



Camp Hazen YMCA

Year Round Youth Programs Application 2010

CAMPER INFORMATION

Last Name:		First Name:		Birthdate:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade Sept 2010:		Returning Camper: <input type="checkbox"/> Yes <input type="checkbox"/> No	
YMCA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		email:	

Cabin Mate Request
(Limited to one child. Request must be in same grade, and must be mutual)

FAMILY INFORMATION *applies to Parents/Guardians with whom the camper resides*

Street Address:		PARENT 1		PARENT 2	
		Last Name:		Last Name:	
		First Name:		First Name:	
State:	Zip:	Home Phone:		Home Phone:	

FAMILY STATUS (Non-custodial)

Has there been a divorce/separation in your family?
 Yes No

If yes, who has custody? _____

Should the non-custodial parent:
(Check all that apply)

Be contacted in emergency
 Receive duplicate mailings
 Receive invoice

If you answered yes to any questions above, complete boxes below:

Non-Custodial Parent:

Last Name:	
First Name:	
Home Phone:	
Work Phone:	
Cell Phone:	
Street Address:	
City:	
State:	Zip:

Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
email:		email:	
Occupation/ Employer:		Occupation/ Employer:	

EMERGENCY CONTACTS *other than parent/guardian*

Name:		Name:	
Relationship to Camper:		Relationship to Camper:	
Home Phone:		Home Phone:	
Work/ Cell		Work/ Cell	

For additional information and a complete description of Youth and Family Programs featured, please visit our website at www.camphazenyumca.org

Winter Camp
Teen Leadership Weekend
Overnight Expo
Rock and Outdoor Adventure Weekend
Vacation Camps

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Year Round Overnight Youth Programs 2010				
Winter Camp <i>Grades 2-10</i>	1/15-1/17	<input type="checkbox"/>	\$180	Cabin Mate Request _____
Overnight Expo - FEB <i>Grades 2-6</i>	2/17-2/18	<input type="checkbox"/>	\$145	Cabin Mate Request _____
Teen Leadership Weekend <i>Grades 7-10</i>	3/26-3/28	<input type="checkbox"/>	\$180	Cabin Mate Request _____
Overnight Expo - APR <i>Grades 2-6</i>	4/11-4/13	<input type="checkbox"/>	\$200	Cabin Mate Request _____
Rock and Outdoor Adventure Weekend <i>Grades 2-10</i>	10/8-10/10	<input type="checkbox"/>	\$180	Cabin Mate Request _____

Year Round Day Youth Programs 2010- All Vacation Camps are \$55/ day					
February Vacation Camp <i>Grades K-6</i>	<input type="checkbox"/> 2/15	<input type="checkbox"/> 2/16	<input type="checkbox"/> 2/17	<input type="checkbox"/> 2/18	<input type="checkbox"/> 2/19
April Vacation Camp <i>Grades K-6</i>	<input type="checkbox"/> 4/12	<input type="checkbox"/> 4/13	<input type="checkbox"/> 4/14	<input type="checkbox"/> 4/15	<input type="checkbox"/> 4/16
Holiday Vacation Camp <i>Grades K-6</i>	<input type="checkbox"/> 10/11	<input type="checkbox"/> 11/11			
Holiday Vacation Camp <i>Grades K-6</i>	<input type="checkbox"/> 12/27	<input type="checkbox"/> 12/28	<input type="checkbox"/> 12/29	<input type="checkbox"/> 12/30	<input type="checkbox"/> 12/31

Please visit our youth and family programs on the web at www.camphazenyumca.org for a complete list of activities available.

PAYMENT	
<p>DEPOSIT: _____ <i>\$100 per camper, per overnight program</i> <i>\$25 per camper, per day program</i></p> <p>2010 Membership _____ <i>(\$25/individual/\$50family)</i></p> <p>TOTAL ENCLOSED _____</p>	<p><input type="checkbox"/> Please charge "Total Enclosed" to my: <div style="text-align: center;">MC Visa Amex</div> Card # _____ Exp. Date _____</p> <p><input type="checkbox"/> Please charge balance of fees 30 days prior to each program</p> <p><input type="checkbox"/> Enclosed is a check for "Total Enclosed".</p>
<p>Payment: A \$100 non-refundable registration deposit will reserve your space for each overnight program. A \$25 non-refundable registration deposit will reserve your space for each day program. The balance is due 30 days prior to the start of the program. Camp Hazen YMCA will refund program fees for cancellations made 30 days prior to the start of the program (less deposit). Refunds are not given if a participant leaves camp early for any reason.</p> <p>Membership: Camp Hazen YMCA Membership is open to everyone without regard to race, color, sex, religion, national origin, or disability status. For those campers who are not members of their local YMCA, a Camp Hazen YMCA membership must be purchased at the time of registration (individual \$25/family \$50)</p> <p>Financial Assistance: Camp Hazen YMCA strives to serve all people regardless of ability to pay. Financial Assistance information is available from the Camp Office.</p> <p>Insurance: Camp fees do not include health and accident insurance. Parents/Guardians assume responsibility for any and all charges incurred for prompt medical attention.</p>	
Parent/Guardian Signature _____	Date _____
<p>Camp Hazen YMCA, 204 West Main Street, Chester, CT 06412 phone: (800) 248-8244 fax: (860) 526-9520 www.camphazenyumca.org office@camphazenyumca.org</p>	