

2010 Phantom Lake YMCA Camp - Day Camp Registration

Return this Form with a **\$35 Non-Refundable Deposit** per Session to:
Phantom Lake YMCA Camp | S110W30240 YMCA Camp Rd | Mukwonago WI 53149

Camper's Name _____ Gender: M F
 Birthday _____ Age _____ Grade as of 9/10 _____ This is my _____ year as a day camper at PLYC
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Family Email (required) _____
 Mother's Name _____ Cell Phone () _____ Work Phone () _____
 Father's Name _____ Cell Phone () _____ Work Phone () _____
 Buddy Request.*(Only ONE request please) _____
 First year Campers: Recruited by (non-sibling) _____

Free T-shirt included - Please check size: Youth: 6-8 10-12 14-16 Adult: S M L XL

2010 SESSION DATES – PLEASE CHECK SESSIONS DESIRED

Session Date	AM Mini-Tyke 3-6 yrs old 8:30-11:30 \$104	Full Day Mini-Tyke 4-6 yrs old 8:30-4:00 \$239	Camp Zicahota 7-12 yrs old 8:30-4:00 \$214	Camp Nagi 12&13yrs old 8:30-4:00 \$239	AM Care 7-13 yrs old 7:00-8:30am \$17	PM Care 7-13 yrs old 4:00-6:00pm \$22
					Sign up for 6 or more weeks get Extended Care FREE	
June 14-18						
June 21-25						
June 28-July 2						
July 5-9						
July 12-16						
July 19-23						
July 26-30						
Aug 2-6						
Aug 9-13						
Aug 16-20						

Payment Information:

Camp Fees	\$ _____	<input type="checkbox"/> Pay Deposit by Check <input type="checkbox"/> Pay Entire Balance by Check <input type="checkbox"/> Pay Deposit by Credit Card <input type="checkbox"/> Pay Entire Balance by Credit Card <input type="checkbox"/> Pay Deposit Now (\$35 per session) and Authorize Balance of fees to be Charged to Credit Card 2 weeks prior to the session(s) my child is attending	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Exp Date _____ Card # _____/_____/_____/_____ Signature _____ Date _____
Camper Bank Money	\$ _____		
(zics and nagis only)	\$ _____		
Discounts	\$ _____		
TOTAL	\$ _____		

PLEASE READ AND SIGN BACK OF FORM

DEPOSITS: A \$35.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO RESERVE **EACH** 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 each additional sibling attending any session for 2010.

RECRUITMENT PROGRAM: Recruit a first time non-sibling camper and receive a 20% rebate off of one session fee. Your referral must mention your family on their registration form at the time of registration. Rebates will be made in fall 2010.

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 one friend.** 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 REGARDLESS OF RACE, RELIGION, HANDICAP OR NATIONAL ORIGIN. 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.

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 \$35 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, 2009 Phantom Lake YMCA Camp will retain 100% of the deposit and refund all other paid fees. After March 1, 2009, 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 cancellation due to misconduct or home sickness Phantom Lake YMCA Camp will retain 100% of the session fee.

We or I (parents) have read and agree to all the conditions of the application.

We or I have read and agree to all the conditions of the application and give my child permission to participate.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____