



YMCA Camp Abnaki

Day Camp for boys ages 6-10



DAY CAMP 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)
Address _____ City _____ State _____ Zip _____
Month/Day/Year

Home Phone _____ Cell _____ Work Phone _____

Email _____ Occupation/Organization _____

Secondary Parent/Guardian _____ D.O.B. (Required) _____

(Check if custodial)
Address _____ City _____ State _____ Zip _____
Month/Day/Year

Home Phone _____ Cell _____ Work Phone _____

Email _____ Occupation/Organization _____

Emergency Contacts (Must be different than adults listed above)

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

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Session Selection

Please select which session(s) you'd like your son to attend. Please note that each day camp session runs Monday through Friday. Each session costs \$195. A non-refundable deposit of \$25 per session is due upon registration.

Session #	Session Dates
<input type="checkbox"/> DC 1	June 25-June 29
<input type="checkbox"/> DC 2	July 2-6
<input type="checkbox"/> DC 3	July 9-13
<input type="checkbox"/> DC 4	July 16-20
<input type="checkbox"/> DC 5	July 23-27
<input type="checkbox"/> DC 6	July 30-August 3
<input type="checkbox"/> DC 7	August 6-10
<input type="checkbox"/> DC 8	August 13-17

Bus Stop Selection*

Please indicate the bus stop you'd like your child picked up and dropped off at. You may select different locations for drop off and pick up. If you will pick up or drop off your child at camp, select "Camp Abnaki."

Drop Off (Time)	Location	Pick Up (Time)
<input type="checkbox"/> 8:00 a.m.	Chimney Corners Park & Ride	<input type="checkbox"/> 5:15 p.m.
<input type="checkbox"/> 8:10 a.m.	Bear Trap Road & Rte. 2	<input type="checkbox"/> 5:05 p.m.
<input type="checkbox"/> 8:35 a.m.	Folsom Education Center	<input type="checkbox"/> 4:40 p.m.
<input type="checkbox"/> 8:50 a.m.	Grand Isle School	<input type="checkbox"/> 4:25 p.m.
<input type="checkbox"/> 9:00 a.m.	Camp Abnaki	<input type="checkbox"/> 4:15 p.m.

The bus will also stop at Camp Hochelaga at 8:30 a.m. and 5:00 p.m., but this stop is not available for Camp Abnaki pick up or drop off.

*Times subject to change, depending upon enrollment.

PAYMENT CALCULATION

Cost Per Session _____ \$195 _____

Number of Sessions Attending x _____

TOTAL DUE = \$ _____

Amount enclosed, must include \$25 deposit per session registered (_____)

Balance Due on or before June 1st/July 2nd, 2012 _____

Final payment for weeks 1-4 are due by June 1.

Final payment for weeks 5-8 are due by July 2.

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 June 1/July 2, 2012

Cardholder Signature _____

Charge my EFT account already on file with the Greater Burlington YMCA: For the deposit For the balance due in June/July



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DAY CAMP 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."

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

For standard paper registration:

Please send this form with your \$25 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
June 1st (weeks 1-4) or July 2nd (weeks 5-8) 2012 require
payment in full at time of registration.**

Additional forms such as health form, camper information form, and parent handbook will be mailed once the registration is processed.



YMCA Camp Abnaki is ACA Accredited

For Office Use Only	
Date Received:	_____
Into DAXKO:	_____
On Spreadsheet:	_____
Director's Approval	_____
Confirmation Sent	_____