



YMCA Camp Independence 2012 Camp Registration Form

32405 N. Hwy. 12 ♦ Ingleside, Illinois 60041

Ph. 847-546-8086 ♦ Fax 847-546-3550 ♦ Email rroffey@ymcachicago.org

Please complete the registration form and mail to the camp office.



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 9/2012	
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 camper is in good health and will provide a current health history. I hereby give permission to YMCA Camp Independence 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 Independence to transport my camper off the camp property for purposes of medical care and program activities as deemed appropriate by the director. **Photo Release:** YMCA Camp Independence & YMCA of Metropolitan Chicago have my permission to use any photographs taken of my camper while at Camp Independence for promotional purposes.

I understand a non-refundable deposit of \$200.00 or whatever I can afford is due with registration form. Account balances are due on **June 1, 2012**. 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/guardian. Camp Independence has my permission to use my credit card on file to pay for prescription drugs for my camper 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 camper, Camp Independence staff will only communicate with the parent/guardian who has registered the camper and whose signature appears on this registration form. Additionally, Camp Independence staff will not release any information to anyone who inquires about the above registered camper/child. Camp Independence will not become involved with situations that arise between custodial and non-custodial parents. It is up to the individuals that registered the camper to share camp information with any other custodial parents/guardians who may be sharing custody of the above-mentioned camper.

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	Relationship to the camper

CAMPER SCHOLARSHIP ASSISTANCE

It is our mission to be able to provide the YMCA Camp Independence experience for children and adults with spina bifida regardless of a family's ability to pay the full cost. Due to the nature of the population we serve, the cost of providing a quality camping experience is expensive. A camper scholarship fund has been established for campers needing financial assistance (scholarship application is required to accompany this registration- included in this packet). Our scholarships have been provided by the fundraising efforts of the YMCA Camp Independence Board of Directors. It is their support/efforts that make Camp Independence possible for so many campers. Scholarships must be applied for by completing the scholarship form enclosed. These scholarships are on a first come, first serve basis and are available while funds last. Send the scholarship form and registration form to the camp office at: YMCA Camp Independence, 32405 N. Hwy. 12, Ingleside, IL. 60041

PAYMENT & REGISTRATION INFORMATION

COST OF CAMP: Actual cost of camp is \$1,410.00 per camper

The actual cost to provide a week of camp is \$1,410. We realize that many families have extreme costs associated with caring for your camper and we also realize that most families cannot pay this amount. We ask that families send a deposit of \$200(or whatever they can afford toward the balance of camp fees) with this registration along with the scholarship form. YMCA Camp Independence wants to assist as many campers as possible. With families paying what they can, the camper scholarship committee can assist more campers.

PAYMENT OPTIONS:

Look over the payment options below and select the one that best meets your family's financial situation/what you can afford to pay for your camper's camp experience:

Option A

Total Cost = \$1,410 per camper

I have included \$200 deposit. I am able to pay in full the remaining balance of \$1,210 and understand it is due by June 1, 2012.

Option B

Total Cost = \$1,410 per camper

I have included \$200 deposit. I can afford to pay an additional \$ _____ toward the balance of \$1,210. I am requesting a scholarship for the remaining balance.

Option C

Total Cost = \$1,410 per camper

I can pay \$ _____ as a deposit. I am requesting a scholarship for the remaining balance of \$ _____.

NO CASH PAYMENTS ACCEPTED

Payment: Check/money order payable to: **YMCA 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)
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Card Holder	Zip code of billing address
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Pay: <input type="checkbox"/> Deposit = \$ _____ <input type="checkbox"/> Other = \$ _____	► To make a donation to YMCA Camp Independence visit www.ymcachicago.org/independence and click on the red DONATE box or call the camp office at 847-546-8086.
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Signature of Cardholder

2012 Dates and Rates

Please check the desired session

<u>Session</u>	<u>Dates</u>	<u>Ages</u>
<input type="checkbox"/> Session 1	June 10-15	Adults-19 years old and up
<input type="checkbox"/> Session 2	June 17-June 22	Adults-All Women-19 years old and up
<input type="checkbox"/> Session 3	June 24-June 29	7-12 years old
<input type="checkbox"/> Session 4	July 1-July 6	7-12 years old
<input type="checkbox"/> Session 5	July 8-July 13	13-15 years old
<input type="checkbox"/> Session 6	July 15-July 20	13-15 years old
<input type="checkbox"/> Session 7	July 22-July 27	Adults- 19 years old and up
<input type="checkbox"/> Session 8	July 29-August 3	16-18 years old

Camper Registration

To register for YMCA Camp Independence 2012:

1. Mail completed registration form to the camp office with your deposit of \$200.00 or whatever you can afford as a deposit.
2. Camp sessions are reserved on a first come, first serve basis.
3. If the session requested is filled, the parent or camper will be contacted regarding second choice for camp session.
4. If applying for scholarship assistance, complete the scholarship assistance form and mail with registration.

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 rroffey@ymcachicago.org or at the camp office at 847-546-8086.