



Stevens Point Area YMCA - CAMP GLACIER HOLLOW

2020 RESIDENT CAMP/TRIP - Registration/Application



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

Registration Information Additional Registration Forms can be downloaded online at www.glacierhollow.com*

1. Complete (both sides) and return this form along with a **\$100 non-refundable, non-transferable deposit or full payment for each camp**. If program is full, your deposit will be returned and you will be placed on a waiting list. **Timbertop Camp requires a separate registration packet**.*
2. Balance is due at least **(4) four weeks** prior to each camp session. An unpaid balance may result in forfeiture of your reserved spot. Invoices will not be mailed.
3. As your camp session gets closer, you will receive general camp information, arrival and departure times, a list of things to bring, a Health History Form, map & directions and information on participant medication.
4. A CampDocs profile must be completed 3 weeks prior to your child's participation in Camp. Parents are responsible for any changes to the profile.
5. We will return all fees except your deposit if written cancellation is made four weeks prior to session. After four weeks, refunds may not be available.

Participant Name _____		Birth Date _____	Age at Camp _____	<input type="checkbox"/> M <input type="checkbox"/> F
Address _____		Street _____	City _____	State _____ Zip _____
Home Phone _____	Grade Next Year _____	Parent Email _____		
Are there any medical, custodial, physical, behavioral conditions or special needs that we should be aware of now? _____				
Have you attended an overnight camp before? _____		I am a returning camper. This is my _____ year at camp.		
Would you like to request to be in a cabin with a friend? Who? _____				
First Parent Name _____		Second Parent Name _____		
H # _____	Cell or Work # _____	H # _____	Cell or Work # _____	

CHOOSE THE PRICE TIER YOU CAN BEST AFFORD. We understand that different families have differing abilities to pay, so we have implemented three pricing levels to better accommodate all financial needs. Please consider selecting the highest tier you can afford to allow Camp Glacier Hollow to best stretch our funding and continue to improve the quality of each camper's experience. Price B and C rates are subsidized by the YMCA through fundraising, special events, and contributions which require a survey to be completed. Survey will be sent to email address provided above.

Price C is our historically subsidized rate, which does not represent the true cost of camp, but has been our standard rate.

Price B is a partially subsidized rate, but more clearly reflects the actual cost of camp.

Price A most accurately reflects the actual cost of YMCA Camp Glacier Hollow.

Our Tier Pricing Program in **no way influences the experience your child(ren) will receive!** We simply feel it is important to share with parents the true costs of YMCA Camp Glacier Hollow and give families the opportunity to decide how much they can contribute toward their child's camp experience.

AS ALWAYS, FURTHER FINANCIAL ASSISTANCE IS AVAILABLE. Please request a Camp financial assistance application.

2020 Resident Camps

- June 21-24 **Beginning Adventurers (Ages 7-10)**
Sun-Wed Price A: \$405 Price B: \$350 Price C: \$270
- June 21-26 **FISHIN'-HUNTIN'-CAMPIN' (Ages 8-14)**
Sun-Fri Price A: \$530 Price B: \$480 Price C: \$410
- July 12-17 **Splash & Sport (Ages 8-13)**
Sun-Fri Price A: \$530 Price B: \$480 Price C: \$410
 Weekend Extender Option (see brochure)
Additional \$75 Fee
- July 19-24 **The Adventure (Ages 8-13)**
Sun-Fri Price A: \$560 Price B: \$500 Price C: \$430
- Aug 9-14 **Camp Wise Spirits (Girls Ages 8-14)**
Sun-Fri Price A: \$530 Price B: \$480 Price C: \$410
 Horsemanship Option (see brochure)
Additional \$175 Fee

Must use separate application form for:

- August 2-7 **Timbertop for Youth w/ Learning Disabilities (Ages 8-13)**
Price A: \$575 Price B: \$505 Price C: \$435

2020 Adventure Trips

- June 28- July 3 **Devil's Lake I Canoe-Climb-Hike Trip (Ages 12-16)**
Sun-Fri Price A: \$600 Price B: \$550 Price C: \$475
- July 5-10 **Devil's Lake II Canoe-Climb-Hike Trip (Ages 12-16)**
Sun-Fri Price A: \$600 Price B: \$550 Price C: \$475
- July 26-31 **Porcupine Mts. Backpacking (Ages 13-17)**
Sun-Fri Price A: \$555 Price B: \$500 Price C: \$430

2020 Leaders & Counselors In Training

- June 8-12 **LIT Day Training Camp**
(Ages 12-14 entering 7th grade)
Daily Mon-Fri Overnight Thursday - Friday
Price A: \$415 Price B: \$345 Price C: \$285
- June 14-19 **CIT Overnight Training Camp (Ages 15-17)**
Sun-Fri Price A: \$540 Price B: \$490 Price C: \$430

All YMCA members are eligible for a \$35 member discount per program. (Complete the YMCA member information below.)

<input type="checkbox"/> Participant is a YMCA Member. YMCA & Phone # _____	Member # _____	Exp. Date _____
Circle Tier Option: A B or C \$ _____	Y Member Discount (\$35): \$ _____	<input type="checkbox"/> Recruit A Friend Trading Post Credit (see page 2 for information)
<input type="checkbox"/> Charge My: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Amount: \$ _____	TOTAL DUE: \$ _____
Card #: _____	\$100 Dep. Required. Total Paid Now: \$ _____	
Exp. Date: _____	Signature: _____	Staff Notes: _____ Health Form: _____



RECRUIT A FRIEND TRADING POST CREDIT

Recruit a friend (non-sibling) who has not attended one of our Camps before and you will receive a \$25 Trading Post Credit. The friend that you refer will also receive a \$25 Trading Post credit. There is no maximum credit amount so recruit more than one and get additional credits. Credits are not redeemable for cash.

- I recruited: _____
- I was recruited by: _____

- Please tell us how you heard about us:**
- A Friend
 - School or Youth Group Visit to Camp
 - Brochure/Mailing to your Home
 - Newspaper/Magazine Ad (which) _____
 - Camp Fair (where) _____
 - Picked Up a Brochure (where) _____
 - Internet Search (what did you search for; was there a specific website found) _____
 - Other: _____

WARNING OF RISK

The Stevens Point Area YMCA is committed to conducting its summer camping and tripping programs 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 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 regularly 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/REPELLENT:** 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

INSTRUCTIONS

Source of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability payments - Survivor's benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for meals.

- Check one Hispanic or Latino Not Hispanic or Latino
 Check one or more American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM —refer to line 18 of the 1040 or line 34 from Schedule F- BUSINESS —refer to line 12 of 1040 or line 31 from Schedule C. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, and with auditors for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiocassette, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410
 Fax: (202) 690-7442; or
 Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

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Annual Income Conversion: Weekly x 52, Bi-weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12
 Monthly Income Conversion: Weekly x 4.33 or Every 2 weeks x 2.15

How often?

Weekly	Bi-Weekly	2x Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Size

Categorical Eligibility

Eligibility

Needy	Non-Needy
<input type="checkbox"/>	<input type="checkbox"/>

Signature of Determining Official

Today's Date Mo./Day/Yr.

Categorical Eligibility = FoodShare, W-2 Cash Benefits, or FDPIR participant