

2011 YMCA CAMP MATAWA REGISTRATION FORM

BUSINESS OFFICE: YMCA Camping Services, 875 Amy Belle Rd, Hubertus, WI 53033-9657 • FAX: 262.628.4051
(Please mail your paperwork and payments here for processing.)

CAMP OFFICE: N885 Youth Camp Road, Campbellsport, WI 53010-3313 • Phone: 262.626.2149 • FAX: 262.626.8189
Email: matawa@ymcamke.org • (Please contact us here with program questions.)
Register online at www.matawa.org

1 1st Camper Info
Last Name: _____ First Name: _____ M.I.: _____
Gender (circle one): M F I have attended Camp Matawa for _____ years. Birthdate: _____

2nd Camper Info
Last Name: _____ First Name: _____ M.I.: _____
Gender (circle one): M F I have attended Camp Matawa for _____ years. Birthdate: _____
Home Address: _____ City: _____ State: _____ Zip: _____

2 Parent/Guardian Info
1st Parent/Guardian's Name: _____ Relationship: _____
Home #: () _____ Work #:() _____ Cell #:() _____
E-mail: _____ Occupation/Workplace: _____
2nd Parent/Guardian's Name: _____ Relationship: _____
Home #: () _____ Work #:() _____ Cell #:() _____
E-mail: _____ Occupation/Workplace: _____
Custodial Parent (campers live with...) Parent 1 Parent 2 Both Other: _____
Are you YMCA Members? Yes No If yes, which center? _____

Note: In order to receive member rate, you must enclose a copy of your Y membership card as proof of membership.
How did you hear about YMCA Camp Matawa, or did someone refer you? _____
 I would like to be contacted by a YMCA Camp Matawa Staff Member to discuss my child's special needs.

3 Session Choice
Please enroll camper in the following session (if enrolling in more than one session, please include both sessions and program):
1st Camper
Session #: _____ Price: A B C Program: _____
Session #: _____ Price: A B C Program: _____
2nd Camper
Session #: _____ Price: A B C Program: _____
Session #: _____ Price: A B C Program: _____

4 Cabin Mate Request
Camper 1 Cabin Mate Request
Name _____
Camper 2 Cabin Mate Request
Name _____

Only ONE cabin mate request is allowed per camper. TO BE GUARANTEED the request, the campers must request each other, be within one year of age, the same gender, and enrolled in the same session.

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. If my camp fees are not paid in full two weeks before the start of the session then I authorize the YMCA to charge my credit card on file the remainder of the camp fees, I understand that all late payments will result in a \$50 late fee if a payment plan is not set up for my account. 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, horse 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.

Signature: _____
Date: _____

5 Bus Transportation
All overnight camp buses pick up and return campers to West Suburban YMCA, 2420 N. 124th, Wauwatosa.
NOTE all bus fees are due in full at time of registration.
_____ Round Trip Bus – \$50
_____ Bus to Camp ONLY – \$35
_____ Bus from Camp ONLY – \$35

6 Payment Info
Please include the correct deposit for the program you are enrolling in:
Program Session Fee (choose price A, B or C) \$ _____
Extended Stay (\$100) \$ _____
Pony Club (\$35) \$ _____
Matawa T-shirt @ \$12 – Youth size S M L
Adult size: S M L XL (circle one) \$ _____
Bus Fee (if applicable) \$ _____
Camp Store Deposit \$ _____
Tax deductible donation
to YMCA Campership Fund (optional) \$ _____
Less Y Membership Discount (\$50) (\$ _____)
Less Multiple Child Discount (if applicable) (\$ _____)
Total Amount Due \$ _____
Less Deposit Amount Enclosed
(\$100 for each week requested) (\$ _____)
Balance Due \$ _____

Method of Payment:
Check enclosed, payable to YMCA Camp Matawa.
___ MasterCard ___ Visa Amount: \$ _____
Acct #: _____
Security Code: _____ Exp. Date: _____
Please schedule final payment of my camp fees for the following date _____

(Note all payments must be received by June 1, 2011)
 Please contact me to set up a payment plan.