

2010 Dates and Rates

Please Check the desired sessions

<u>Session</u>	<u>Dates</u>	<u>Check-Out</u>	<u>Rates</u>
<input type="checkbox"/> Session 1	June 20-July 2	Friday 9:30 am	\$980
<input type="checkbox"/> Session 2	June 20-June 26	Saturday 9:30 am	\$710
<input type="checkbox"/> Session 3	June 27-July 2	Friday 9:30 am	\$660
<input type="checkbox"/> Session 4	July 11-July 23	Friday 9:30 am	\$980
<input type="checkbox"/> Session 5	July 11-July 17	Saturday 9:30 am	\$710
<input type="checkbox"/> Session 6	July 18-July 23	Friday 9:30 am	\$660

Specialty Camps

<u>Camp</u>	<u>Ages</u>	<u>Dates</u>	<u>Rates</u>
<input type="checkbox"/> Leaders-in-Training	15-16	June 20-July 2	\$995
<input type="checkbox"/> Counselors-in-Training	16-17	July 11-July 23	\$810
<input type="checkbox"/> Family Camp	Families	September 4-7	\$170 Adult (12 and older) \$150 Youth (4-11) Under 3 free

Discounts: \$25.00 for YMCA Members (please check if you are YMCA Member).

***Please note:** All sessions check-in on Sunday at 2:30 pm. Please plan to arrive between 2:30 pm and 3:30 pm.

YMCA CAMP DUNCAN

2010 RESIDENT CAMP REGISTRATION

Mail or Fax with a \$100.00 (non-refundable) deposit per session to:
 YMCA Camp Duncan, 32405 N. Hwy. 12, Ingleside, IL. 60041

Fax: 847-546-3550
 E-mail: rkr@ymcacampduncan.org

Campers First Name _____ Last Name: _____
 Birth date ____/____/____ Age at Camp _____ Male Female Grade 9/2010 _____
 Camper's address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell or Pager: _____
 Parent's E-mail Address: _____ Camper's Email Address: _____
 This will be my child's _____ year attending Camp Duncan. Member of _____ YMCA

Father's First Name _____ Father's Last Name _____
 Employer _____ Title: _____ Business Phone _____
 Mother's First Name _____ Mother's Last Name _____
 Employer _____ Title: _____ Business Phone _____
 Billing Name/Address if different than campers _____

Emergency Name and Phone Number _____
 Insurance Carrier and Policy Number _____
 Cabin Mate Request- (same age or grade- one name only) _____
 How did you hear about Camp Duncan? _____
 Camper lives with: Parents Mother Only Father Only

****THIS SECTION MUST BE SIGNED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED****
 YMCA CAMP DUNCAN IS FOR THOSE WHO ENJOY CAMPING. RULES FOR PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX OR DISABILITY. IT IS UNDERSTOOD THAT ALL CAMPERS WILL BE TREATED AS INDIVIDUALS AND RESPECT SHOWN FOR NORMAL DIFFERENCES IN TASTES, PREFERENCES, ABILITIES AND A RANGE OF BEHAVIOR PATTERNS. YMCA CAMP DUNCAN RESERVES THE RIGHT TO DISMISS A CHILD FROM THE CAMP WHOSE SPECIAL NEEDS WE ARE NOT ABLE TO MEET OR WHOSE CONDUCT IS NOT IN THE BEST INTEREST OF THE TOTAL CAMP, WITHOUT REFUND.

Parental Approval: I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give permission to Camp Duncan to administer routine medical care and to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above. I also give permission to Camp Duncan to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director. YMCA Camp Duncan & YMCA of Metropolitan Chicago has my permission to use any photographs taken of my child while at Camp Duncan for promotional purposes.

I understand a non-refundable deposit of \$100.00 per child, per session is required with registration. Account balances are due on **June 1, 2010** and I authorize the YMCA to charge any fees due at that time to my credit card on file (if applicable). Any registration submitted on **June 2, 2010** or later must be paid in full at the time of registration. The balance of fees is refundable for medical reasons only, and will be issued upon receipt of Doctor's authorized medical reason. Camp fees include staff supervision, lodging, meals, snacks, crafts and most program activities. Transportation, specialty programs, sundries and trips are extra. **FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE.** The YMCA of Metropolitan Chicago does not carry medical, accident, or loss of personal property insurance for any program participants, due to the fact that it would drastically increase the cost of our program fees. Please review the insurance policies that protect you and your family to be certain that the proper coverage is in place. Medical bills incurred are the responsibility of the parent. YMCA Camp Duncan has my permission to use my credit card on file to pay for prescription drugs for my child if needed while at camp. I understand that no refunds will be issued for campers going home early, for disciplinary action, or homesickness. The YMCA is not responsible for lost, stolen or damaged personal items. I realize if there is any an existing custodial situation regarding guardianship of the child registered above, Camp Duncan staff will only communicate with the parent/guardian who has registered the child and whose signature appears on this registration form. Additionally, Camp Duncan staff will not release any information to anyone who inquires about the above registered camper/child. Camp Duncan will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents. It is up to the individuals that registered the child to share information with any other custodial parents/guardians who may be sharing custody of the above-mentioned child.

I understand that my signature indicates that I am in agreement to provide any necessary information, including information required by law or by the custodial agreement, with others that shares the custody of the above registered camper. My signature also indicates that the information is correct in this registration form and that I have read and I am in agreement with the above information.

SIGNATURE _____ DATE _____

Payment: Make check/money order payable to: YMCA Camp Duncan. We accept Visa, MasterCard, Discover, & American Express

Please check method of payment: Check/Money Order MasterCard Visa Discover American Express

Exp. Date _____ Account Number _____ Card Holder _____

Pay: Deposit Only Full Fee \$ _____ Auto pay if balance is not paid by June 1, 2010

We do not accept cash.