



### SUMMER 2016 OVERNIGHT CAMP REGISTRATION

Child's Information: **New or Returning Camper**      **Number of Years at Camp Wewa** \_\_\_\_\_

Camper Name: \_\_\_\_\_      Called By: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Age at Camp: \_\_\_\_yrs \_\_\_\_months

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level (Fall 2015): \_\_\_\_

YMCA Member: Yes No      Which YMCA Family Center? \_\_\_\_\_

How did you hear about camp? \_\_\_\_\_

Cabin mate Requests (can only guarantee 2 per camper if less than one calendar year difference in age, will try to accommodate all other requests) \_\_\_\_\_

Camper Family Primary Email Address: \_\_\_\_\_  
(All camp communication will go to this email address)

**Mother/Guardian Information:      Responsible Party: Yes      No      Primary Guardian: Yes      No**

Name: \_\_\_\_\_      Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_      Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_

Email: \_\_\_\_\_

**Father/Guardian Information: Responsible Party: Yes      No      Primary Guardian: Yes      No**

Name: \_\_\_\_\_      Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_      Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_

Email: \_\_\_\_\_

**I understand that whoever completes the registration form for this child will be held responsible for all payments to be made regarding summer camp. Also, no party, other than those listed on this page as "Responsible Party" will be permitted to alter any information in this registration packet including, among other things, the authorization of any party signing out this child. Any changes that need to be made will be made in writing and submitted directly to the camp office personnel by the "Responsible Party". have read this full application and agree to abide by all rules and regulations.**

\_\_\_\_\_  
**Responsible Party Signature**

\_\_\_\_\_  
**Date**



# CAMP WEWA



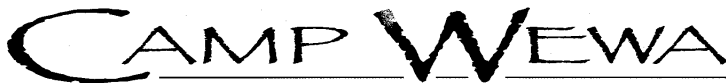
## 2016 Resident Camp

### Wewa 2016 Camp Selection Form Ages 6-16 Please Circle your Sessions

A one time per family non-refundable registration fee of \$50.00 and \$150.00 deposit per session is required with application to hold the spot for camp

### YMCA of Central Florida Family Member Prices (*Non-Members add \$50 per session*)

Session #	Postmarked/Received		Cost
	Theme	Dates	
2	Carnival	Sun, June 19 <sup>th</sup> – Fri, June 24 <sup>th</sup>	\$965
5	Western	Sun, July 17 <sup>th</sup> – Fri, July 22 <sup>nd</sup>	\$965
7	Color War	Sun, July 31 <sup>st</sup> – Fri, August 5 <sup>th</sup>	\$965



Camper Name: \_\_\_\_\_

Camper Birth Date: \_\_\_\_\_

**PAYMENT OPTIONS**  
**ALL BALANCES ARE DUE 2 WEEKS**  
**PRIOR TO CAMP**

Camp Price for non-TLC Clients is \$1165 with  
CC and \$1115 for Cash.

I have enclosed full payment and registration fee with application.

American Express     Discover     Master Card     Visa     Check

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand that all fees are expected to be paid by May 15, 2014. All accounts with a balance will automatically be charged with credit card on file. If you have paid a deposit by check and have not paid your balance by May 15, 2013 you will forfeit your spot at camp.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

**FEES**

*Resident Camp Registration Fee	_____ \$50 _____
*Deposit/Tuition (\$150 per session)	_____
Non YMCACF Membership Fee (\$50 per session)	_____
Send a Kid to Camp Campaign	_____
Bring a Friend Discount (\$50 off per new camper)	_____
<b>Total Balance</b>	_____
<b>Total Fees Enclosed</b>	_____

\*due with application in order to secure session is reserved for your child

**\*A \$50 one-time per family non-refundable registration fee is required to be paid with the \$150 session deposit to save your spot for the weeks they are attending.**

**If Registering after May 1, 2016**

The camp registration fee as listed on the application and the entire amount is due upon registering.

**Refunds/Changes & Cancellations**

All balances for all sessions must be paid by May 15, 2016. A deposit refund of \$150 per session will be made if camp is notified in writing of cancellation prior to April 1, 2016. Cancellations after April 1, 2016 forfeits the full deposit per session that you cancel. **All cancellations and/or changes must be made in writing and must be made at least 2 weeks prior to the start of camp. Any changes made after that day will forfeit all camp fees.**

**Camp Scholarship Contribution (All gifts are Tax Deductible)**

When you donate to **Send a Kid to Camp** campaign, you are not only giving a child a chance to enjoy all the thrills of Wewa, but you are also providing them with a character building experience that will last a lifetime.

**US Mail 221 S. Binion Road Apopka FL, 32703**  
**Fax 407-886-3736 Attn: Resident Camp Registrar**  
**Email: [wewa@cfymca.org](mailto:wewa@cfymca.org)**



**\*\*IMPORTANT\*\***

**All changes and cancellations must be made in WRITING either by  
US Mail 221 S. Binion Road Apopka FL, 32703  
Fax 407-886-3736 Attn: Resident Camp Registrar  
Email: [wewa@cfymca.org](mailto:wewa@cfymca.org)**

**"Responsible Party" will be accountable for the balance of their session if they do not follow the cancellation policy stated on previous page.**

**If you have any questions call the camp office at 407-886-1240**

**I UNDERSTAND I WILL NEED TO COMPLETE THE 4 PAGE HEALTH HISTORY FORM AND RETURN BY MAY 21!**

**I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release the Central Florida YMCA, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I agree to have my child examined within one year of attendance prior to the camp session attending by a licensed physician stating that he/she is free from communicable disease and has not been exposed to such. Health History forms, Physical Examination and Immunization records are required, and are due by May 15th. I also agree to have the camp staff perform a general health check of my camper at the time of arrival.**

I hereby give permission to the camp to provide routine health care, administer prescribed medications and medications according to Standing Orders by a licensed physician, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation from me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

The Central Florida YMCA reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other campers. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting Central Florida YMCA programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or others) may be present. No refunds or prorates will be given.

**Accommodation Clause:**

The YMCA of Central Florida will provide reasonable accommodation to students with disabilities, provided these accommodations do not pose undue hardship on the organization or jeopardize the safety of other students or employees. Management reserves the right to make all program-related decisions on reasonable accommodations. The YMCA of Central Florida's goal is to be as inclusive as possible in providing recreational opportunities for all youth. By enrolling your child in the program, you agree your child is physically fit, has the skill level required to participate, is able to use restroom facilities with minimal assistance, and is able to eat meals and snacks unassisted. If there are questions regarding your child's ability to participate in the program, the YMCA of Central Florida may require an individualized assessment. Please note that we are not able to provide one-on-one supervision of your child.

**I have read and understand the Parent Handbook. I understand and agree to abide by the policies stated within. (Please contact the camp office for a copy or download from [www.ymcawewa.org](http://www.ymcawewa.org).)**

**Camp Fee Information:** All "Resident Camp" Sessions can hold a spot with a \$150 deposit if registering prior to May 15th. Full payment due by May 15th. All payments must be in full after May 15th. I understand that YMCA Camp Wewa must receive an application, camp selection form, and deposit in order to register a camper for any session; no discounts or reductions may be applied to the non-refundable deposit of \$150 per session. The total fees for the respective session (less the deposit, discounts, credits and/or scholarships) are due by May 15th. A \$50 late fee will be charged to your account per session for any late payments and/or forms. Cancellation made in writing and postmarked by April 1st will be eligible for a refund of fees paid toward the season. There will be no refund of deposit made on cancellations after April 1st and a \$50 processing fee will be charged for any session changes made after April 1st. Cancellations within 2 weeks of the session(s) registered for may result in liability for all fees. I understand that there will be no refunds given for Central Florida YMCA Camp Wewa Programs after April 1st. I also understand that no credits will be given for days missed, late arrival or early departure during any Central Florida YMCA Camping Services Programs.

**I understand that each camp in which my child is enrolled may have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials. I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.**

\_\_\_\_\_  
**Responsible Party Signature**

\_\_\_\_\_  
**Date**

**YMCA Mission:** The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen Spirit, Mind and Body.