



October Vacation Camp at YMCA Camp Abnaki

An overnight camp experience is like no other. It is an opportunity to make new friends, have new experiences, and roast marshmallows!

During October school break, Camp Abnaki is hosting our annual Vacation Camp. Our experienced staff provide a safe, fun, and flexible environment that allows kids to play and grow.



Who: Boys & Girls ages 8-15

**When: Thursday-Friday
October 20-21**

**Where: Camp Abnaki in
North Hero**

Cost: \$110 per person

**Contact: Jon or Jeremy
802.862.9622
info@campabnaki.org**



www.campabnaki.org

Vacation Camp at Camp Abnaki

THE PROGRAM

Campers have a chance to experience many of our most requested activities, including archery, arts & crafts, group games, and more! We provide both structured and unstructured time, with all activities supervised by our experienced staff. Campers have the opportunity to self direct, choosing how they spend their day. A specific schedule and last minute information will be e-mailed to you by Monday, October 19.

TRANSPORTATION

Camp Abnaki provides bus transportation to/from the Greater Burlington Y. Camper drop off at the YMCA is at 8:00 a.m. on Thursday, October 20. Pick up is at 5:00 p.m. on Friday, October 21. Parents can also arrange to drop off and pick up their child at Camp Abnaki.

FOOD/LODGING

All meals will be provided in our dining hall. Meals are served buffet style with plenty of seconds. A collection of six cabins create a separate boys and girls village. Each cabin may have up to seven campers and one counselor. Campers will be placed in cabins according to age. Cabins have bunk beds and mattresses, but campers will need to provide their own bedding. *Cabins are unheated, so a warm sleeping bag or extra bedding is recommended.* Each cabin has electricity and each village has a centrally located bath house with sinks, toilets, and hot showers. Each camper may request one cabin mate. Requests will be honored to the best of our ability but cannot be guaranteed.

WHAT TO BRING

Bring clothes to play in! We recommend also bringing rainy day gear, a warm sweatshirt, towels, and bedding. You may bring your own sports equipment, skateboards, or games. A more specific what to bring list will be included in our follow up e-mail by Oct. 11.

COST

Fees include lodging, 4 meals and all program activities. Per person rates are \$110

HOW TO REGISTER

Mail your completed registration form and complete payment to:
YMCA Camp Abnaki, 266 College St. Burlington, VT 05401

Our vacation camp program is designed for campers ages 8 through 15

*For more information please contact our camp office
at (802) 862-9622 or E-mail: info@campabnaki.org.*

www.campabnaki.org



YMCA Camp Abnaki October Vacation Camp

Registration Page One



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

Camper's Name _____ Date of Birth _____ Gender _____ 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 _____."

Health Information

Please complete the following information related to your child's health care while at camp:

Does your child have any allergies or food restrictions (vegetarian, bee allergy, etc.)? Yes No

Please explain: _____

Does your child have any medical conditions which may impact their time at camp?
(Please include items such as bed wetting or sleep walking, as well as any other condition) Yes No

Please explain: _____

Will your child be taking any medication while at camp? Yes No

Please list medication and dosing details (e.g., takes 1 pill after dinner): _____



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Registration Page Two

PAYMENT INFORMATION

Payment in full is required at time of registration. The fee is \$110 per camper.

- Charge my EFT account on file with the Greater Burlington YMCA
- Check (payable to YMCA Camp Abnaki) enclosed Check # _____
- Charge my credit card (VISA, MasterCard, American Express only)

Name on Card: _____

Card Number: _____

Expiration Date: _____ V-code: _____

Cardholder Signature: _____

Parent/Guardian Authorization

In order that Camp Abnaki may provide each camper maximum opportunity for his or her 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 or her 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 or she will remain in camp until the end of the period for which the reservation has been made unless he or she 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 or daughter 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 child held at the camp infirmary, and in the event of apparent serious illness, I wish him or 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. 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 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 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 child 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 child 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."*

Please return this form to:

**YMCA Camp Abnaki
 266 College St.
 Burlington VT 05401**

Office use only:

Date received _____ Initials _____

Camper # _____ Wait list # _____

Confirmation sent: _____ Initials _____