30 am on Friday of each session. Please plan to pick up your camper on time on check-out day.

If you have any questions about registration or information in this packet, please feel free to contact Rona Roffey, Camp Director at rkr@ymcacampduncan.org or at the camp office at 847-546-8086.