

CAMP ALEXANDER RESIDENT CAMP REGISTRATION FORM

Please fill out this form and the Health Form completely. Incomplete forms will not be processed.

Child's Name _____

Y member? Yes No Sex F or M Age _____ Birth Date ____/____/____

Parents Full Name _____

Address _____ City, State & Zip _____

Home Phone (_____) _____ Email _____

Mother's Work/Cell Phone (_____) _____ Father's Work/Cell Phone (_____) _____

Person(s) authorized to pick up child: Note: Staff will not release children to unauthorized persons.

Name _____ Phone (____) _____ Relationship to Child _____

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Resident Camp:

Check the week(s) you are registering for:

- All fees go up \$25 after April 15th, so put a deposit down before April 15th to lock into our early bird rates!!
- Send your child to camp for a 2nd session and receive \$20 off your fee!

<u>Sessions</u>	<u>Age Groups</u>	<u>Tier A</u>	<u>Tier B</u>	<u>Tier C</u>
Session 1: June 13-18	___ Pathfinders: 8-9 yrs old	\$325	\$275	\$225
	___ Explorers: 10-11 yrs old	\$325	\$275	\$225
Session 2: June 20-25	___ Explorers: 10-11 yrs old	\$375	\$325	\$275
	___ Adventure Team: 12-14 yrs old (Devil's Lake and Mt. Olympus Trip)	\$425	\$375	\$325
	___ Pathfinders: 8-9 yrs old	\$375	\$325	\$275
Session 3: July 11-16	___ Explorers: 10-11 yrs old	\$375	\$325	\$275
	___ Pathfinders: 8-9 yrs old	\$375	\$325	\$275
Session 4: July 18-23	___ Explorers: 10-11 yrs old	\$375	\$325	\$275
	___ Adventure Team: 12-14 yrs old (Flambeau River Canoe Trip)	\$450	\$400	\$350
	___ Pathfinders: 8-9 yrs old	\$375	\$325	\$275
Session 5: July 25-30	___ Explorers: 10-11 yrs old	\$375	\$325	\$275
	___ Pathfinders: 8-9 yrs old	\$375	\$325	\$275



Have you attended Camp at Camp Alexander before? Yes No This will be my ____ year at camp.

A friend your child would like to be with: _____

Registration, deposits & payments: A \$50 non-refundable deposit is required for each week of Resident Camp at time of registration. Bring in, mail or fax this completed registration form with the appropriate non-refundable deposit to secure each week attending. Mailing address: 211 Wis. River Dr., Port Edwards, WI 54469; fax 715-887-3262 (fax paying with credit card only). Payment of the balance due must be paid two weeks prior to the start of camp or a child on the wait-list will be given your registered opening. State licensing requires that a Health Form including immunization information must be completed each year and in camper's file.

I understand the registration, deposit and payment guidelines. I will complete and have the Health Form including immunization information to the YMCA before my child attends camp. I authorize my child to take part in all camp activities, if applicable, including bus trips, sleepovers and field trips. In case of illness or injury the Camp Director or counselor has my permission to secure medical attention if unable to communicate with me. I authorize photographs/video taken of my child participating in camp activities to be used in promotional literature.

Parent/Guardian Signature: _____ Date _____