



YMCA Camp MacLean
An affiliate of YMCA of Metropolitan Chicago
 31401 Durand Avenue
 Burlington, WI 53105
 262-763-7742 Phone
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www.campmaclean.com



YMCA Camp MacLean Winter Camp Registration

December 27 - 30, 2009

Register on-line at www.campmaclean.com or fill out this form and mail or fax to camp with a \$150 non-refundable deposit.

Date of Registration _____

Camper's Name _____ Boy _____ Girl _____ Age _____

Address _____ City/State _____

Zip _____ Home # _____ Emergency Name & # _____

Family Insurance Carrier _____ Policy # _____

Please put me in a cabin with _____

FEE: \$375 per camper (includes downhill skiing, roller skating and bus service)

Return this form with a \$150 non-refundable deposit to secure a place for your camper.

Make check payable to YMCA Camp MacLean or charge to:

Visa _____ MasterCard _____ Discover _____ American Express _____ Cardholder _____

Amount \$ _____ Exp. Date _____ Account Number _____

THE FOLLOWING SECTION MUST BE SIGNED BY PARENT OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED

I do hereby give permission to YMCA Camp MacLean to transport the child named off the camp property for the purpose of medical care or program activities as deemed appropriate by the Director. I hereby authorize the camp RN to provide for and secure treatment of general health issues for the minor named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic, or surgery for the child named above. The YMCA does not furnish accident/illness medical insurance. Medical expenses, including prescription drugs, will be the responsibility of the parents or guardians. Camp MacLean has the right to use my credit card on file to pay for prescription drugs.

I understand that my child may be dismissed from the program if his/her behavior or actions are not in keeping with camp goals and policies. Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program. I agree that Camp MacLean reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. There are no refunds in cases when campers leave early due to homesickness, personal commitments, or are dismissed from camp due to disciplinary action.

I agree to the following policies regarding camp fees: Deposits are non-refundable; No refunds will be given for canceling within 10 days of my child's winter camp session; Account balances are due on or before December 18, 2009, 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 December 18, 2009 or later must be paid in full at the time of registration.

The YMCA of Metropolitan Chicago has my permission to use photographs taken of my child while at camp for promotional purposes. We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Parent's or Guardian's Signature _____

FOR OFFICE USE ONLY

Receipt Amount Date

Total Fees _____

Less Deposit _____

Balance Due _____