



YMCA Camp Abnaki

A Resident Camp for Boys Ages 7-16 since 1901

REGISTRATION FORM —PAGE 1



"Help the Other Fellow"

Personal Information (Please complete one form for each child registered)

Camper's Name _____ Date of Birth _____ Present Grade _____

Address _____ City _____ State _____ Zip _____ Phone _____

Primary Parent/Guardian _____ D.O.B. (Required) _____
(Check if custodial) Month/Day/Year

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email _____ Occupation/Organization _____

Secondary Parent/Guardian _____ D.O.B. (Required) _____
(Check if custodial) Month/Day/Year

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email _____ Occupation/Organization _____

Emergency Contacts (Must be different than adults listed above)

Name: _____ Day Phone: _____ Relationship to Camper: _____

Name: _____ Day Phone: _____ Relationship to Camper: _____

Cabin Mate Request

We will honor **one** mutual cabin mate request per camper. All cabin mate requests must be made by the parents of both campers. Requested cabin mates must be of similar age to ensure an age-appropriate experience for all campers.

I wish my child to be in a cabin with _____.

Two Week Sessions

(Please Check)

- Session I — July 1 to July 14
- Session II — July 15 to July 28
- Session III — August 5 to August 18

Circle Selected Tier

A \$1025 B \$1075 C \$1125

All prices above include a \$40 store credit
Sibling discount \$150

For explanation on tiered pricing, please see back

One Week Sessions

(Please Check)

- Session A — June 24 to June 30
- Session B — July 29 to August 4

Circle Selected Tier

A \$600 B \$650 C \$700

All prices above include \$20 store credit
Sibling discount \$90

For explanation on tiered pricing, please see back

Other Information

Is your son vegetarian? Yes No

This will be my son's ____ year at camp.

He previously attended in (circle all that apply)

'02 '03 '04 '05 '06

'07 '08 '09 '10 '11

PAYMENT CALCULATION

Total Camp Fee (Based on selected tier above) + _____

Less Sibling Discount (applies to 2nd or more registered children, lowest cost session) (_____)

Less YMCA Member Discount, if applicable (_____) (\$50, applies once per family per summer)

Airport pick-up fee \$30 each way (optional) + _____

Changeover weekend \$55 (optional) (only if signing up for more than one session) + _____

TOTAL DUE = _____

Amount enclosed, must include \$100 deposit (_____)

Balance Due on or before May 4th, 2012 _____

PAYMENT TYPE

I am applying for financial assistance from Camp Abnaki

I am receiving payment from a third party _____

Check Enclosed Check # _____

Credit Card

Name on Card: _____

Card #: _____

Expiration Date: _____ V-code: _____

Yes, charge this card for the balance due on May 4th, 2012

Cardholder Signature _____

Charge my EFT account already on file with the Greater Burlington YMCA: For the deposit For the balance due on May 4



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REGISTRATION FORM —PAGE 2



"Help the Other Fellow"

Parent/Guardian Authorization

In order that Camp Abnaki may provide each camper maximum opportunity for his personal development, I understand in signing this application that I certify my son is healthy and free of problems that could be deleterious to his happiness and that of other campers. I agree that in the event this application is accepted and a place reserved for him at Camp Abnaki, he will remain in camp until the end of the period for which the reservation has been made unless he is dismissed by the camp authorities for misconduct or for cause considered sufficient by the camp. In case of voluntary dismissal for cause as herein provided, I understand there will be no refund of camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the un-expired portion of the term. It is my sincere wish that my son enjoy the experiences afforded to boys at the camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating or archery, etc., may involve hazards for which the camp cannot be held responsible. In case of sickness I wish my son held at the camp infirmary, and in the event of apparent serious illness, I wish him sent to a reliable hospital and skilled medical aid called at once, for which charges I will be responsible. I authorize the medical designates of the camp to administer any urgent or emergency treatment considered necessary by the camp medical staff. I desire that notification of such illness be sent to me by prompt means of communication. Camp Abnaki reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp Abnaki also reserves the right to decline to accept an application and to dismiss a boy from camp. The camp assumes no responsibility for loss or damage by any cause to personal property of campers. I grant permission for my child to be photographed or video taped for uses such as program brochures, staff training and other YMCA promotional/internal business. If I am concerned about my child being photographed, I will notify the director in writing. It is my desire that my son be enrolled, as indicated on the reverse side, subject to the indicated conditions. I enclose the registration fee and agree to pay the full tuition within the terms stated on the enrollment information. In signing this application I certify that my son is covered by health and accident insurance or Medicaid and that I am obliged to provide the camp with the name of the carrier and policy number. I understand that if my account falls delinquent I am responsible for all fees accrued, including the cost of collections activities.

Parent Signature _____ Date _____

Camper Signature _____ Date _____

"I wish to attend Camp Abnaki and agree to do my best to abide by the rules of conduct and customs at camp."

TIERED PRICING

Recognizing that families have differing abilities to pay, we offer 3 pricing tiers for campers.

Tier A is our historically low rate and does not fully cover camp operating expenses

Tier B reflects our operating expenses including repairs and maintenance

Tier C helps us to cover long-term depreciation and growth

This program is voluntary and offers an opportunity for families to support the true cost of operating the camp.

The tier you choose in no way influences your camper's experience. *Financial assistance is available for those who request it.*

If you prefer, you can register online at www.campabnaki.org

For standard paper registration:

Please send this form with your \$100 non-refundable deposit per session to:

YMCA Camp Abnaki
266 College St., Burlington, VT 05401
(802) 862-8993 x129 or x131

**All registration forms received after
May 4th, 2012 require full payment.**

Additional forms such as health and medical, pack list, camper confidential, and parent handbook will be mailed at a later date.

For Office Use Only

Date Received: _____

In Computer: _____

On Spreadsheet: _____

Director's Approval _____

Confirmation Sent _____

Camp Abnaki is ACA Accredited

