

## PHANTOM LAKE YMCA CAMP 2014 Day Camp Registration



S110 W30240 YMCA Camp Rd., Mukwonago, WI 53149 Phone: (262) 363-4386 Email: office@phantomlakeymca.org Register Online: www.phantomlakeymca.org

Camper's Name						Gender: M	1 F				
Birthday	Age	Grade a	s of 9/14 This	s is my	year as a PLYC	Day Camper.					
Address			City		State	Zip Code					
Iome Phone ( )											
arent 1 Name			Parent 1 Cell Pl	none	W	ork Phone ( )					
Parent 2 Name			Parent 2 Cell Pl	none	W						
Froup Mate Request.*(	Only two requ	iests please) _		_							
irst Year Campers Only	y: I was recrui	ted by:		_							
	<u>201</u> 4	SESSION DA	TES & RATES – P	LEASE CHECK	SESSIONS DESI	RED					
Week A	M Mini-Tyke	Full Day	Camp Zicahota	Camp Nagi	AM Care	PM Care	<u> </u>				
With	3-6 yrs old	Mini Tykes	7-12 yrs old	12 & 13 yrs old 8:30-4:00	7-13 yrs old	7-13 yrs old	{ T-shirt				
	8:30-11:30 <b>\$115</b>	4-6 yrs 8:30-4:00 <b>\$250</b>	8:30-4:00 <b>\$225</b>	\$250 \$250	7:00-8:30am <b>\$22</b>	4:00-6:00pm <b>\$27</b>	≥ included ≥				
Y 16.20					Sign up for 6 or more we	eeks get Extended Care FREE	size:				
June 16-20							<b>\{</b>				
June 23-27							§ Youth: § □ 6–8				
June 30-July 3 *							§ □ 10–12				
July 7-11							§ □ 14–16				
July 14-18							≥ Adult: ≥ □ S				
July 21-25							§ □ M				
July 28– Aug 1							T-shirt included Please check size:  Youth:  6-8  10-12  14-16  Adult:  S  M  L  XL				
Aug 4-8							XL				
Aug 11-15											
* Camp is closed July 4th. A	Adjusted fees are	AM Mini-Tyke \$9	92, Full Day Mini-Tyk	e & Nagi \$200, Zical	hota \$180, AM Care	\$18, PM Care \$22					
	0015.00										
PAYMENT INF	ORMATIC	JN: All fees	are due 2 weeks j	prior to the sessi	on your camper	r is attending					
			Pay Deposit by C	Check (\$ 50 per se	ession or \$250 fo	r all summer prog	gram).				
Camp Fees \$		\$	Pay Entire Balance by Check.								
Camper Bank Money (Zicahota and Nagi Only)		\$	Pay Deposit Only by Credit Card.								
Multiple Session Disc	tiple Session Discount: \$		Pay Entire balance NOW by Credit Card.								
	You may deduct \$50 for any additional ibling attending any session in 2013		Pay Deposit now (\$50 per session) and authorize balance of fees to be charged to my credit card 2 weeks prior to the session(s) my child is attending								
I would like to contrib (Strong Kids Campaign)	oute	\$	Visa or Master Car	d # /	/	_/Exp. D	rate				
TOTAL		\$									
L			Signature			Date					

## **APPLICATION DETAILS**

**DEPOSITS:** A \$50.00 NON-REFUNDABLE DEPOSIT (\$250 if signing up for all nine weeks) IS REQUIRED TO RESERVE <u>EACH</u> SESSION AND MUST ACCOMPANY THIS APPLICATION. THIS FEE IS APPLIED TO THE TOTAL REGISTRATION BILL. BALANCE IS DUE **two** weeks prior to first day of the session that your child is attending.

SIBLING DISCOUNT: You may deduct \$50 for any additional sibling attending any session for 2014.

RECRUITMENT PROGRAM: Tell a friend and receive a limited edition camp gift!

**GROUP ASSIGNMENTS:** Making new friends is one of our goals, but we will try to honor your request to be in the same group as two friends. Campers must request each other, be within one year of age, enrolled in the same session, and same program.

**HEALTH FORMS:** A Physician Form with a current physician signature and a Camper Health Form with a parent signature must be submitted for each camper every year. A physical exam must be done within 24 months before attending camp. The health form needs to be mailed prior to the session your child is attending (allow 3 weeks for delivery and processing).

Along with the Physician Form, you will receive a Camper Health Form, Parent Information Letter, and a Parent Handbook via e-mail. Forms can be downloaded at www.phantomlakeymca.org.

**PARENT INFORMATION PACKET:** This packet will be e-mailed to you after registration is received. It includes the health forms, a list of what to bring, opening and closing day procedures, directions to Phantom, etc. **Please read the information packet carefully for any questions you may have about Day camp!** If you want a packet mailed to you, please contact the office at office@phantomlakeymca.org.

PHANTOM LAKE YMCA CAMP WELCOMES ANY BOY OR GIRL AGE 3–13 AND DOES NOT DISCRIMINATE AGAINST ANY ENROLLED CHILD AND FAMILY OR ANY APPLICANT FOR ENROLLMENT IN ADMISSION, PRIVILEGE OF ENROLLMENT OR DISCHARGE CONDITION ON THE BASIS OF AGE, RACE, COLOR, SEX, SEXUAL ORIENTATION, CREED, DISABILITY, NATIONAL ORIGIN OR ANCESTRY. REQUIRED MEMBERSHIP IN THE PHANTOM LAKE YMCA CAMP IS INCLUDED IN THE CAMP FEE. CAMPERS ARE GLADLY RECEIVED FROM ANY PART OF THE WORLD, REGARDLESS OF YMCA AFFILIATION. PHANTOM LAKE YMCA CAMP 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 CAMPING COMMUNITY, WITHOUT REFUND.

## **GUARDIAN SIGNATURE**

Parental/Guardian Approval: I/We approve this application and certify that our child is in good health. Acceptance of this application is contingent upon the camper passing a physical exam by family physician within twenty-four months before attending camp. I/We agree to release and hold Phantom Lake YMCA Camp harmless in case of illness, accident or injury and that our family insurance will cover any medical expenses. Phantom Lake YMCA Camp has my permission to use any photographs, video or written statements of my child in its annual camp promotion. Phantom Lake YMCA Camp is not responsible for lost, stolen or damaged personal items.

I/We understand a non-refundable deposit of \$50 per child, per session is required with registration and the balance of fees is due two weeks prior to the first day of the session. I/We understand that there is no prorating of weeks and/or no refunds due to missed days. If a cancellation is made before March 1, 2014 Phantom Lake YMCA Camp will retain 100% of the deposit and refund all other paid fees. After March 1, 2014, 50% of all paid fees, minus the deposit will be returned. If a cancellation is made within two weeks of the start of the session 100% of the paid fees will be retained unless there is a verifiable medical excuse from a doctor. FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE. Medical bills, including prescriptions, are the responsibility of the parent.

In	the event	of can	cellation	due to	miscon	duct or	home	sickness	Phantom	Lake	YMCA	Camp	will	retain	100%	of the	session	fee
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We or I (parents) have read and agree to all the conditions of the application.	
Signature of Parent/Guardian	Date

\*\*\*\*\*\*NOTE: PARENTAL/GUARDIAN SIGNATURE REQUIRED HERE\*\*\*\*\*\*\*



