

## YMCA Camp Hanes 2009 Registration Form

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Previous number of years at Camp Hanes \_\_\_\_\_

School attending in Fall 2009 \_\_\_\_\_ Grade in Fall of 2009 \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Business \_\_\_\_\_ Mother's Business \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family E-mail Address \_\_\_\_\_ Cabin mate Preferred (Must be mutual) \_\_\_\_\_

Emergency Contact (other than parent) **REQUIRED** \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about Camp Hanes? \_\_\_\_\_

Parents: Did you attend Camp Hanes as a camper or staff? Yes No If yes what years? \_\_\_\_\_

Does the camper have any special needs? Yes No e.g. Asthma, ADD/HD, physical impairments. Please describe: \_\_\_\_\_

Camper lives with:  
 Both Parents  
 Father  
 Mother  
 Guardian

### HOW TO REGISTER

Check all sessions that you wish to attend. Complete both sides of the registration form and mail or fax it to the Camp Hanes Office.

A \$175.00 non-refundable deposit (except for accident or illness) per session, which is part of the total camp fee, is required for this registration form to be processed and your child's spot reserved. Verification from a physician must accompany cancellations. \$75.00 is considered an administrative fee and is not refundable under any circumstances.

If you have any questions feel free to give us call during regular business hours (8:00am-5:00pm Monday-Friday)

**(336) 983-3131-voice**  
**(336) 983-983-4624-fax**

**Register online @**  
**www.camphanes.org**

### Traditional Camp

#### Climbers: Ages 7-11

Session 1	June 21 - 26	\$659
Session 2	June 28 - July 3	\$659
Session 3	July 5 - 10	\$659
Session 4	July 12 - 17	\$659
Session 5	July 19 - 24	\$659
Session 6	July 26 - 31	\$659
Session 7	August 2 - 7	\$659

#### Mountaineers: Ages 12-14

Session 1	June 21 - 26	\$659
Session 2	June 28 - July 3	\$659
Session 3	July 5 - 10	\$659
Session 4	July 12 - 17	\$659
Session 5	July 19 - 24	\$659
Session 6	July 26 - 31	\$659
Session 7	August 2 - 7	\$659

#### Mini Camp: Ages 6-9

Mini Camp	June 10-13	\$299
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*\*Mini Camp will begin the evening of the 10<sup>th</sup>.*

### Specialty Programs

#### Horseback Riding

Any Session	\$110
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#### Paintball Lessons

<input type="checkbox"/> Any Session	\$85
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### Adventure / Teen / Leadership Camps

#### Adventure Program: Ages 12-15

Adventure 1	June 21 - 26	\$699
Adventure 2	June 28 - July 3	\$699
Adventure 3	July 5 - 10	\$699
Adventure 4	July 12 - 17	\$699
Adventure 5	July 19 - 24	\$699
Adventure 6	July 26 - 31	\$699
Adventure 7	August 2 - 7	\$699

#### Teen Camp: Ages 13-15

Session 1	June 21 - 26	\$689
Session 2	June 28 - July 3	\$689
Session 3	July 5 - 10	\$689
Session 4	July 12 - 17	\$689
Session 5	July 19 - 24	\$689
Session 6	July 26 - 31	\$689
Session 7	August 2 - 7	\$689

#### Leaders in Training (LIT) Ages 14-15\*

LIT 1	June 22 - July 11	\$1429
LIT 2	July 20 - August 8	\$1429

\*Camp prefers for the LITs to go home on weekends to rest for the following week. If the LIT is staying for the holdover weekend the additional fee will be added to the overall cost.

### Counselors in Training

#### (CIT) \*Ages Rising Juniors

CIT 1 June 21 - July 10

CIT 2 July 19 - August 7

**Cost of CIT Program \$440**

\*Candidates must contact the Summer Director by January 31, 2009.

### CIT Volunteers

**(For those who were in the CIT program last year but will not be rising seniors and Junior Counselors)**

CIT 1 June 21 - July 10

CIT 2 July 19 - August 7

No cost for this program.

**\*MUST CONTACT DIRECTOR TO BE IN THIS PROGRAM!**

### Holdover Weekend \*

June 26 - 28 \$150

July 3 - 5 \$150

July 10 - 12 \$150

July 17 - 19 \$150

July 24 - 26 \$150

August 1 - 3 \$150

\*Used only for extending into a second session.

**PARENT / GUARDIAN AGREEMENT – Please read and sign**

The Program Director reserves the right to decline the application of any child, or send home any child who, according to the Director’s discretion, is not a desirable associate for the other campers, or puts him/herself or others at risk.

Photographs will occasionally be taken of the children during the Program. I, the undersigned, consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to my child or me.

I, the undersigned, give my permission for my child to leave the Camp Grounds with authorized Branch staff for scheduled trips and outings.

**Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities, which my child will engage in during the program. In consideration of the Branch allowing my child to participate in the Program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of respective officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities, field trips or the above described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

**Certification of Ability to Participate and Medical Authorization.** I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Program activities for which he or she has been registered.

I, the undersigned, understand that in the case of illness or injury of my child the Branch will try to notify me or the emergency contact listed on the Program Registration form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child’s caregiver, as applicable, to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

I agree to have my child examined by a physician within 24 months prior to their participation in the Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Payment Method			
Check (Please make payable to YMCA Camp Hanes)			
Master Card	Visa	Discover	
Card #			
Name on Card			
Amount to be charged		\$	/ / Exp Date.
Security Code			
Signature			

Computation Area	
Fees for Session(s) chosen	\$
Horseback Lessons	\$
Partner with Youth Donation (Help send a child to camp)	\$
Total Fee:	\$
Payment Enclosed (Must be all deposits for chosen sessions)	\$
Balance Due	\$

Our Parent Pack will be mailed to you once this registration form has been received. It will contain: Camper Confidential Form, Camper Health History Form, Family Handbook (What to bring etc), directions to camp, and more.

Please fill these forms out completely and return them to our office as soon as possible.

**You must have your child examined by a physician within 24 months prior to their participation in our programs.**

Call for information on setting up a Payment Plan for your registration fees. (336)983-3131.

**Please mail or fax all registrations to:**

**YMCA Camp Hanes**  
**1225 Camp Hanes Road**  
**King, NC 27021**  
**(336)983-3131 – voice**  
**(336)983-4624 – fax**  
**<http://www.camphanes.org>**



