

Camp Jorn YMCA Day Camp

Summer 2017 Camper Information and Registration Form

Complete the following **5 STEPS** and attach one copy of camper's Enrollment Form, Health History, and Immunization Record
INCOMPLETE FORMS WILL NOT BE PROCESSED.

If you have questions completing your forms, please call the camp office at 715-543-8808 or email
our Camp Registrar Emir at emir@campjornymca.org

1. – General Information – PRINT & FILL OUT COMPLETELY

Camper's Full Name _____ Birthdate _____ Age _____
Gender (Please Mark) Female Male School Name: _____
Camper's Address _____ City/State/Zip _____
Email Address for Emergency and Camp Updates _____
Guardian #1 Full Name _____ Guardian #2 Full Name _____
*Day Time Phone for FIRST Contact for illness/emergency: _____ Relationship to Camper _____
Guardian #1: Home Phone _____ Work Phone _____ Cell Phone _____
Guardian #2: Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact _____ Relationship to Camper _____
Phone Number(s): Home Phone _____ Work Phone _____ Cell Phone _____
Camper's Swimming Ability: Afraid of Water Can't Swim, Needs Instruction Beginner Good Swimmer Excellent Swimmer
(Please circle)

2. Friend Request – Campers need to be within 1 to 2 years in age. List ONE PERSON'S first and last name

We do our best to honor requests but do not guarantee placement due to age differences and group sizes

Be sure to fill out and attach the Health History Form, Enrollment Form and get a copy of your child's immunization form from their doctor or school.

New forms must be filled out for each summer.

Forms can be found at www.campjornymca.org/day-camp/registration-forms/

Parent Handbook

Obtain your handbook at

www.campjornymca.org/day-camp/registration-forms/

Deposits/Changes

Payment for each session is due the week before the first day of attendance. A nonrefundable deposit per week is due upon registration to guarantee your child's enrollment and will be credited towards your balance. ALL enrollment forms must be submitted with registration form to complete registration. Changes in registration require a minimum of 2 weeks notice.

3. Participant Waiver

I understand/authorize:

- All registration/deposit/refund policies (see last page)
- The use of Deep Woods Off w/ 25% DEET bug repellent & NO-AD 45 Sun Screen for my child
- My child to take part in camp activities including bus trips, field trips, equine, high adventure, shooting sports, & water based activities
- In case of injury or illness the Camp Director or staff to secure medical attention if unable to communicate with me or an emergency contact
- I have been notified of any pets at centers/camps and the contact my child may have with them
- The Camp Jorn YMCA Inc. does not provide insurance for its program participants & is not responsible for personal property damages or loss
- That upon request, a copy of the applicable parts of the Department of Children and Families 252.41(1)(h) and a copy of the care policies of the camp will be available.
- That each year I must submit NEW Registrations, Health Histories & Immunizations
- The release of all forms of media & photos to be utilized for Camp Jorn YMCA Inc. advertising and promotions

Yes, I can register because Enrollment Form, Immunization Record & Health History form is complete, signed, and attached.



Signature _____ Date ____/____/____

4. Choose Programs

- **NON-REFUNDABLE DEPOSIT REQUIRED PER WEEK OF REGISTRATION**
- **No Camp on the 4th of July. Rates for 4th of July week will be adjusted at registration.**
- **Campers Ages 8+ can sign up for a Thursday night overnight. There is an extra fee of \$35**
- **Tubing is included in your registration!**
- **All day campers who would like will have the opportunity for at least one ring ride with the horses. If opportunity and scheduling allow, trail rides may be available during certain weeks. If this is the case, we will send a note home with your child Monday for sign up by Tuesday**

Program Pricing:

\$185 per week for summer select pricing, 5 weeks or less of Day Camp, \$225 per week for Best of the Best Camp
 \$155 per week for all summer pricing, 6 weeks or more of Day Camp, \$195 per week for Best of the Best Camp
 \$41 per day if attending less than 5 days per week
 \$35 for Overnight Program

Day Camp Weeks (Check Box)	Days of Attendance (Circle Days)					Overnight (Circle)
Week 1: June 5-9	Mon	Tue	Wed	Thr	Fri	
Week 2: June 12-16	Mon	Tue	Wed	Thr	Fri	June 15
Week 3: June 19-23	Mon	Tue	Wed	Thr	Fri	
Week 4: June 26-30	Mon	Tue	Wed	Thr	Fri	June 29
Week 5: July 3-7	Mon		Wed	Thr	Fri	
Week 6: July 10-14	Mon	Tue	Wed	Thr	Fri	July 13
Week 6: Best of the Best Camp	Campers Attend All Week (Ages 10+)					July 13 (included)
Week 7: July 17-21	Mon	Tue	Wed	Thr	Fri	
Week 8: July 24-28	Mon	Tue	Wed	Thr	Fri	July 27
Week 8: Best of the Best Camp	Campers Attend All Week (Ages 10+)					July 27 (included)
Week 9: July 31—August 4	Mon	Tue	Wed	Thr	Fri	
Week 10: August 7-11	Mon	Tue	Wed	Thr	Fri	August 10
Week 11: August 14-18	Mon	Tue	Wed	Thr	Fri	

5. Camper Transportation

I would like transportation to Camp Jorn from AV-W School.
 (Select weeks and circle days below)

- | | |
|---|--|
| <input type="checkbox"/> Week 1: M T W TH F | <input type="checkbox"/> Week 6: M T W TH F |
| <input type="checkbox"/> Week 2: M T W TH F | <input type="checkbox"/> Week 7: M T W TH F |
| <input type="checkbox"/> Week 3: M T W TH F | <input type="checkbox"/> Week 8: M T W TH F |
| <input type="checkbox"/> Week 4: M T W TH F | <input type="checkbox"/> Week 9: M T W TH F |
| <input type="checkbox"/> Week 5: M W TH F | <input type="checkbox"/> Week 10: M T W TH F |
| | <input type="checkbox"/> Week 11: M T W TH F |

Cost

\$10 per day per camper

Total: \$ _____

Deposit & Payment

A deposit of \$30 per camper for full week and \$20 per camper for partial week is required with this registration form. Your deposit/balance may be paid by credit card, check or cash.

Pay the \$30/\$20 deposit/week now. \$ _____

OR

Pay the full fee \$ _____

Card #: _____

Exp. Date: _____ CVV: _____ Total to Charge \$ _____

Print Cardholder Name: _____

Authorized Cardholder Signature: _____