



Stevens Point Area YMCA – Camp Glacier Hollow
TIMBERTOP CAMP – Registration/Application



Fully complete and return this registration/application form along with the required deposit to:
 Stevens Point Area YMCA, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2999

Please Print Clearly

Date of Application: _____

I. CAMPER/PARTICIPANT INFORMATION

Full Name _____ Birth Date _____ Age ____ M F

Street Address _____

City _____ County _____ State ____ Zip _____

Home Phone _____ Email _____ Height _____ Weight _____

II. PARENT/GUARDIAN/FAMILY INFORMATION

Fathers Name _____ Mothers Name _____

Home Address _____ Home Address _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Workplace _____ Workplace _____

Day Ph. _____ Home Ph. _____ Day Ph. _____ Home Ph. _____

Parents Marital Status: Married Single Divorced Separated Spouse Deceased

Child resides with: Mother Father Guardian

Please Indicate any Custody Issues _____

III. SCHOOL INFORMATION (Clarification on the following information can be made by contacting your child's teacher.)

Name of school attending now _____ Grade at present time _____

Street Address _____

City _____ County _____ State ____ Zip _____

School Phone (____) _____

Name of regular class teacher _____ Name of special class teacher _____

In what special program(s) is your child enrolled? (i.e. LD, ID/CD, ED,EBD, OHI, Title 1, or other...) _____

What type of service is child receiving? (i.e. Resource Room, Special class with integration, Self-contained, Supplemental help in mainstream, or other...) _____

About how much time per day is your child in a special program? (reading, math, language, other...) _____

IV. ADDITIONAL INFORMATION

• Has your child ever attended an overnight camp? I am a returning camper. This is my ____ year at camp.

• If yes, list camp name, place & dates: _____

• What things would you like your child to do while at camp? _____

• What do you hope your child will get out of camp? _____

• What kinds of concerns do you have about your child? (i.e. self-image, independence, peer relations, behavior, confidence, bed-wetting, attitude towards others, etc...) Please be specific and descriptive. We need your candid input, so we can plan accordingly. _____

• What are your child's strong points? _____

• Will your child be attending camp with a friend? NO YES

If yes, who: _____

• Does your child have any allergies we should be aware of? (food, medications, animals/insects, environments)

Please describe: _____

• If child is on medication, please indicate name(s) of medication(s), dosage, and reason for this medication:

Medication Name

Dosage(s)

Reason for taking this medication.

Medications should be continued while at camp.

• Is there anything else you feel our staff should know about your child? (Learning strengths and weaknesses, family situation, toilet habits, fears, medical/physical/behavioral conditions, etc...) Please be specific.

V. PARENTAL/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

DIRECTIONS: Please carefully read and initial each parent/guardian consent section listed below, then sign and date on the "parent/guardian signature" line at the bottom of page.

WARNING OF RISK

The Stevens Point Area YMCA is committed to conducting its summer camping and tripping programs/activities in a safe manner and holds the safety of participants in high regard. However, participants and parents of children registering for any program must recognize that there are inherent risks of sickness and/or injury when choosing to participate in these recreational activities. Understandably, not all hazards and dangers can be foreseen. Certain risks and dangers associated with such things as, but not limited to, acts of God, inclement weather, slipping, falling, insect bites, and equipment failure do exist. In this regard, it must be recognized that it is impossible for the YMCA to guarantee absolute safety. The Stevens Point Area YMCA does, however, continually strive to reduce such risks through careful and proper preparation and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. **You are solely responsible for determining if you or your children are physically fit for the activities contemplated in these programs. It is always advisable, especially if you are pregnant, disabled in any way, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any active recreational program.**

PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

____ **Initial SECTION #1: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment and programs. I am aware of and accept all the risks inherent in the program. I agree that my or my child's voluntary participation in Resident Camp, Teen Leadership Programs, and/or Teen Outdoor Adventure Trips shall be undertaken at my or his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or cause of action whatsoever, to me, my child and his/her property, arising out of or connected to participation in Resident Camp, Teen Leadership Programs, and/or Teen Outdoor Adventure Trips including but not limited to transportation services, camping, canoeing/kayaking, rafting, hiking, swimming, biking, rock climbing, fishing, horseback riding/grooming, and other camp activities. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents, from any and all liabilities and claims resulting from participation in this program.

____ **Initial SECTION #2: EMERGENCY TREATMENT AUTHORIZATION:** In the event that I cannot be reached in an emergency, I authorize the YMCA staff to transport to or secure emergency services for me or my child, and I give my consent for the YMCA staff to act on my behalf in granting permission for me or my child to receive any emergency treatment deemed necessary including, hospitalization, injection, anesthesia or surgery. I agree that I will be responsible for the payment of any and all medical services rendered.

____ **Initial SECTION #3: PHOTOGRAPHIC/MEDIA RELEASE:** I give permission for my child or I to appear in media coverage approved by the YMCA and for the YMCA to use photographs and videos of my child or I for promotional purposes and social media.

____ **Initial Section #4: FIELD TRIP & TRANSPORTATION PERMISSION:** I give permission for my child to participate in walking, bus and YMCA Van field trips. I give permission for my child to be transported for field trips or any regular scheduled vehicle transportation.

____ **Initial SECTION #5: REASONABLE ACCOMMODATIONS & BEHAVIOR CLAUSE:** Participants/children with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other participants/children in the program. I understand that if my child or I require an unusual amount of one-on-one attention, whether due to special needs or behavior, I or my child may be denied or removed from the program. Participants are expected to follow guidelines and instructions from staff and act in a responsible, caring, honest and respectful manner. Failure to follow guidelines may result in dismissal from camp without refund.

____ **Initial SECTION #6: MEDICATION/SUNSCREEN/REPELLANT:** I give permission to the Camp Health/Trip Staff to give my child or I over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, body aches, insect bites, sun protection, etc...) I give permission for my child or I to use sunscreen and insect repellent and receive assistance as needed from Counselors, unless otherwise noted on my child's or my Health History form.

____ **Initial SECTION #7: PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my child as a program participant. I agree to pay the total camp fee on or before the payment due date. I understand that failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child or I are forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available.

____ **Initial SECTION #8: ACCURATE/COMPLETE INFORMATION:** I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's or my registration and/or participation in this program.

I have carefully read, initialed and fully understand the above warning of risk and parent/guardian consent and waiver & release sections. I fully understand that by signing this form I have given my parent/guardian consent on all sections contained within.

Participant Name - Please Print

Parent/Guardian Signature

Date

VI. SCHOOL RELEASE FORM and PAYMENT INFORMATION

A copy of the information form below will be sent to your child's school as described. Please print clearly and give complete information.

RELEASE OF SCHOOL INFORMATION FORM

Complete Name of School _____

Full Name of Principal _____

School Address _____

City _____ County _____ State _____ ZIP _____

School Phone (____) _____ School Fax (____) _____

Name of Student _____ Grade _____

I give permission for the above School and its staff to share information and provide copies of psycho-educational information, IEP's and other reports of the named student to YMCA Timbertop Camp. I also give permission for YMCA Timbertop Camp to send reports to my child's school at the conclusion of the camp.

Parent/Guardian Signature _____ Date _____

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Stevens Point Area YMCA – Timbertop Camp
 1000 Division Street, Stevens Point, WI 54481
 (715) 342-2999

childdevelopment@spymca.org www.glacierhollow.com

PAYMENT INFORMATION <i>(Please see brochure or web site for information on fees or scholarships.)</i>		
Please Circle Price Option: A B or C \$ _____		
YMCA Member Discount (\$35): \$ _____		TOTAL DUE: \$ _____
All YMCA members are eligible for a \$35 member discount. Complete this information. <input type="checkbox"/> Participant is a YMCA Member.		(\$100 Deposit Required) Total Paid Now: \$ _____
YMCA & Phone # _____	<input type="checkbox"/> Charge My: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Amount: \$ _____	
Member # _____ Exp. Date _____	Card #: _____	
	Exp. Date: _____ Signature: _____	

OFFICE USE ONLY

Date Deposit Received _____ \$ _____ Application Received _____

Payment Plan Dates _____ \$ _____ School Request & Parent Lt. Sent _____

Payment Plan Dates _____ \$ _____ School Info Received _____

Payment Plan Dates _____ \$ _____ Confirmation/Decline Sent _____

Payment Plan Dates _____ \$ _____ Final Mailing Sent _____

Date Paid in Full _____ \$ _____ Health Form Received _____
