



## TIMBERTOP CAMP REGISTRATION/APPLICATION INFORMATION August 5 - 11, 2012

Dear Applicant, Parent(s), and Teacher(s):

Thank you for your interest in YMCA Timbertop Camp. **Timbertop Camp is a special week of residential camp for youth with learning disabilities, ages 8-13.** Timbertop combines traditional camp activities with extra reading practice and special group activities that focus on dealing with learning disabilities in a structured daily setting. Special attention is paid to peer relations, building self-confidence, and learning new skills to share back at home.

Timbertop Camp has been in operation since 1967! Pete Matthai "Timber" is the Camp Director for the Stevens Point Area YMCA and has been a Timbertop staff since 1991. The Founder and Co-Director of Timbertop is Rhoda Brooks "Wings". Rhoda holds an M.A. in Special Education and has over 30 years of teaching and administrative experience. Nancy Reuter "Spirit" has worked at Timbertop since 1992 and is also a special education teacher in Mosinee, Wisconsin. Also joining us this year will be many other professional YMCA staff and volunteers.

We are planning an exciting summer and hope that you will be able to join us. This letter and the enclosed application form will help you complete your registration. **Please see the brochure or visit our web site for fee and specific information. Scholarship assistance is available.**

### REGISTRATION/APPLICATION PROCESS

1. Please complete and return the four-page application form including parental permission for school information along with a **\$100 non-refundable deposit**. After we receive your deposit and application form, a spot will be reserved for your child. If camp is full or for some reason your child is not accepted, your deposit will be refunded. **Since enrollment is limited to 38 campers, it is important that you return these materials promptly as it takes a while for the schools to return the information we request from them concerning applicants.**
2. We ask for school information so that we can determine as closely as possible whether or not your child has needs which we can meet. If he or she is already in a program for learning disabilities, it is most likely that Timbertop Camp will be an ideal experience for your child. **We will notify you of your child's acceptance to camp as soon as we review the school information.**
3. After your child has been accepted we will be sending general information, arrival and departure times, a list of things to bring, a health history form, directions, and information on camper medication.
4. We must receive the health history form at least **(3) three weeks** prior to Timbertop Camp. **It is required that we receive this health history written by the parents/guardians every year.** We also suggest that a physical be performed every 24 months prior to camp, please include a copy if available.
5. Your remaining balance is due **(4) four weeks prior to camp.** A limited number of partial scholarships are available to campers on the basis of financial need and recommendation of school personnel. Please request scholarship information if needed.
6. If the YMCA were to cancel Camp, a full refund will be given. If you cancel, the YMCA will return all but your deposit (if the cancellation is made four weeks prior to camp). After four weeks refunds may not be available. **If you need to cancel please notify us immediately, so we can try to fill that reserved spot.**

Again, thank you for your interest in Timbertop Camp. We encourage you to register soon as camp fills quickly. If you have any questions regarding registration or other specific information about the program please feel free to contact us.

**Hope to see you this summer!**

Sincerely,

Pete Matthai  
Camp Director  
[pmatthai@spymca.org](mailto:pmatthai@spymca.org)



Stevens Point Area YMCA (Business)  
1000 Division Street • Stevens Point, Wisconsin 54481 • 715-342-2980 • fax: 715-342-2987 • [www.spymca.org](http://www.spymca.org)  
YMCA Camp Glacier Hollow (June – August)  
P.O. Box 142 • 9289 Pavelski Road • Nelsonville, WI 54458 • 715-824-5267 • [www.glacierhollow.com](http://www.glacierhollow.com)



# Stevens Point Area YMCA – Camp Glacier Hollow **TIMBERTOP CAMP – Registration/Application**



Fully complete and return this registration/application form along with the required deposit to:  
Stevens Point Area YMCA, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980 ext. 308

Please Print Clearly

Date of Application: \_\_\_\_\_

## **I. CAMPER/PARTICIPANT INFORMATION**

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_  M  F

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## **II. PARENT/GUARDIAN/FAMILY INFORMATION**

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Workplace \_\_\_\_\_ Workplace \_\_\_\_\_

Day Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_ Day Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_

Parents Marital Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Spouse Deceased

Child resides with: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian

Please Indicate any Custody Issues \_\_\_\_\_

## **III. SCHOOL INFORMATION** (Clarification on the following information can be made by contacting your child's teacher.)

Name of school attending now \_\_\_\_\_ Grade at present time \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_

Name of regular class teacher \_\_\_\_\_ Name of special class teacher \_\_\_\_\_

In what special program(s) is your child enrolled? (i.e. LD, CD, ED,EBD, Title 1, or other...) \_\_\_\_\_

What type of service is child receiving? (i.e. Resource Room, Special class with integration, Self-contained, Supplemental help in mainstream, or other...) \_\_\_\_\_

About how much time per day is your child in a special program? (reading, math, language, other...) \_\_\_\_\_

**IV. ADDITIONAL INFORMATION**

- Has your child ever attended an overnight camp? \_\_\_\_ I am a returning camper. This is my \_\_\_\_ year at camp.
- If yes, list camp name, place & dates: \_\_\_\_\_
- What things would you like your child to do while at camp? \_\_\_\_\_

\_\_\_\_\_

- What do you hope your child will get out of camp? \_\_\_\_\_

\_\_\_\_\_

- What kinds of concerns do you have about your child? (i.e. self-image, independence, peer relations, behavior, confidence, bed-wetting, attitude towards others, etc...) Please be specific and descriptive. We need your candid input, so we can plan accordingly. \_\_\_\_\_

\_\_\_\_\_

- What are your child's strong points? \_\_\_\_\_

\_\_\_\_\_

- Will your child be attending camp with a friend?      NO      YES

If yes, who: \_\_\_\_\_

- Does your child have any allergies we should be aware of? (food, medications, animals/insects, environments) Please describe: \_\_\_\_\_

\_\_\_\_\_

- If child is on medication, please indicate name(s) of medication(s), dosage, and reason for this medication:

Medication Name	Dosage(s)	Reason for taking this medication.
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications should be continued while at camp.

- Is there anything else you feel our staff should know about your child? (Learning strengths and weaknesses, family situation, toilet habits, fears, medical/physical/behavioral conditions, etc...) Please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **V. PARENTAL/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY**

**DIRECTIONS:** Please carefully read and initial each parent/guardian consent section listed below, then sign and date on the "parent/guardian signature" line at the bottom of page.

### **WARNING OF RISK**

The Stevens Point Area YMCA is committed to conducting its summer camping and tripping programs/activities in a safe manner and holds the safety of participants in high regard. However, participants and parents of children registering for any program must recognize that there are inherent risks of sickness and/or injury when choosing to participate in these recreational activities. Understandably, not all hazards and dangers can be foreseen. Certain risks and dangers associated with such things as, but not limited to, acts of God, inclement weather, slipping, falling, insect bites, and equipment failure do exist. In this regard, it must be recognized that it is impossible for the YMCA to guarantee absolute safety. The Stevens Point Area YMCA does, however, continually strive to reduce such risks through careful and proper preparation and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. **You are solely responsible for determining if you or your children are physically fit for the activities contemplated in these programs. It is always advisable, especially if you are pregnant, disabled in any way, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any active recreational program.**

### **PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY**

**SECTION #1: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment and programs. I am aware of and accept all the risks inherent in the program. I agree that my or my child's voluntary participation in Resident Camp, Teen Leadership Programs, and/or Teen Outdoor Adventure Trips shall be undertaken at my or his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or cause of action whatsoever, to me, my child and his/her property, arising out of or connected to participation in Resident Camp, Teen Leadership Programs, and/or Teen Outdoor Adventure Trips including but not limited to transportation services, camping, canoeing/kayaking, rafting, hiking, swimming, biking, rock climbing, fishing, horseback riding/grooming, and other camp activities. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents, from any and all liabilities and claims resulting from participation in this program.

\_\_\_\_ (Parent/Guardian Initials)

**SECTION #2: EMERGENCY TREATMENT AUTHORIZATION:** In the event that I cannot be reached in an emergency, I authorize the YMCA staff to transport to or secure emergency services for me or my child, and I give my consent for the YMCA staff to act in my behalf in granting permission for me or my child to receive any emergency treatment deemed necessary including, hospitalization, injection, anesthesia or surgery. I agree that I will be responsible for the payment of any and all medical services rendered.

\_\_\_\_ (Parent/Guardian Initials)

**SECTION #3: PHOTOGRAPHIC/MEDIA RELEASE:** I give permission for my child or I to appear in media coverage approved by the YMCA and for the YMCA to use photographs, slides, and/or videotapes of my child or I for promotional purposes.

\_\_\_\_ (Parent/Guardian Initials)

**SECTION #4: REASONABLE ACCOMMODATIONS CLAUSE:** Participants/children with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other participants/children in the program. I understand that if my child or I require an unusual amount of one-on-one attention, whether due to special needs or behavior, I or my child may be denied or removed from the program.

\_\_\_\_ (Parent/Guardian Initials)

**SECTION #5: MEDICATION/SUNSCREEN/REPELLANT:** I give permission to the Camp Health/Trip Staff to give my child or I over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, body aches, insect bites, sun protection, etc...) I give permission for my child or I to use sunscreen and insect repellent and receive assistance as needed from Counselors, unless otherwise noted on my child's or my Health History form.

\_\_\_\_ (Parent/Guardian Initials)

**SECTION #6: PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for myself or child as a program participant. I agree to pay the total camp fee on or before the payment due date. I understand that failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child or I are forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available.

\_\_\_\_ (Parent/Guardian Initials)

**SECTION #7: ACCURATE/COMPLETE INFORMATION:** I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's or my registration and/or participation in this program.

\_\_\_\_ (Parent/Guardian Initials)

**I have carefully read and fully understand the above warning of risk, parent/guardian consent and waiver & release of all claims sections. I fully understand that by signing this form I have given my parent/guardian consent on all sections contained within.**

Participant's Name - Please Print

Parent/Guardian Signature

Date

**VI. SCHOOL RELEASE FORM and PAYMENT INFORMATION**

A copy of the information form below will be sent to your child's school as described. Please print clearly and give complete information.

**RELEASE OF SCHOOL INFORMATION FORM**

Complete Name of School \_\_\_\_\_

Full Name of Principal \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

I give permission for the above School and its staff to share information and provide copies of psycho-educational information, IEP's and other reports of the named student to YMCA Timbertop Camp. I also give permission for YMCA Timbertop Camp to send reports to my child's school at the conclusion of the camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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 1000 Division Street, Stevens Point, WI 54481  
 (715) 342-2980 ext. 308

[pmatthai@spymca.org](mailto:pmatthai@spymca.org) [www.glacierhollow.com](http://www.glacierhollow.com)

<b>PAYMENT INFORMATION</b> <i>(Please see brochure or web site for information on fees or scholarships.)</i>		
Please Circle Price Option: <b>A B or C</b> \$ _____		
YMCA Member Discount (\$35): \$ _____		TOTAL DUE: \$ _____
All YMCA members are eligible for a \$35 member discount. Complete this information. <input type="checkbox"/> Participant is a YMCA Member. YMCA & Phone # _____ Member # _____ Exp. Date ____/____/____		<b>(\$100 Deposit Required) Total Paid Now: \$ _____</b> <input type="checkbox"/> Charge My: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Amount: \$ _____ Card #: _____ Exp. Date: _____ Signature: _____

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**OFFICE USE ONLY**

Date Deposit Received \_\_\_\_\_ \$ \_\_\_\_\_ Application Received \_\_\_\_\_

Payment Plan Dates \_\_\_\_\_ \$ \_\_\_\_\_ School Request & Parent Lt. Sent \_\_\_\_\_

Payment Plan Dates \_\_\_\_\_ \$ \_\_\_\_\_ School Info Received \_\_\_\_\_

Payment Plan Dates \_\_\_\_\_ \$ \_\_\_\_\_ Confirmation/Decline Sent \_\_\_\_\_

Payment Plan Dates \_\_\_\_\_ \$ \_\_\_\_\_ Final Mailing Sent \_\_\_\_\_

Date Paid in Full \_\_\_\_\_ \$ \_\_\_\_\_ Health Form Received \_\_\_\_\_

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