



Facility Use Application for YMCA CAMP GLACIER HOLLOW

Stevens Point Area YMCA
 1000 Division Street, Stevens Point, WI 54481
 Phone (715) 342-2980 • Fax (715) 342-2987
 pmatthai@spymca.org • glacierhollow.com • spymca.org

Date of Application: _____

Group: _____ Primary Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ Contact Email: _____

Expected Attendance Number's: _____ Adults _____ Youth **Age/Grade Ranges:** _____

Arrival Date: _____ **Departure Date:** _____

Arrival Time: _____ am/pm **Departure Time:** _____ am/pm

• **Facilities Requested:**

_____ Cabins Circle: Loon Haunt(16) Bear Cave(20) Turtle Shell(14) Fawn Hall(16) Outpost(10, no Elec)
 _____ Dinning Hall/Rec. Center _____ Kitchen (under camp supervision) _____ Program/Health Office
 _____ Gazebo Other Area(s): _____

• **Programs Requested:**

_____ Waterfront Swimming _____ Canoe/Kayaking/Paddle Boats/Row Boats _____ Fishing
 _____ Campfire _____ Campfire Program _____ Team Building _____ Compass Orienteering/GPS
 _____ Nature Hikes _____ Animal Tracking _____ Volleyball/Basketball
 _____ Archery _____ Sling Shots _____ Arts & Crafts _____
 _____ Field Sports/Games _____
 _____ Environmental Education Programs _____
 _____ Other Program(s) _____

• **Food Service Requested:** _____ YES _____ NO (If No, will you bring own meal(s) i.e. Bag Lunch _____ YES _____ NO)
 _____ Breakfast _____ Brunch _____ Lunch _____ Dinner _____ Campfire Snack _____

Please Specify Details or Special Needs: _____

• **A Certificate of Insurance** including the Stevens Point Area YMCA as a certificate holder may be required.
Date received: _____/_____/_____ (must be received at least 7 days prior to program)

I, the undersigned, have fully completed and understand the above application and the regulations/requirements listed on page 2.

Signature of Person Responsible for Group *Date* *Approved By YMCA Camp Director* *Date*

Stevens Point Area YMCA - Camp Glacier Hollow Facility Use Application cont.

Group: _____ Primary Contact: _____
Reservation Date(s): _____ **Attendance Expected:** _____ Adults _____ Youth _____
Arrival Time: _____ am/pm **Departure Time:** _____ am/pm

FEE/INVOICE INFORMATION		Checks Payable to: Stevens Point Area YMCA - Camp Glacier Hollow 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980	
Per Youth Participant Fee:	\$ _____	x _____ Youth =	\$ _____
Food Service Fee:	\$ _____	x _____ Meals x _____ Yth =	\$ _____
Per Adult/Chaperone Fee:	\$ _____	x _____ Adults =	\$ _____
Food Service Fee:	\$ _____	x _____ Meals x _____ Adt =	\$ _____
Other Program/Service Fee _____:	\$ _____		
TOTAL AMOUNT DUE:			\$ _____
Minimum Required Non-Refundable Deposit Due By: _____			\$ _____
TOTAL DUE By Program Day:			\$ _____

Credit Card Payment available by calling the YMCA

YMCA Office Staff
Transaction Code
344 (Camp Rentals)

- The undersigned group/representative does hereby agree to hold harmless and indemnify the Stevens Point Area YMCA and Camp Glacier Hollow, their directors, employees, volunteers and agents from any and all liability, loss, damages, costs, expenses, injuries, illness, death, actions or causes of action whatsoever, arising out of or connected to participation in this program/rental.
- Any emergency situations, accidents or injuries must be reported to a YMCA staff person immediately.
- Deposit/Cancellation Policy: The YMCA will return all fees but your deposit if written cancellation is made four weeks prior to program. After four weeks, refunds may not be available. Final expected group numbers are due two weeks in advance of the program. The group will be billed for the total number expected on the application, or the number attended (whichever is greater) if this advance notification is not received. The YMCA maintains the authority to cancel at any time with full refund.
- Parked cars or buses are restricted to designated parking areas only. Vehicles are not to be driven into camp areas. All fires must be approved by camp staff and then monitored at all times.
- Groups are required to have appropriate adult supervision (Minimally a 1/10 ratio). Adults must be present and supportive during all activities. Over night groups are required to have a minimum of one same gender adult (two are recommended) in each occupied cabin.
- Any loss or damage to facilities or equipment will be paid by the group/responsible leader.
- Alcohol, tobacco, weapons, explosives, firearms, illegal drugs and pets are not permitted at camp.
- The Camp Waterfront/boating/swimming areas will only be open during scheduled hours under guidance of YMCA certified staff. A public beach is available during off times. All participants will obey all camp safety regulations and instructions from camp staff. No one will use equipment or be present on waterfront/boating/swimming areas without camp staff.
- I (responsible group leader) will have secured the following for each participant and will have this information available to camp staff as needed during the program: participant name, address and contact information; emergency contact names and phone numbers; a health history including information on allergies, medications and any special needs, restrictions or health conditions requiring treatment; participants swimming ability; permission to participant in camp activities including waterfront/boating activities; and signed permission for emergency treatment. (All medications must be in original containers, kept by an adult under lock and key and administered by an adult.) The YMCA suggests using our provided form.
- Camp Pact: Participants are expected to follow community standards and policies communicated at the opening of programming. In our community, we realize that all of our actions affect each other. In developing this healthy community, we believe strongly in our core values of caring, honesty, respect and responsibility. We also expect all participants' behavior to reflect these values. Camp Staff will refer to group leaders in events requiring disciplinary action.
 - Be Caring – Respect each other, the environment, YMCA staff and facilities/equipment.
 - Be Responsible - Participants are responsible to clean up after themselves and leave the facility as clean/neat/maintained as upon arrival.
 - Be Respectful – Positive Attitudes are contagious. Bullying or Fighting is not tolerated.
 - Be Honest – Camp is not responsible for lost or stolen items. Please leave valuables at home.
 - Be Safe - Participants must listen to staff, use the buddy system and stay with their group.

I, the undersigned, have fully completed and understand the above application and the regulations/requirements listed above. I understand that my group is responsible for the above camp guidelines. I will see that these guidelines are passed on to participants. Failure to follow guidelines may result in dismissal from camp without refund.

Signature of Person Responsible for Group *Date* *Approved By YMCA Camp Director* *Date*