



YMCA CAMP GLACIER HOLLOW

2022 Counselor in Training (CIT) Registration

Ages 15-17



Participant Name _____ Birth Date _____ Age at Camp _____ Gender _____

Address _____
Street City State Zip

Grade Next Year _____ Parent Email _____ Parent Email _____

Are there any medical, custodial, physical, behavioral conditions or special needs that we should be aware of now? _____

Have you attended an overnight camp before? _____ I am a returning camper. This is my _____ year at camp.

Would you like to request to be in a cabin with a friend? Who? _____

Parent Name _____ Parent Name _____

H # _____ Secondary # _____ H # _____ Secondary # _____

TIERED PRICING OFFERING MORE OPPORTUNITIES TO MORE CAMPERS!

In our continuing efforts to offer the Camp Glacier Hollow experience to everyone, we understand that different families have differing abilities to pay. Our tiered pricing allows us to accommodate all financial situations. Please consider selecting the highest tier you can afford, allowing Camp Glacier Hollow to stretch our funding to continue improving the quality of our camp experience. Price B and Price C are subsidized by the YMCA through fundraising, special events, and contributions, requiring that you completing a subsidy survey that will be sent to the email address provided above.

- **Price C** is our historically subsidized rate, which does not represent the true cost of camp.
- **Price B** is a partially subsidized rate, but more clearly reflects the actual cost of camp.
- **Price A** most accurately reflects the actual cost of YMCA Camp Glacier Hollow.

Our Tiered Pricing in no way influences the experience your child (ren) will receive! We simply feel it is important to share with you the true costs of YMCA Camp Glacier Hollow, to give families the opportunity to decide how much they can contribute toward their child's camp experience.

As always, financial assistance is still available. Please request a Camp Financial Assistance Application.

REGISTRATION INFORMATION

1. Complete both sides and return this form along with a \$100 non-refundable, non-transferable deposit or full payment for each session. If program is full, your deposit will be returned and you will be placed on a waiting list. Balance is due at least (4) four weeks prior to each camp session. An unpaid balance may result in forfeiture of your reserved spot. Invoices will not be mailed.
2. As your camp session gets closer, you will receive an email with specific details about your camp session.
3. A Health Profile will be emailed to you later this spring and must be completed 3 weeks prior to your child's participation in Camp. Parents are responsible for any changes to the profile.
4. We will return all fees except your deposit if written cancellation is made four weeks prior to session. After four weeks, refunds may not be available.

June 12-17	<input type="checkbox"/> CIT Training (REQUIRED) Price A: \$410 Price B: \$360 Price C: \$280
June 19-24 June 20-24	<input type="checkbox"/> CIT RESIDENT Option, Twilight Tamers <input type="checkbox"/> CIT DAY Option, Wet N'Wild DAY Both Options, Member: \$80 Gen Public: \$110
June 26-July 1 June 27-July 1	<input type="checkbox"/> CIT RESIDENT Option, Splash & Sport <input type="checkbox"/> CIT DAY Option, Fishing Mania Both Options, Member: \$80 Gen Public: \$110
July 5-8 July 6-8	<input type="checkbox"/> CIT RESIDENT Option, Beg. Explorers <input type="checkbox"/> CIT DAY Option, Holiday Extravaganza Both Options, Member: \$80 Gen Public: \$110
July 10-15 July 11-15	<input type="checkbox"/> CIT RESIDENT Option, Wild, Wild West <input type="checkbox"/> CIT DAY Option, Campfire Gourmet Both Options, Member: \$80 Gen Public: \$110
July 17-22 July 18-22	<input type="checkbox"/> CIT RESIDENT Option, Adventure Camp <input type="checkbox"/> CIT DAY Option, Outdoor Ed-Venture Both Options, Member: \$80 Gen Public: \$110
July 24-29 July 25-29	<input type="checkbox"/> CIT RESIDENT Option, Pirates of GH <input type="checkbox"/> CIT DAY Option, Ahoy! Pirates Both Options, Member: \$80 Gen Public: \$110
July 31-Aug 3 August 1-5	<input type="checkbox"/> CIT RESIDENT Option, Beg. Explorers <input type="checkbox"/> CIT DAY Option, Wild, Wild West Both Options, Member: \$80 Gen Public: \$110
August 7-12 August 8-12	<input type="checkbox"/> CIT RESIDENT Option, Camp Wise Spirits (GIRLS ONLY) <input type="checkbox"/> CIT DAY Option, Artful Creations Both Options, Member: \$80 Gen Public: \$110
August 14-19 August 15-19	<input type="checkbox"/> CIT RESIDENT Option, Camp Strong Spirits (BOYS ONLY) <input type="checkbox"/> CIT DAY Option, Prehistoric Plunge Both Options, Member: \$80 Gen Public: \$110
August 22-26	<input type="checkbox"/> CIT DAY Option, Greatest Hits Member: \$80 Gen Public: \$110

Participant is SPYMCA Family or Single Parent Family Member Member # _____ Exp. Date _____

Tier Price: A B or C \$ _____ Y Member Discount (-\$25): \$ _____ TOTAL DUE: \$ _____

Charge My: Visa MasterCard Discover Amount: \$ _____ \$100 Dep. Required. Total Paid Now: \$ _____

Card #: _____ Recruit A Friend Trading Post Credit (see page 2 for information)

Exp. Date: _____ Signature: _____ Staff Notes: _____ Health Form: _____



RECRUIT A FRIEND TRADING POST CREDIT

Recruit a friend (non-sibling) who has not attended one of our Camps before and you will receive a \$25 Trading Post Credit. The friend that you refer will also receive a \$25 Trading Post credit. There is no maximum credit amount, so recruit more than one friend and get additional credits! Credits are not redeemable for cash.

- I recruited: _____
- I was recruited by: _____

WARNING OF RISK

The Stevens Point Area YMCA is committed to conducting its summer camping and tripping programs 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 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

____ Initial **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 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 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.

____ Initial **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 on 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.

____ Initial **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 and videos of my child or I for promotional purposes and social media.

____ Initial **Section #4: FIELD TRIP & TRANSPORTATION PERMISSION:** I give permission for my child to participate in walking, bus and YMCA Van field trips. I give permission for my child to be transported for field trips or any regularly scheduled vehicle transportation.

____ Initial **SECTION #5: REASONABLE ACCOMMODATIONS & BEHAVIOR 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 one-on-one attention, whether due to special needs or behavior, I or my child may be denied or removed from the program. Participants are expected to follow guidelines and instructions from staff and act in a responsible, caring, honest and respectful manner. Failure to follow guidelines may result in dismissal from camp without refund.

____ Initial **SECTION #6: MEDICATION/SUNSCREEN/REPELLENT:** I give permission to the Camp Health 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.

____ Initial **SECTION #7: PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my 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.

____ Initial **SECTION #8: 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.

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

Participant Name - Please Print

Parent/Guardian Signature

Date