



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2011 WINTER CAMP REGISTRATION FORM - DECEMBER 27-30 YMCA CAMP LAKEWOOD

CAMPER INFORMATION

How did you hear about Camp Lakewood? _____

Last Name: _____ First Name: _____ M.I.: _____

Sex (circle one): M F I attended Camp Lakewood in 2009 2010 2011 Birthdate: _____
Winter Camp is for ages 7-12 only

Home Address: _____

City: _____ State: _____ Zip: _____

School attended in 2011-12: _____

Is camper a YMCA Member? Yes No If Yes, which branch? _____
In order to receive member rate, you must enclose a copy of membership card or letter from YMCA branch as proof of membership.

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian's Name: _____ Relationship: _____

Home #: (_____) _____ Work #: (_____) _____ Cell #: (_____) _____

Email: _____

2nd Parent/Guardian's Name: _____ Relationship: _____

Home #: (_____) _____ Work #: (_____) _____ Cell #: (_____) _____

Email: _____

With whom does the child reside? _____

SESSION CHOICE

Please select the appropriate session and bus option. (All buses pick up and return campers to the South County YMCA in St. Louis.)

- Winter Camp - \$195 (December 27-30, 2011)
- Winter Camp Long-Sleeved T-Shirt - \$18
circle adult size: XS S M L XL

BUS INFORMATION

All buses pick-up and return campers to the South County YMCA in St. Louis.

- Round Trip Bus - \$60
- Bus to Camp Only - \$30
- Bus from Camp Only - \$30
- No Bus

PAYMENT INFORMATION

The entire balance is due upon registration for Winter Camp.

- Program Session Fee(s) \$ _____
- \$45 Membership Fee \$ _____
Required for non-YMCA members. If this fee was paid for Summer Camp 2011, it is not required for Winter Camp 2011.
- Bus Fee (if applicable) \$ _____
- T-Shirt(s) \$ _____
- Donation to help send an underprivileged child to camp (optional) \$ _____
- Less Multiple Child Discount \$- _____
(if applicable - \$20 will be applied against balance for your 2nd, 3rd, etc. child)
- Total Amount Due and Enclosed \$ _____

Method of Payment:

- Check enclosed, payable to YMCA of the Ozarks. Please include driver's license # and camper's name on check. (There will be a \$25 fee for returned checks.)
- Visa MasterCard Discover AmEx
- Acct #: _____ Exp. Date: _____
- Signature: _____

CABINMATE REQUEST

Last Name: _____ First Name: _____

Only ONE cabinmate request is allowed. **TO GUARANTEE** the request, the campers must request each other, be within one year of age, be the same sex, and enrolled in the same program and session. NOTE: If there are 10 children who would all like to be together, ask about the possibility of booking an entire cabin.

INCLUSION SERVICES AVAILABLE

YMCA Camp Lakewood welcomes participation by children of all abilities. All children with any type of diagnosis and/or specialized documents will be referred to the Inclusion Services Department for assessment. For more information, contact YMCA Inclusion Services at 314-678-0162.

Has your child been diagnosed with (please check):

- | | | | | |
|-------------------------------|--------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> OCD | <input type="checkbox"/> PDD | <input type="checkbox"/> Fragile X | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> MR/ID | <input type="checkbox"/> Autism | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Tourette's |
| <input type="checkbox"/> ODD | <input type="checkbox"/> DD | <input type="checkbox"/> Asberger's | <input type="checkbox"/> Rett's Syndrome | <input type="checkbox"/> Down's Syndrome |
- Chronic Health Problems (asthma, diabetes, severe allergies) If yes, please list: _____
- Other: _____

Are there any behavioral medications or psychological issues of which the camp should be aware? Yes No

If yes, please describe: _____

Are there any physical limitations that might hinder the camper's participation in camp events? Yes No

If yes, please describe: _____

Does your child have an IEP, Section 504 Student Accommodation Plan, or Behavior Management Plan? Yes No

Does your child currently use YMCA Inclusion Services? Yes No If so, which branch? _____

*Please note, you **MUST** submit a current IEP/BMP/Section 504 Student Accommodation Plan with this registration form and complete and return the Inclusion Information Forms before program participation is authorized. Forms must be received by the camp office at least 4 weeks prior to participation. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program. All camp forms are available to download at www.camplakewood.org under **Winter Resident Camp**.

PARTICIPANT AGREEMENT/REFUND POLICY

I approve this registration and certify that the camper is capable of such an experience. I understand that no refunds will be issued unless cancellations are made at least four weeks prior to arrival. I understand that no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the Camp Director.

I grant permission for the camper to participate in all planned program activities including out-of-camp trips by van or bus, hiking or horseback riding, understanding that competent leadership is provided. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact parents immediately. I understand the related expenses for this medical attention will be *(my)* the camper's responsibility. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or video tapes of the camper named on this registration for promotional purposes and web site session photos *(if you do not wish your child to be photographed, please check the box below)*. I agree to waive any claims against the YMCA, its staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

Parent/Guardian Signature: _____ Date: _____

I do not wish my child to be photographed.

REGISTRATION INFORMATION

Register by December 15, 2011*, in one of the following ways (you should receive a confirmation in 7-10 days):

- **Email** registration form with credit card information to: camplakewood@ymcastlouis.org
- **Mail** registration form and payment to: YMCA Camp Lakewood • 13528 State Hwy AA • Potosi, MO 63664
- **Fax** registration form with credit card information to: 573-438-3913

* Registrations received after December 3, 2011 are not guaranteed to receive a Winter Camp t-shirt.

Registrations are processed in the order received in the Camp Lakewood office. For information, call 573-438-2154 or 314-241-9622.

Camp Use:
Date Received: _____ Check #: _____ Amount: _____ Cabin #: _____ Initials: _____