

# 2010 YMCA CAMP DUNCAN DAY CAMP REGISTRATION

Please print. Return with \$25 (non-refundable) deposit per session to YMCA Camp Duncan, 32405 N. Hwy 12, Ingleside, IL 60041 • (847)546-8086 • Fax: (847) 546-3550 • Email: amy@ymcacampduncan.org

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date (Month/ Day/ Year) \_\_\_\_\_ Age at Camp (2010) \_\_\_\_\_  Male  Female  
 School \_\_\_\_\_ Grade 9/2010 \_\_\_\_\_ This will be my child's \_\_\_\_\_ year at Camp Duncan  
 Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent's Email Address \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Camper lives with  Both parents  Mother  Father  Guardian Special Custody information \_\_\_\_\_

**GROUP** (Indicate grade child is entering)  Adventurer (4 yr. old)  Trailblazer (Grades 4-5)  
 Explorer (Grades K-1)  Navigator (Grades 6-8)  
 Voyagers (Grades 2-3)

**SESSIONS** (Check all that apply)  Session 1 (June 14-18)  Session 6 (July 19-23)  
 Session 2 (June 21-25)  Session 7 (July 26-30)  
 Session 3 (June 28-July 2)  Session 8 (August 2-6)  
 Session 4 (July 5-9)  Session 9 (August 9-13)  
 Session 5 (July 12-16)  Session 10 (August 16-20)

**ADVENTURERS ONLY-**  5 full days  3 full days  4 or 5 half days

**PRE-CAMP**  June 7  June 8  June 9  June 10  June 11  
**POST-CAMP**  August 23  August 24  August 25  August 26  August 27

Select sessions carefully. A \$10 fee will be charged for each change made.



**BUS TRANSPORTATION**

Morning and Afternoon  
 Morning Pick-up Only  
 Afternoon Pick-up Only

Libertyville  Mundelein  
 Lake Zurich  Grayslake  
 Round Lake  Lindenhurst  
 Lake Villa  Wauconda

**Summer 2010 Day Camp Fees**

**Full Time (4 or 5 days a week)**  
 \$185 if registered by March 6th  
 \$190 if registered by April 30th  
 \$195 if registered after April 30th

**Part Time (3 days per week)**  
 \$145 if registered by March 6th  
 \$150 if registered by April 30th  
 \$155 if registered after April 30th

**Transportation**  
 \$15 per session for A.M. pick-up  
 \$15 per session for P.M. drop-off

**Pre-Camp and Post-Camp Fees**  
 \$38 per day

If possible I would like my child in the same camper group as \_\_\_\_\_  
 If applicable, who referred you to camp? \_\_\_\_\_ How did you hear about camp? \_\_\_\_\_  
 Does your child have any special needs you would like to discuss with the Day Camp Director prior to camp? \_\_\_\_\_

YMCA CAMPDUNCAN IS FOR THOSE WHO ENJOY CAMPING. RULES FOR PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR NATIONAL ORIGIN, SEX OR DISABILITY. IT IS UNDERSTOOD THAT ALL CAMPERS WILL BE TREATED AS INDIVIDUALS AND RESPECT SHOWN FOR NORMAL DIFFERENCES IN TASTES, PREFERENCES, ABILITIES AND RANGE OF BEHAVIOR PATTERNS. YMCA CAMP DUNCAN RESERVES THE RIGHT TO DISMISS A CHILD FROM THE CAMP WITHOUT REFUND, WHOSE SPECIAL NEEDS WE ARE NOT ABLE TO MEET IN A ONE COUNSELOR TO TEN CAMPER RATIO OR WHOSE CONDUCT IS NOT IN THE BEST INTEREST OF THE TOTAL CAMP.

**PARENT APPROVAL:** I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give permission to Camp Duncan to administer routine medical care and to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for my child as named above. I also give permission for Camp Duncan to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director. Camp Duncan has my permission to use any photographs taken of my child in its annual promotional materials without compensation.

I understand that a non-refundable deposit of \$25.00 per child, per session is required with registration and that the balance of fees is due 14 days prior to camp. I also understand that if camp fees are not paid in full by due date, my child may lose his or her camp slot. Required paperwork must be returned by the start of my child's first camp session or the prospective camper will not be permitted to participate in any camp programs. Cancellations must be made two weeks in advance. Total fees will be charged for any cancellations made less than two weeks before the start of the given session or for failure to notify us of cancellation. The balance of fees is refundable for medical reasons only and will be issued upon receipt of a doctor's authorized written notice. There will be a \$10 administrative fee charged for each call/fax/e-mail contact made with session changes. Day Camp fees include staff supervision, extended care (6:30 a.m.-6:00 p.m.), and most program activities. Transportation and specialty programs are extra. **Fees do not include medical/accident insurance.** The YMCA of Metropolitan Chicago does not carry medical, accident or loss of personal property insurance for any programs participants, due to the fact that it would drastically increase the cost of our program fees. Please review the insurance policies that protect you and your family to be certain that the proper coverage is in place. Medical bills incurred are the responsibility of the parent. I understand that no refunds will be issued for campers going home early, for disciplinary action, or home sickness. The YMCA is not responsible for lost, stolen, or damaged personal items.

I realize if there is an existing custodial situation regarding guardianship of the child registered above, Camp Duncan staff will only communicate with the parent/guardian who has registered the child and whose signature appears on this registration form. Additionally, Camp Duncan staff will not release any information to anyone who inquires about the above registered camper/child. Camp Duncan will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents. It is up to the individual(s) that registered the child to share information with any other custodial parent(s) / guardian (s) who may share custody of the above mentioned child. I understand that my signature indicates that I am in agreement to provide any necessary information, including information required by law or by the custodial agreement, with others that share the custody of the above registered camper. My signature also indicates that the information on this registration form is correct and that I have read and am in agreement of the above information. The YMCA Metropolitan Chicago will not deny services to anyone because of inability to pay. Limited scholarship assistance is available and must be applied for.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>NO CASH PAYMENT ACCEPTED</b>	<b>FOR CREDIT CARD PAYMENT</b>
Card Holder's Name _____	Credit Card Number _____ <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Expiration Date _____ Security Code _____	<input type="checkbox"/> Charge Full Fee \$ _____ <input type="checkbox"/> Charge Deposit Only \$ _____
<input type="checkbox"/> Charge Deposit Now and Automatically Charge Balance of Fees on First Day of Each Session	Signature _____