

2010 YMCA CAMP MATAWA REGISTRATION FORM

N885 Youth Camp Road, Campbellsport, WI 53010-3313 • Phone: 262.626.2149 • FAX: 262.626.8189 • E-Mail: matawa@ymcamke.org
 Register online at www.matawa.org

CAMPER 1 NAME _____ Gender M F
 Birthdate ____/____/____ Age, first day of camp ____ Is Child a Previous Matawa Camper? Yes No # years _____

CAMPER 2 NAME _____ Gender M F
 Birthdate ____/____/____ Age, first day of camp ____ Is Child a Previous Matawa Camper? Yes No # years _____

Address _____
 City _____ State _____ Zip _____

Home Phone () _____ E-mail _____
 Custodial Parent (camper lives with...) Parent 1 Parent 2 Both Other _____

Mr./Mrs./Ms. _____ Work Phone () _____ Cell Phone () _____
 (Parent 1) Occupation _____ Work Place _____

Mr./Mrs./Ms. _____ Work Phone () _____ Cell Phone () _____
 (Parent 2) Occupation _____ Work Place _____

To whom should parent communication be addressed? _____ name _____ address _____

I would like to be contacted by a Camp Matawa integration specialist to discuss special needs/concerns regarding my child.
 CAMPER 1 requests to be in same cabin as (request must be mutual): _____

CAMPER 2 requests to be in same cabin as (request must be mutual): _____
 How did you hear about camp? _____

REGISTRATION	Camper 1 Registration	Camper 1 Registration	Camper 2 Registration	Camper 2 Registration
Program Name				
Program Session				
Pricing Option A, B or C				

Family are YMCA members. Branch/YMCA _____
 If not a Milwaukee YMCA member, please attach a copy of membership card. (Community Participant Fee will be charged without the copy.)

Total Camper Session Costs (Choose price A, B or C) \$ _____
 YMCA Member Discount (\$50) - \$ _____
 Additional Child Discount (\$50) - \$ _____

ADDITIONAL OPTIONS
 Extended Stay \$75/100 + \$ _____
 Pony Club \$35 + \$ _____
 Matawa T-shirt @ \$12.00 Circle One: Youth Sizes S M L Adult Sizes S M L + \$ _____

BUS TRANSPORTATION (shirt will be available this summer at higher cost)
 One Way To Camp \$35 One Way From Camp \$35 Two Way \$50 + \$ _____
 Camp Store Deposit + \$ _____
 Donate to YMCA Strong Kids + \$ _____
 Total Due with Registration (\$100 per program per child minimum) \$ _____

Check Enclosed. (Please make payable to YMCA Camp Matawa) \$ _____
 MasterCard VISA Card # _____ Security Number _____ Expiration Date ____/____
 Amount to be charged at this time: \$ _____ Cardholder's Name _____

Schedule complete payment on this card for the following date: _____ (Note: All payments are due by June 1, 2010.)

By signing, the parent/guardian certifies approval of good health of the camper, and in the event that I cannot be reached in an emergency, authorize the YMCA health care staff/volunteers to render first aid; give permission to the physician selected by the YMCA of Metropolitan Milwaukee to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above. I give permission to camp health officer/doctor to dispense over-the-counter products (Tylenol, cough syrup, etc.) and prescriptions as needed. Prudent attempts will be made to contact parents immediately. I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents or injury. I agree to pay the balance of the camp fees no later than June 1 and understand the YMCA cannot hold reserved space beyond that date without full payment. Camp fees are not refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of homesickness or disruptive behavior as determined by the Camp Director. The deposit is not refundable or transferable under any circumstances. I grant permission for the applicant to participate in all planned camp activities including participation in high adventure elements, swimming, canoeing, hiking, skateboarding or horseback riding. The YMCA is not responsible for lost, stolen or damaged articles. I also authorize the YMCA to have and use photographs, slides and videotapes of the person named in this application as may be needed for its public relations programs. I give permission for the child named to attend traveling field trips supervised by the YMCA staff members at all times, to and from camp by van, hired bus company or by foot or bike. I agree to waive claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

Parent/Guardian Signature _____
Date _____

BUS TRANSPORTATION FROM MILWAUKEE

We offer bus transportation between Camp Matawa and the West Suburban YMCA located at 2420 N. 124th St. in Wauwatosa. The cost is \$50 round trip and \$35 one way. The Sunday bus pick-up time is 11:30 a.m. at the West Suburban YMCA. The Friday drop-off time is 8:00 p.m. Call camp for Day Camp bus options.

<p>HH INCOME/ETHNICITY INFO: Household Income (optional)*: <input type="checkbox"/> \$0-\$11,999 <input type="checkbox"/> \$12,000-\$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> more than \$75,000 Ethnic/Racial Background (optional):* <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other *This information is required by United Way in order for the YMCA to continue receiving United Way funds. Please help us by filling in the appropriate information to the best of your ability.</p>
