



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

OFFICE USE ONLY
DATE _____
BRANCH _____
PAYMENT \$ _____
STAFF _____

CAMP WINONA REGISTRATION

2017 SUMMER RESIDENT CAMP | VOLUSIA FLAGLER FAMILY YMCA

PLEASE PRINT CLEARLY

DATE OF APPLICATION _____

CAMPER'S NAME _____ M.I. _____ LAST NAME _____ GENDER (M / F) _____

DATE OF BIRTH _____ AGE AT CAMP _____ SCHOOL _____ GRADE IN FALL _____

ETHNICITY (circle one) White/Caucasian Black/African American Asian Hispanic Native American Indian Other: _____

T-SHIRT SIZE (circle one) YOUTH: S M L ADULT: S M L XL XXL

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

1ST PARENT/GUARDIAN'S NAME _____ WORK PHONE _____ CELL PHONE _____

1ST PARENT/GUARDIAN'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

1ST PARENT/GUARDIAN'S RELATIONSHIP TO CAMPER _____ EMAIL _____

2ND PARENT/GUARDIAN'S NAME _____ WORK PHONE _____ CELL PHONE _____

2ND PARENT/GUARDIAN'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

2ND PARENT/GUARDIAN'S RELATIONSHIP TO CAMPER _____ EMAIL _____

AUTHORIZED PERSON(S) TO PICK UP CAMPER _____

CABIN MATE REQUEST (Must be of same gender and similar age. Not guaranteed.) 1st Choice: _____ 2nd Choice: _____

HOW DID YOU HEAR ABOUT CAMP WINONA? _____

HAS YOUR CHILD ATTENDED CAMP WINONA BEFORE? _____ IF YES, WHAT YEARS/PROGRAMS? _____

NAMES AND AGES OF BROTHERS AND SISTERS: _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

FOOD RESTRICTIONS: _____

FOOD INTOLERANCES & REACTIONS: _____

FOOD ALLERGIES & REACTIONS: _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR CONFIRMATION PACKET WITH ADDITIONAL CAMP FORMS:

PLEASE MAIL TO ME I WILL DOWNLOAD FROM WEBSITE MYSELF (www.campwinona.org)

PLEASE EMAIL TO ME (if email if different from above:) _____

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the Volusia Flagler Family YMCA, Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s), or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

As the undersigned, I understand that no accident or medical insurance is provided with this activity.

As the undersigned, I give my permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS.

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

PARENT / GUARDIAN SIGNATURE

DATE

Flexible Rate System (If a Rate is not chosen, default will be Rate 1)

YMCA Camp Winona is based on a Flexible Rate system. You may register for multiple sessions. All spaces are on a first come, first serve basis.

Flexible Rate pricing is strictly voluntary and operates on the honor system. We realize that families have different abilities to pay. It is the goal of camp to completely cover our expenses yet maintain our commitment to make camp affordable to all. It does not influence your child’s experience at camp. Discounts apply to Rate 1 pricing only.

Rate 1 is based on the full cost of campers participating in the selected programs. It reflects the actual cost of sending a camper to camp including improvements made each year.

Rate 2 is a partially subsidized rate that can help families who cannot always afford the full rate of camp.

If further assistance is needed, you can contact us for a campership application or speak to our staff about further options.

Deposits

A non-refundable deposit of \$75 per camper, per session is required to hold your camper’s spot (\$100 for CVC, \$150 for LIT and \$300 for CIT). The balance (subtracted from total fees), will be due two weeks prior to the session start date. After these dates the fee should be paid in full unless prior arrangements have been made.

Photos/Emails

- **Bunk1** – free viewing online of the best of the photos taken by camp. Purchase of photos/products and of one-way emails to campers available.
- **Camp DVD/CD** – A DVD/CD of all photos taken during the camp session can be purchased from camp for \$10.

TAX DEDUCTIBLE CAMPERSHIP CAMPAIGN DONATION

If you would like to make a donation to the Campership Campaign, please be sure to indicate the amount of your donation with your method of payment information. This donation is tax deductible, and 100 percent of the money donated goes to help kids in your community experience Camp Winona.

RETURN COMPLETED REGISTRATION AND PAYMENT TO:

VOLUSIA FLAGLER FAMILY YMCA
Camp Winona
898 Camp Winona Road
DeLeon Springs, FL 32130

WWW.CAMPWINONA.ORG
P 386.985.4544 F 386.985.6553
CAMPWINONA@VFYMCA.ORG

VFYMCA.ORG

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the “Release”). You individually and on behalf of your minor child, release the Volusia Flagler Family YMCA, Inc. (“YMCA”), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants, and/or others acting on its behalf (collectively, “YMCA”). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardian must sign below)

DATE

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE

IF YOU ARE SCANNING / EMAILING REGISTRATION:

CREDIT/DEBIT CARD
 I HAVE PAID/REGISTERED ONLINE

Do Not Include Card Number in Emails or on Emailed Forms
CONTACT PHONE NUMBER _____

IF YOU ARE MAILING IN REGISTRATION:

CHECK – MAKE PAYABLE TO YMCA CAMP WINONA
 MONEY ORDER
 CREDIT/DEBIT CARD
 I HAVE PAID/REGISTERED ONLINE

ACCOUNT NUMBER _____

EXP. DATE _____ **CVC #** _____

CAMP PAYMENT \$ _____ **CAMP DONATION \$** _____

CAMP TOTAL \$ _____

TOTAL AMOUNT CHARGED TODAY \$ _____

SIGNATURE _____

NAME AS IT APPEARS ON CARD _____

CVC# is the security number located on the back of the card.
The YMCA processes all checks as electronic funds transfers (EFT) transactions.

2017 Summer Camp Dates		Session #1 June 4-9	Session #2 June 11-16	Session #3 June 18-23	Session #4 June 25-30	Session #5 July 2-7	Session #6 July 9-14	Fees	
Traditional Camp Session (6days/5nights) Ages: 6-15 Includes all meals, snacks, activities & Camp T-shirt		<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510	<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510	<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510	<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510	<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510	<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510		
Teen Week (6days/5nights) Ages: 13-16 Held alongside traditional camp but with fun extras just for teens		<input type="checkbox"/> Rate 1 \$550 <input type="checkbox"/> Rate 2 \$510							
Specialized Activities Ages: 10 + Attending Traditional Camp Session, Teen Week or Reunion Week Offered each week for an additional fee.	Paintball Program 4 days/week Ages: 10 + \$75 Add On Waiver required	<input type="checkbox"/> Add On \$75	<input type="checkbox"/> Add On \$75	<input type="checkbox"/> Add On \$75	<input type="checkbox"/> Add On \$75	<input type="checkbox"/> Add On \$75	<input type="checkbox"/> Add On \$75		
	High Ropes Program Ages: 10 + 2 two-hr blocks/wk \$30 Add On	<input type="checkbox"/> Add On \$30	<input type="checkbox"/> Add On \$30	<input type="checkbox"/> Add On \$30	<input type="checkbox"/> Add On \$30	<input type="checkbox"/> Add On \$30	<input type="checkbox"/> Add On \$30	<input type="checkbox"/> Add On \$30	
Mini Camp (3days/2nights) Ages: 6-8 An introduction to camp life Maximum count per session - 10	Boys Mini Camp Ages: 6-8 June 11-13							<input type="checkbox"/> Rate 1 \$195 <input type="checkbox"/> Rate 2 \$185	
	Girls Mini Camp Ages: 6-8 June 14-16							<input type="checkbox"/> Rate 1 \$195 <input type="checkbox"/> Rate 2 \$185	
Weekend Stayover (3days/2nights) \$150 Add On Includes meals, lodging, transportation & entrance to trips when applicable **All trips subject to change.		<input type="checkbox"/> Add On \$150 Fun Spot	<input type="checkbox"/> Add On \$150 TBA	<input type="checkbox"/> Add On \$150 Wonderworks	<input type="checkbox"/> Add On \$150 4th of July Camp Bash	<input type="checkbox"/> Add On \$150 TBA			
Counselors-In-Training (CIT) Ages: *Rising Junior (11 th) By approval only with CIT application available by contacting Camp Winona								<input type="checkbox"/> CIT Rate \$1,700	
Leaders-In-Training (LIT) Ages: *Rising Sophomores (10 th) Two-week program with weekend stay on property								<input type="checkbox"/> Rate 1 \$1,230 <input type="checkbox"/> Rate 2 \$1,150	
High School Christian Values Camp (CVC) Ages: Rising Freshmen (9 th) through graduating Seniors (12 th) Location: Black Mountain, NC									<input type="checkbox"/> CVC Rate \$700
Reunion Week – Traditional Camp For campers who are already signed up for and attending an earlier session during 2017 YMCA Camp Winona Summer Resident Camp								<input type="checkbox"/> Rate 1 \$467.50	
Tax Deductible Campership Campaign Donation 100% goes towards helping children in the community experience camp – In 2016 over 14% of our campers were able to come because of donations.									
SUBTOTAL:									

DISCOUNTS: Not to exceed \$100 per camper. Applies to Rate 1 pricing **only**. Rate 2 and scholarship recipients are not eligible for additional discounts.

Early Bird Special (\$25 store credit) Must be registered by January 31 st , 2017	<input type="checkbox"/>
Bring-A-Friend Discount (-\$25 each) For each new camper once they register New Camper(s) Name(s) 1. _____ 2. _____ 3. _____	(-)
Multiple Children Discount (-\$25 each additional) For each additional camper in household attending same session(s)	(-)
Early Paid-In-Full Discount Pay in full your 1 st session of camp by March 1, 2017 to receive a 2 nd week at \$440	(-)
TOTAL FOR 2017 SUMMER RESIDENT CAMP:	

NON-REFUNDABLE DEPOSITS:

Traditional Summer Camp, Mini Camp, Teen Camp, Reunion Week	\$75 * _____ Sessions =
Counselors-In-Training (CIT)	\$300 * _____ Program =
Leaders-In-Training (LIT)	\$150 * _____ Program =
High School Christian Values Camp (CVC)	\$100 * _____ Program =
TOTAL MINIMUM DUE AT SIGN UP:	

All registrations sent without the required deposits will result in the camper NOT being placed in the desired session(s) until said payment is received.