

REGISTRATION FORM

*Please complete a separate registration form for each child.
Please fill out both sides of this form.*

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) _____

Has your child previously attended either Camp Abnaki or Operation Purple Camp? Yes No Gender: Male Female

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: _____

Military and Deployment Information

This information will be used to determine your eligibility for placement in the OMK Vermont Resident Camp. Priority will be given to campers who currently have immediate family members currently deployed, but all military youth are eligible. Efforts will be made to verify deployment status. We appreciate your honesty. You will be notified of your acceptance into the program ASAP.

Name of Family Member in the Military: _____ Relationship to camper: _____

Military Branch: _____ Current Status: Active Duty Reserve Retired Currently Deployed? Yes No
(Circle One) (Circle One)

Dates of current or upcoming deployment: _____ If not deployed, date of last deployment: _____

Emergency Contacts (if parent/guardian cannot be reached)

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

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Resident Camp 2010

A Co-Ed Resident Camp for Military Youth

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Please complete one form for each child registered

Camper's Name _____

Martial Arts at OMK Vermont

I understand that my child may choose to participate in martial arts programming provided by and under the supervision of staff from Villari's Self Defense and Wellness Center. Participation in such programs is voluntary for each child at camp. I understand that any such instruction will be provided in ways which are safe and appropriate for the age and ability of my child. Permission to participate in this program is implied unless you mark the box below.

I DO NOT want my child to participate in martial arts programming provided by Villari's Self Defense and Wellness Center.

Parent/Guardian Authorization

In order that OMK Vermont/YMCA Camp Abnaki may provide each camper maximum opportunity for his personal development, I understand in signing this application that I certify my child is healthy and free of problems that could be deleterious to his/her happiness and that of other campers. I agree that in the event this application is accepted and a place reserved for him at OMK Vermont/YMCA 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 child enjoy the experiences afforded to children 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/her 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. OMK Vermont/YMCA Camp Abnaki reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. OMK Vermont/YMCA Camp Abnaki also reserves the right to decline to accept an application and to dismiss a child 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 OMK/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."

Please send this form to:

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

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



**Thanks so
much for all
you do!**

For Office Use Only

Date Received: _____

Placement Tier: _____

In Computer: _____

Director's Approval: _____

Confirmation Sent: _____

Confirmed attendance: _____

Attended Camp: _____