

YMCA CAMP SHAVER 2018 CAMPER REGISTRATION FORM

Camper's Name _____ Date of Birth _____

Camper's Address _____ Age _____

City _____ State _____ Zip Code _____ Parent's Email _____

Sex: Male _____ Female _____ # of Previous Years at Camp Shaver _____ Last Year's Counselor _____

School Attending in Fall 2018 _____ Grade _____

Parent 1 Name _____ Parent 2 Name _____

With Whom Does Camper Live? _____ Home Phone _____

Parent 1 Work _____ Phone # _____ Cell# _____

Parent 2 Work _____ Phone # _____ Cell# _____

Emergency Contact (other than parent) _____ phone _____

Cabin mate request (limit one, must be within 1 year of age) _____

How did you hear about YMCA Camp Shaver? _____

Pricing for 2018

Why 3 prices: Realizing that families have differing abilities to pay for a camp experience, we have a 3-tier pricing program. Please take a moment to look at the rate descriptions and determine which rate is best for your family. **This program is voluntary and in no way influences the experience children receive.**

Choose the camp fees that best suit your family's ability to pay

Rate A- This fee is based on the actual cost to operate camp programs including wear and tear and depreciation.....**\$600**

Rate B- This fee is partially subsidized for those families who cannot afford the actual cost of camp.....**\$550**

Rate C- This is our traditionally subsidized rate and does not reflect the true cost of operating camp programs.....**\$500**

We have additional Financial Assistance available for those who need it. (Financial aid forms can be obtained at any YMCA branch.)

***Session 5 is a two week session with the weekend included the rates are A – 1125, B – 1025, C – 925.**

TRADITIONAL CAMP - AGES 7-14 (check session and circle rate)				Counselor-In-Training (CIT) (Age 16 by the start of child's 1 st CIT week) <i>CIT's must also submit a volunteer application, available from our website.</i>			
	Session 1	June 3 rd – 9 th	A B C	Fill in dates You would like to attend (max. 4 weeks)			
	Session 2	June 10 th - 16 th	A B C				
	Session 3	June 17 th – 23 rd	A B C	**Leader-In-Training (LIT) (must be Age 15 By June 1st)			
	Session 4	June 24 th - 30 th	A B C		LIT 1	June 3 rd - June 23 rd	\$995
	*Session 5	*July 8 th – 20 nd	*A B C		LIT 2	June 10 th – June 30 th	\$995
	Session 6	July 22 nd - 28 th	A B C		LIT 3	July 8 th – July 28 th	\$995
	Session 7	July 29 th - August 4 th	A B C				
	Note	* See pricing above					
	Stay-over (Not available after sessions 4 and 7)		\$55				
If you are planning on your child attending two consecutive sessions you may sign up for stay-over. You may also choose to pick your child up on Saturday and bring them back Sunday.				**LITs are expected to stay and participate for the full 3 weeks. Any other arrangements must be worked out with the Director prior to start of the session. Going home for the weekend is optional.			

HOW TO REGISTER: Check any sessions that you wish to attend and circle pricing level. Complete both sides of your registration form and submit payment \$100 (per session). Payment and registration may be made online, or at any YMCA branch location. (The deposit, which is part of the total camp fee, is non-refundable). Payment of the total camp fee is due prior to attending camp. If you have any questions feel free to call us during business hours (8:00 am-5:00 pm, Monday through Friday) at (505)480-7417.

Information to be mailed to you upon registration: Parent Packet, which includes Camper Health form, Camp Information (what to pack, directions to camp, etc.), and Camper Confidential form. You can also download all forms from www.campshaver.org.

You can register, pay, and download all necessary forms online @ www.campshaver.org

CAMPER AGREEMENT

1. I want to be a camper at YMCA Camp Shaver.
2. I will do my best to live by all of the camp rules.
3. I will do my best to make my time at camp a good experience for myself and my fellow campers.
4. I understand that failure to live up to the above may result in my dismissal from camp.

CAMPERS SIGNATURE _____

PARENT OR GUARDIAN AGREEMENT

1. I agree to have my camper examined by a physician within 12 **months prior** to attending camp.
2. I understand that my deposit of \$100 per session is non-refundable.
3. All other camp fees are due before the beginning of the camp session attending.
4. In case of accident or illness, the Camp Director has my permission to secure medical attention if unable to contact me immediately.
5. I agree that YMCA Camp Shaver is released from liability in connection with medical treatment and unavoidable accidents.
6. My child has my permission to leave the camp grounds with authorized Camp Staff for scheduled trips and outings or in case of emergency.
7. I fully understand the inherent risks involved in activities my child will be choosing. I accept all risks including those activities preliminary and subsequent to the chosen activities.
8. I give my permission for my child's picture to be used in YMCA Camp Shaver promotional material.
9. The Camp Director reserves the right to decline the application of any child, or send home any child who, according to the director's discretion, is not a desirable associate for the other campers, or puts themselves or others at risk.
10. I authorize the camp director or designee to dispense over-the-counter medications to my child if needed.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

PAYMENT METHOD				COMPUTATION AREA	
	Check - please make payable to "YMCA Camp Shaver"			We will be happy to compute your cost for you.	
	MasterCard	Visa		Fees for session chosen:	
Account #:				Special Discounts:	
Expiration date				Stay-over fee (\$60):	
Amount to be charged	\$				
Signature:					
				Total fee:	
10% off 2nd child's registration				Financial aid is available; applications are at all YMCA branches or you can contact camp directly.	
20% off 3rd child registration					
(one discount per camper)					

Can you volunteer for camp? YES NO *(Please choose below how you can help)*

Board member ___ Camp Clean-Up Day: Spring ___ Fall ___ Invest in Youth ___ Other _____

PARENTS: DID YOU ATTEND CAMP SHAVER AS A CAMPER OR STAFF? _____ WHAT YEARS? _____

If you are interested in being involved with Camp Shaver as a Board member or volunteer, please contact the camp.
 YMCA CAMP SHAVER, 22900 Highway 4 Jemez Springs, NM 87025—(505)480-7417 – Phil Beam, Camp Director
 Or YMCA Camp Shaver 4901 Indian school Rd NE Albuquerque NM 87110 (505)881-4787

www.campshaver.org