



"Help the Other Fellow"

YMCA Camp Abnaki 2010

REGISTRATION FORM



YMCA

We build strong kids,
strong families, strong communities.

Please complete one form for each child registered

Camper's Name _____

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.*

Two Week Sessions

- Session I — July 4 to July 17
- Session II — July 18 to July 31
- Session III — August 1 to August 14

Select Tier

- A \$995
- B \$1045
- C \$1095

All prices above include a t-shirt and \$40 for camp store account.

Sibling discount \$140

One Week Sessions

- Session A — August 15 to August 21
- Mini Camp II — August 8 to August 14
Boys 8-11 only for Mini Camp II

Select Tier

- A \$570
- B \$620
- C \$670

All prices above include a t-shirt and \$20 for camp store account.

Sibling discount \$80

1/2 Week Mini Camp

Boys 6-9 only

- Mini Camp I — August 1 to August 4

Select Tier

- A \$340
- B \$390
- C \$440

All prices above include a t-shirt and \$15 for camp store account.

Sibling discount \$50

PAYMENT CALCULATION

Total Camp Fee (includes store account) + _____

Less Sibling Discount (if registering more than one child) (_____)

Less YMCA Member Discount, if applicable (\$50, one per family) (_____)

Please donate the money I'm saving with discounts to the scholarship fund. + _____

Transportation fee \$25 each way (optional) + _____

Changeover weekend \$50 (optional) (only if signing up for more than one session) + _____

Please "help the other fellow" with a donation to the scholarship fund + _____

TOTAL DUE = _____

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

PAYMENT TYPE

I am applying for financial assistance from Camp Abnaki

I am receiving payment from a third party _____

Check Enclosed Check # _____ Name _____

Credit Card VISA MC AMEX

Name on Card: _____

Card #: _____

Expiration Date: _____

Cardholder Signature _____

For your convenience, on May 15th we can charge the above credit card for the balance due.

Yes! Charge my card for the balance due on May 15th, 2010

For Office Use Only

Date Received: _____

In Computer: _____

Director's Approval _____

Confirmation Sent _____

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

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

All registration forms received after May 15th require full payment.

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

Please Complete Page Two of the Registration Form





YMCA Camp Abnaki 2010

A Resident Camp for Boys Ages 6-16 since 1901

REGISTRATION FORM —PAGE 2



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Personal Information

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

Address _____ City: _____ State _____ Zip _____

Home Phone _____ Cabin Mate Request _____ (only one cabin mate request may be honored)

If this is your first year at camp, please tell us how you heard about camp: _____

Vegetarian? Yes No Allergies or dietary restrictions (if any) _____

This will be my son's _____ year at camp. He previously attended in (circle all that apply) '01 '02 '03 '04 '05 '06 '07 '08 '09

Primary Parent/Guardian: _____ Email: _____

(Check if custodial)

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Place of Employment _____ Occupation: _____

Primary Parent/Guardian _____ Email _____

(Check if custodial)

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Place of Employment: _____ Occupation: _____

Emergency Contacts (if parent/guardian cannot be reached)

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

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

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 above, subject to the above 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.

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.”
“I realize by attending Camp Abnaki that I may have the time of my life which might result in an overload of fun.”