

APPLICATION DETAILS

DEPOSITS: A \$35.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO RESERVE **EACH** SESSION AND MUST ACCOMPANY THIS APPLICATION. THIS FEE IS APPLIED TO THE TOTAL REGISTRATION BILL. BALANCE IS DUE **two** weeks prior to first day of the session that your child is attending.

SIBLING DISCOUNT: You may deduct \$50 for any additional sibling attending any session for 2011.

RECRUITMENT PROGRAM: Tell a friend and receive 20% rebate. Please see our website for more information.

GROUP ASSIGNMENTS: Making new friends is one of our goals, but **we will try to honor your request to be in the same group as one friend.** Campers must request each other, be within one year of age, enrolled in the same session, and same program.

HEALTH FORMS: A Physician Form with a current physician signature and a Camper Health Form with a parent signature must be submitted for each camper every year. A physical exam must be done within 24 months before attending camp. The health form needs to be mailed prior to the session your child is attending (allow 3 weeks for delivery and processing).

Along with the Physician Form, you will receive a Camper Health Form, Parent Information Letter, and a Parent Handbook via e-mail. Forms can be downloaded at www.phantomlakeymca.org.

PARENT INFORMATION PACKET: This packet will be e-mailed to you after registration is received. It includes the health forms, a list of what to bring, opening and closing day procedures, directions to Phantom, etc. **Please read the information packet carefully for any questions you may have about Day camp!** If you want a packet mailed to you, please contact the office at office@phantomlakeymca.org.

PHANTOM LAKE YMCA CAMP WELCOMES ANY BOY OR GIRL AGE 3-13 AND DOES NOT DISCRIMINATE AGAINST ANY ENROLLED CHILD AND FAMILY OR ANY APPLICANT FOR ENROLLMENT IN ADMISSION, PRIVILEGE OF ENROLLMENT OR DISCHARGE CONDITION ON THE BASIS OF AGE, RACE, COLOR, SEX, SEXUAL ORIENTATION, CREED, DISABILITY, NATIONAL ORIGIN OR ANCESTRY. REQUIRED MEMBERSHIP IN THE PHANTOM LAKE YMCA CAMP IS INCLUDED IN THE CAMP FEE. CAMPERS ARE GLADLY RECEIVED FROM ANY PART OF THE WORLD, REGARDLESS OF YMCA AFFILIATION. PHANTOM LAKE YMCA CAMP 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 CAMPING COMMUNITY, WITHOUT REFUND.

GUARDIAN SIGNATURE

Parental/Guardian Approval: I/We approve this application and certify that our child is in good health. Acceptance of this application is contingent upon the camper passing a physical exam by family physician within twenty-four months before attending camp. I/We agree to release and hold Phantom Lake YMCA Camp harmless in case of illness, accident or injury and that our family insurance will cover any medical expenses. Phantom Lake YMCA Camp has my permission to use any photographs, video or written statements of my child in its annual camp promotion. Phantom Lake YMCA Camp is not responsible for lost, stolen or damaged personal items.

I/We understand a non-refundable deposit of \$35 per child, per session is required with registration and the balance of fees is due two weeks prior to the first day of the session. I/We understand that there is no prorating of weeks and/or no refunds due to missed days. If a cancellation is made before March 1, 2011 Phantom Lake YMCA Camp will retain 100% of the deposit and refund all other paid fees. After March 1, 2011, 50% of all paid fees, minus the deposit will be returned. If a cancellation is made within two weeks of the start of the session 100% of the paid fees will be retained unless there is a verifiable medical excuse from a doctor. FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE. Medical bills, including prescriptions, are the responsibility of the parent.

In the event of cancellation due to misconduct or home sickness Phantom Lake YMCA Camp will retain 100% of the session fee.

We or I (parents) have read and agree to all the conditions of the application.

Signature of Parent/Guardian _____

Date _____

*****NOTE: PARENTAL/GUARDIAN SIGNATURE REQUIRED HERE*****



REGISTRATION FOR 2011 PHANTOM LAKE YMCA DAY CAMP

PHANTOM LAKE YMCA CAMP, S110 W30240 YMCA Camp Road, Mukwonago, WI 53149

Please print. Return with a \$35.00 non-refundable deposit per session. Duplicate brochures online.

**FAST AND
SECURE
REGISTRATION
ONLINE!**

Camper's Name _____ M F Home Phone (____) _____

Camper's Address _____ E-mail (required) _____

City, State _____ Zip _____ Country _____

Parent 1 Name _____ Cell Phone (____) _____ Work Phone (____) _____

Parent 2 Name _____ Cell Phone (____) _____ Work Phone (____) _____

Birthday ____/____/____ Grade as of 9/2011 _____ This is my ____ year at PLYC Day Camp

My _____ was a camper here in _____ **Buddy Request:** (Only one request please) _____
(parent, grandparent, etc.) (year) *Make sure your buddy writes your name down too. See GROUP ASSIGNMENTS on back for more information.*

NEW CAMPERS ONLY: I was recruited by _____ (Recruit a friend and get a 20% rebate)

SESSION DATES AND RATES • PLEASE CIRCLE ALL SESSION(S) DESIRED

| week | A.M. Mini-Tyke 3-6 yrs. old 8:30-11:30 \$114 | Full Day Mini-Tyke 4-6 yrs. old 8:30-4:00 \$249 | Camp Zicahota 7-12 yrs. old 8:30-4:00 \$224 | Camp Nagi 12 & 13 yrs. old 8:30-4:00 \$249 | A.M. Care 7-13 yrs. old 7:00-8:30 a.m. \$22 | P.M. Care 7-13 yrs. old 4:00-6:00 p.m. \$27 |
|------------------|--|---|---|--|---|---|
| 1 June 20-24 | | | | | Sign up for 6 or more weeks get Extended Care FREE | |
| 2 June 27-July 1 | | | | | | |
| 3 July 5-8* | | | | | | |
| 4 July 11-15 | | | | | | |
| 5 July 18-22 | | | | | | |
| 6 July 25-29 | | | | | | |
| 7 Aug. 1-5 | | | | | | |
| 8 Aug. 8-12 | | | | | | |
| 9 Aug. 15-19 | | | | | | |



T-shirt included
Please check size:

Youth:

6-8

10-12

14-16

Adult:

S

M

L

XL

*Camp is closed on July 4th. Adjusted fees are A.M. Mini-Tyke & Nagi \$199, Full Day Mini-Tyke \$199, Camp Zicahota \$188, A.M. Care \$16, P.M. Care \$22.

PAYMENT INFORMATION (All fees are due two weeks prior to the session):

Camp Fees \$ _____

Camper Bank Money (Zics and Nagis only) \$ _____

Discounts \$ _____

I would like to contribute (Strong Kids Campaign) \$ _____

TOTAL \$ _____

_____ Pay Deposit by Check (\$35 per session)

_____ Pay Entire Balance by Check

_____ Pay Deposit by Credit Card

_____ Pay Entire Balance Now by Credit Card

_____ Pay Deposit Now (\$35 per session)

and authorize balance of fees to be charged to my Credit Card two weeks prior to the session(s) my child is attending

Visa MasterCard Card Number ____/____/____/____ Exp. Date _____

Signature: _____ Date _____

PLEASE READ AND SIGN BACK OF FORM