



Camp Jorn YMCA

Summer 2018 Resident Camper Registration Form
Register online: www.campjornymca.org

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

If you heard about us
from a friend, who is it?

- Please complete both sides of registration form.
- This form must be signed by the camper's parent or legal guardian.
- A deposit of \$150 (non-refundable) per camper, per session must accompany the completed registration form. The deposit is applied toward the camper's total fee.

Enrolled campers receive
a \$75 discount for each
new camper they refer
who registers for Camp
Jorn YMCA

Questions? Contact us at 715-543-8808

General Information – PLEASE PRINT & FILL OUT COMPLETELY

Camper's First & Last Name _____ Birthdate _____ Age _____

Gender ___ Female ___ Male Grade Entering Fall '18 _____ School Name: _____

Camper's Address _____ City/State/Zip _____

Camper lives with: Both Parents Guardian 1 Guardian 2 Shared Custody Other: _____

Guardian #1 Full Name _____ Relationship to Camper: _____

Guardian #1: Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Guardian #2 Full Name _____ Relationship to Camper: _____

Guardian #2: Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Relationship to Camper _____

Emergency Contact: Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

YMCA Member: Yes! I am a YMCA member at _____ YMCA.

(Upon verification of YMCA membership, a \$20.00 discount will be applied per camper per session.)

Cabin Mate Request:

Please list only one other camper's first and last name _____

Please note: Camp Jorn YMCA makes every attempt to accommodate cabin mate requests. Circumstances may not always allow these requests to be fulfilled. Cabin mates must be within one (1) year of age and of the same gender. Your camper's name must also appear on the requested cabin mate's registration form.

This will be my **1st 2nd 3rd 4th 5th 6th 7th 8th** year as a Resident Camper at Camp Jorn.

Payment Plan and Agreement: I understand a non-refundable, non-transferable deposit of \$150 per child per session is required with this camper registration form to hold my child's space at camp. If applying for a scholarship, a \$50 deposit is required. The balance of the camp fee is refundable only if canceled one month prior to departure for camp or for a medical reason. The request for cancellation must be made in writing to the Camp Jorn YMCA office. Refunds are not issued to campers going home early for disciplinary action or homesickness. Transportation from camp is the responsibility of the parent/guardian if the child is sent home early for any reason. Camp fees include lodging, meals, staff supervision, and program activities. I understand that there are inherent risk associated with camp programming and willingly assume the responsibilities and risks involved. I hereby give permission to Camp Jorn YMCA to transport my child off camp property for the purpose of program activities and medical care as deemed necessary by the director or designee.

By checking this box I give my permission to Camp Jorn YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my child's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

Parent/Guardian Signature: _____

Date: _____

Camper's Last Name: _____ Camper's First Name _____

Resident Camp Sessions 1 Week Session (Ages 8-15) *Age while at Camp		
Session	Rate	Total
<input type="checkbox"/> RC Session 1 June 24 - June 30	\$774	
<input type="checkbox"/> RC Session 2 July 8 - July 14	\$774	
<input type="checkbox"/> RC Session 3 July 15 - July 21	\$774	
<input type="checkbox"/> RC Session 4 July 22 - July 28	\$774	
<input type="checkbox"/> RC Session 5 July 29 - August 4	\$774	
<input type="checkbox"/> RC Session 6 August 5 - August 11	\$774	
Optional Specialty Class		
<input type="checkbox"/> Waterski Class	\$120	
<input type="checkbox"/> Horse Class	\$100	
		Total

Two Week Sessions (Ages 8-15)*Age while at Camp		
Session	Rate	Total
<input type="checkbox"/> TW Session 1 July 8 - July 21	\$1,638	
<input type="checkbox"/> TW Session 2 July 22 - August 4	\$1,638	
<input type="checkbox"/> TW Session 3 July 29 - August 11	\$1,638	
Optional Specialty Class		
<input type="checkbox"/> Waterski Class	\$120	
<input type="checkbox"/> Horse Class	\$100	
		Total

TEVA (Teamwork, Education, Values, & Adventure) Program 2 Week Sessions (Ages 13-15) *Age while at Camp		
Session	Rate	Total
<input type="checkbox"/> TEVA 1 June 24 - July 7	\$1,655	
<input type="checkbox"/> TEVA 2 July 8 - July 21	\$1,655	
<input type="checkbox"/> TEVA 3 July 22 - August 4	\$1,655	
Optional Specialty Class		
<input type="checkbox"/> Waterski Class	\$120	
<input type="checkbox"/> Horse Class	\$100	
		Total

Counselors-in-Training CIT 3 Week Sessions (Age 16-17) *Age while at Camp		
Session	Rate	Total
<input type="checkbox"/> CIT 1 June 24 - July 14	\$1,630	
<input type="checkbox"/> CIT 2 July 22 - August 11	\$1,630	
		Total

Camp Assistants CA 2 Weeks or more (Age 17) *Age while at Camp		
Session	Rate	Total
<input type="checkbox"/> CA 2 weeks or more	\$0	
		Total

Transportation to and from Camp		
One-way busing — to camp	<input type="checkbox"/>	\$76
One-way busing — from camp	<input type="checkbox"/>	\$76
Round trip busing	<input type="checkbox"/>	\$152
		Total

Motor Coach Departure & Arrival Sites		
I'll catch the bus in...		
Bus	ILLINOIS	WISCONSIN
	<input type="checkbox"/> Gurnee, Warren Township HS	<input type="checkbox"/> Milwaukee, Mayfair Mall

Camp Jorn YMCA Scholarship Program

Camp Jorn YMCA believes that every child deserves the chance to experience the wonder of camp and the opportunity to benefit from the camp experience.

We are committed to providing this opportunity to children of all ages, backgrounds, abilities, and incomes.

To request a scholarship, please download the form from our website, check the box below and send only \$50 for a deposit.

Check here if requesting a scholarship

Deposit & Payment

A \$150 per camper, per session deposit is required with this application. Your deposit/balance may be paid by credit card, check or money order.

Pay the \$150 deposit Pay the full fee \$ _____

Card #: _____

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

Print Cardholder Name: _____

Authorized Cardholder Signature: _____