



# 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 \_\_\_\_\_

Fully complete and return this registration/application form along with the required deposit to:

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

[childdevelopment@spymca.org](mailto:childdevelopment@spymca.org) [www.glacierhollow.com](http://www.glacierhollow.com)

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

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**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 \_\_\_\_\_

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# Household Sized - Income Application for the Summer Food Service Program

(Rev. 11/17)

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

If more spaces are required for additional names, attach another sheet of paper.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Age	Participant? Yes or No	Check all that apply		
					Foster Child	Homeless, Migrant, Runaway	Head Start
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDDPR?

Case Number  Program Name

Yes  No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here, then go to STEP 4. (Do not complete STEP 3)

## STEP 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to STEP 2)

Write only one case number in this space.

Badger Care does not qualify for free meals.

Child Income	How often?		Child Income	How often?	
	Weekly	Bi/Weekly		2x Monthly	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

## B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last Name)	Earnings from Work	How often?		D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefit	How often?		E. Pensions/Retirement/ Social Security/ Other Income	How often?		F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.		
		Weekly	Bi/Weekly		2x Monthly	Monthly		Weekly	Bi/Weekly		2x Monthly	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and correct, and that all income is reported, unless eligibility is established by receiving FoodShare, W-2 Cash Benefits and/or FDDPR. I understand that this information is given in connection with the receipt of Federal funds, and that agency officials may verify (check) the information, and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Return completed form to: **1000 Division Street, Stevens Point WI 54481**

Street Address *If available*  Apt #  City  State  Zip

Daytime Phone and Email *Optional*

Printed Name of Adult Completing this Application—REQUIRED

Signature of Adult Completing this Application—REQUIRED

Today's Date Mo./Day/Yr.

**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

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.

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); <b>FARM</b> —refer to line 18 of the 1040 or line 34 from Schedule F- <b>BUSINESS</b> —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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](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**

**For Sponsor Use Only**

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