



2017 SUMMER CAMP APPLICATION

* Application must be signed and dated (both Cancellation and Waiver statements) to be accepted.

Please complete and return to:

Camp Manito-wish YMCA
P.O. Box 246
Boulder Junction, WI 54512
Ph: 715.385.2312 • Fax: 715.385.2461
camp@manito-wish.org



SUMMER CAMP

Camper Information	Camper name	First			Middle in.	Last			Nickname	
	Camper birthdate	Month	Day	Year	I am a (check):	New camper	Returning	for my ___ year at Manito-wish	Cabin last year	
	Primary Address	Street			City			State	Zip	Country
	Contact info	Phone # (for address above)			Preferred email (for parent/ guardian)			School name and grade (Fall 2017)		

Family Status	Camper lives at above address with:	Both parents	Mother	Father	Guardian	Other (please note who)
	Send communication from Camp to:	Both parents	Mother	Father	Guardian	Other (please note who)

Parent/guardian #1	Name	Mr.	Ms.	Dr.	First	Middle in.	Last		
	Are you an alum?	Yes	No	If yes, your maiden name?	Your workplace	Your profession			
	Phone	()	()	()	Work	Home	Cell		
	Address if different from camper	Street			City			State	Zip

Parent/guardian #2	Name	Mr.	Ms.	Dr.	First	Middle in.	Last		
	Are you an alum?	Yes	No	If yes, your maiden name?	Your workplace	Your profession			
	Phone	()	()	()	Work	Home	Cell		
	Address if different from camper	Street			City			State	Zip

Survey	How did you learn about us?	Internet / website — where:	Camp fair — where:	Must Register by 10/31/16	HAND DEL
		Information night — where:	Advertising — where:	Indicate sweatshirt size	MAILED
		Friend, family, school — who:	Other — who or what:	YL AS AM AL AXL	

Summer Camp Session Options	Select here	Session and Duration	Eligibility	Session Dates	
	BOYS Sessions*		1 st Two-week session	Entering 5 th — 10 th grade in fall 2017	June 14 (Wed) – June 27 (Tue)
			2 nd Two-week session		June 29 (Thur) – July 12 (Wed)
			Four-week session	Entering 8 th — 10 th grade in fall 2017	June 14 (Wed) – July 12 (Wed)
	Select here	Session and Duration	Eligibility	Session Dates	
	GIRLS Sessions*		1 st Two-week session	Entering 5 th — 10 th grade in fall 2017	July 15 (Sat) – July 28 (Fri)
			2 nd Two-week session		July 30 (Sun) – Aug 12 (Sat)
			Four-week session	Entering 8 th — 10 th grade in fall 2017	July 15 (Sat) – Aug 12 (Sat)
	* Campers may enroll in more than one session. All campers participate in a wilderness trip. Most will take a canoe trip of appropriate length and challenge. Backpacking and sea kayaking options are also available as campers progress through the program. These alternate trip options fill as campers are accepted.				
	Alternate Trip Options	Select here	Trip	Duration	Eligibility
		Porcupine Mountain backpacking	4-6 nights (2-week campers)	Entering 8 th — 10 th grade in fall 2017	
			6-7 nights (4-week campers)		
	Sea Kayaking	5-7 nights	Entering 9 th — 10 th grade in fall 2017 (must be 14 years old by session start date)		

Fees	Fees include staff, <i>all</i> activities, instruction, equipment use, wilderness trip, meals, lodging, and facilities. We are happy to offer our families two fee options. You may choose the actual fee or the adjusted fee . The actual fees reflect the true cost needed to deliver a Manito-wish experience. Because of generous contributions to our Annual Fund Drive and Endowment Funds, we are able to offer families an adjusted fee . Please choose the fee which is most suitable for your family. The fee you choose in no way influences the experience your camper will receive. Please check your selection below. Payment plans and Camperships (financial assistance) are available. Please contact our office for more information.					
	2-week session:	Actual: \$2,140	Adjusted: \$2,010	4-week session:	Actual: \$4,455	Adjusted: \$4,180

Payment Options	I will pay with:	VISA®	MasterCard®	Check — write check # in space here:		
	I am paying:	Entire Fee	Deposit — Deposit minimum is \$400; write amount here:			
	If making a deposit:	Invoice me for remainder in March		Charge my card in equal monthly payments thru April (if enrolling after March 1, please contact Camp office.)		
	Card #	3-digit CSV		Exp. Date		
	Cardholder	Daytime phone				
	Billing Address	Street	City	State	Zip	Country
	Person financially responsible for camper	Name	Phone	Relationship to camper		
	Primary Address	Street	City	State	Zip	Country

Cancellation & Image Use Agreement	I hereby apply for my child to attend Camp Manito-wish YMCA. Enclosed you will find the required deposit which I understand will be credited toward the camp fee if my child is accepted for enrollment. I agree to pay the total camp fee on or before April 30, 2017. I understand that in the event of cancellation 1) Before February 1, Camp Manito-wish will retain 25% of the full deposit. 2) Between February 1 and June 1, Camp Manito-wish will retain the full deposit. 3) In the event of cancellation on or after June 1, dismissal due to misconduct, or withdrawal due to homesickness, Camp Manito-wish will retain 100% of the session fee. If a medical condition (confirmed by a physician) occurs, Camp Manito-wish will retain \$100 and refund the pro-rated balance. I understand the terms covering payment of camp fees and hereby give my approval and consent to the application. Photo/image-use information: I hereby give permission to use any video, photographs, or written statements from my child's experience in public relations materials including the internet without compensation.
	Parent/Guardian Signature* Date*

Waiver Information	I understand that although Camp Manito-wish YMCA has taken reasonable steps to provide my child with appropriate training, equipment and skilled staff for his/her camp experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of these activities. Such risks include, but are not limited to, those associated with canoeing, portaging, backpacking, sea kayaking, waterfront activities, horseback riding, wildlife, vehicle transportation, and other components of the camp experience and wilderness travel. Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the Camp Manito-wish YMCA Inc., their representatives and successors for all claims or liabilities of any kind arising out of my child's participation in this camp experience. I have read the descriptions of the session, understand the requirements for participation, and give my child permission to participate. I assume and accept full responsibility for his/her participation. IN CASE OF SURGICAL EMERGENCY , I hereby give my permission to the physician selected by the Camp administration to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. I accept responsibility for medical/surgical treatment charges which may be incurred on my child's behalf.
	Parent/Guardian Signature* Date*

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