

2010 YMCA CAMP MINIKANI REGISTRATION FORM

875 Amy Belle Rd., Hubertus WI 53033-9657 • Phone: 262.251.9080 • FAX: 262.628.4051 • E-Mail: minikani@ymcamke.org

Register online at www.minikani.org

CAMPER 1 NAME _____ Gender M F

Birthdate ____/____/____ Age, first day of camp _____ Is Child a Previous Minikani Camper? Yes No # years _____

CAMPER 2 NAME _____ Gender M F

Birthdate ____/____/____ Age, first day of camp _____ Is Child a Previous Minikani 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

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				

We 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.....\$ _____

YMCA Member Discount (\$50) - \$ _____

Additional Child Discount (\$50) - \$ _____

Camp Store Deposit + \$ _____

Donate to YMCA Strong Kids Campership Fund..... + \$ _____

BUS TRANSPORTATION

Overnight Bus: One Way To Camp \$35 One Way From Camp \$35 Two Way \$50 + \$ _____

Day Camp Bus: Bus A Bus B Bus C

Total Due with Registration (\$100 per program per child minimum)..... \$ _____

Check Enclosed. (Please make payable to YMCA Camp Minikani)..... \$ _____

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 _____

HOUSEHOLD INCOME/ETHNICITY INFO:

- Household Income (optional)*:
- \$0-\$11,999 \$12,000-\$14,999
 - \$15,000-\$24,999 \$25,000-\$49,999
 - \$50,000-\$74,999 more than \$75,000

Ethnic/Racial Background (optional):*

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other

*This information is required by United Way in order for the YMCA to continue receiving United Way funding. Please help us by filling in the information to the best of your ability.