

**Tier 1:**

This rate reflects actual cost of program. If you are able to pay this amount, please do so.

Tier 2:

Partially subsidized to help families that cannot afford full cost of program

Tier 3:

Heavily subsidized rate for families who are in great need of assistance

Rookie Camp - Entering grades 2-3 (3-day program)

<u>Session</u>	<u>Dates</u>	<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Week 2	July 12-15	\$340	\$270	\$ 240
Week 4	July 26-29	\$340	\$270	\$ 240

Youth Camp – Entering grades 3-8 (1 & 2-wk program)

<u>Session</u>	<u>Dates</u>	<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Week 1	July 5-11	\$560	\$460	\$400
Week 2	July 12-18	\$560	\$460	\$400
Week 3	July 19-25	\$560	\$460	\$400
Week 2&3	July 12-25	\$1040	\$860	\$750
Week 4	July 26-Aug 1	\$560	\$460	\$400
Week 5	Aug 2-Aug 8	\$560	\$460	\$400
Week 4&5	Jul 26-Aug 8	\$1040	\$860	\$750

Teen Camp - Entering grades 9-10 (1 & 2-wk program)

<u>Session</u>	<u>Dates</u>	<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Week 1	July 5-11	\$590	\$480	\$420
Week 2	July 12-18	\$590	\$480	\$420
Week 3	July 19-25	\$590	\$480	\$420
Week 2&3	July 12-25	\$1,090	\$910	\$790
Week 4	July 26-Aug 1	\$590	\$480	\$420
Week 5	Aug 2-Aug 8	\$590	\$480	\$420
Week 4&5	Jul 26-Aug 8	\$1,090	\$910	\$790

Camper in Leadership Training (CILT) – Entering grades 10-11 (2-wk program)

<u>Session</u>	<u>Dates</u>	<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Week 2 & 3	July 12-25	\$750	\$630	\$550
Week 4 & 5	July 26-Aug 8	\$750	\$630	\$550

Senior Camper in Leadership Training (SCILT) - *NEW*– Entering grades 10-11 (2-wk program)

<u>Session</u>	<u>Dates</u>	<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Week 2 & 3	July 12-25	\$750	\$630	\$550
Week 4 & 5	July 26-Aug 8	\$750	\$630	\$550

Assistant Leader (AL) – Entering grades 12 or equivalent leadership experience (2-wk program)

<u>Session</u>	<u>Dates</u>	<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Week 2 & 3	July 12-25	\$710	\$600	\$520
Week 4 & 5	July 26-Aug 8	\$710	\$600	\$520

Family Camp – September 5-7– Labor Day Weekend

		<u>Tier I</u>	<u>Tier II</u>	<u>Tier III</u>
Adults	18 & up	\$233	\$195	\$175
Children	5-17	\$166	\$140	\$126
Children	4 & under	Free	Free	Free

YMCA CAMP LOMA MAR SUMMER 2009 REGISTRATION



You may also register online www.camplomamar.org. Return forms to YMCA Camp Loma Mar by mail or fax.
 YMCA Camp Loma Mar, 9900 Pescadero Creek Road, Loma Mar, CA 94021-Telephone: 650-879-0223 Fax: 650-879-2101
Please complete one (1) registration form for each child

My Child will be attending: Program _____ Session(s) _____ Week(s) _____ Tier _____

Camper's Full Name _____ Date of Birth ___/___/___ Gender ___M ___F Ethnicity _____

Address _____ Age during Camp ___ Ist yr at camp ___ # yrs attending Camp ___

Parent/Guardian Full Name _____ Parent/Guardian Date of Birth ___/___/___ (membership purposes)

Home Phone _____ Day Phone _____ Cell Phone _____ Email _____

Camper Email (optional) _____ Cabin mate Request (must be within 1 yr in age and mutual request) _____

Does the camper have any dietary considerations/allergies? _____ Vegetarian ___ Other _____

CAMP FEES

▶ Do you have a current membership with YMCA? If NO, add YMCA membership fee ___ \$35 youth ___\$60 family \$ _____

▶ Summer Resident Camp Fee (select from programs and tier prices) \$ _____

▶ Transportation: \$40 each way: Oakland: ___To Camp \$40 ___From Camp \$40 ___Round Trip \$80
 Fremont: ___To Camp \$40 ___From Camp \$40 ___Round Trip \$80
 (Weeks 1-4 only) Richmond: ___To Camp \$40 ___From Camp \$40 ___Round Trip \$80 \$ _____

▶ Camp Store Money – \$20-\$40 suggested amount per session \$ _____

▶ T-Shirt: \$15.00 Adult: ___XL ___L ___M ___S Child: ___L ___M ___S \$ _____

Sweatshirt: \$35.00 Adult: ___XL ___L ___M ___S \$25.00 Child: ___L ___M ___S \$ _____

Donations accepted: 25% of our campers will receive some financial assistance thanks to the kindness and generosity of our many donors \$ _____

TOTAL COST \$ _____

▶ Deposit: A \$75.00 non-refundable fee per camper must be received before registration can be processed. LESS DEPOSIT \$ _____

Amount Paid \$ _____

All fees must be paid in full 14 days prior to start of camp. A \$20 administration fee will be charged for ANY changes made one week prior to the beginning of each session BALANCE DUE \$ _____

___ Enclosed is my check for Amount Paid today

___ I authorize YMCA Camp Loma Mar to charge Amount Paid today on my credit card Visa Master Card # _____

Name on card: _____ Exp. Date: _____ Signature: _____

I understand that my deposit of \$75 per camper is non-refundable and there is a \$20 administration fee for ANY changes made one week prior to the beginning of each session. I agree to pay the balance of all camp fees at least two weeks before camp starts to avoid a \$25 late fee. All Changes made to registration must be submitted in writing.

Any cancellation less than two weeks prior to start date will result in a refund of 50% of the camp fees less the deposit. Cancellations with less than one week notice will result in a refund of 25% of the camp fee less the deposit. There will be no refund if a camper does not show for a registered session without notice. Please submit any registration changes in writing.

Medical excuses prior to camp session starting require a physician's written letter to be considered for a refund (less deposit). Requests for refunds with special circumstances must be submitted in writing for consideration

Registration for YMCA Camp Loma Mar programs indicates permission to use photographs of participant(s) in promotional materials.

Parent/Guardian Signature _____ Date _____

Camper Signature _____ Date _____

YMCA Camp Loma Mar

POLICIES AND CONDITIONS OF ENROLLMENT

YMCA Camp Loma Mar emphasizes *care, honesty, responsibility* and *respect* in the camp experience. To achieve this, the following are some of our conditions and policies. We ask parents and campers to indicate their understanding by signing this form where indicated below.

1. The camper, his/her parents and relatives agree to abide by the rules and regulations set by Camp for the health, safety and welfare of all the campers.
2. Campers are expected to use appropriate language, are not allowed to smoke or chew tobacco, or possess any smoking materials, and may not use or possess alcoholic beverages or illegal drugs. Weapons and fireworks are also prohibited. Possession of any of these items will result in disciplinary action.
3. All medications, drugs, aspirin, cough syrup, etc. must be kept in the Camp Health House under the control of the Camp Health Supervisor.
4. The phone is off-limits to campers while we are in session (except in case of emergency). Please utilize the mail, fax, or email options. In case of family emergency, please call the Camp Office at 650-879-0223. Campers may not receive visitors except with the permission of the Camp Director and the camper's parents.
5. Radios, digital cameras, walkmans, MP3 players, video games, cell phones or camera phones etc. are not permitted at Camp.
6. Campers are encouraged to develop friendships with members of the opposite sex; however, exclusive relationships or sexual behavior is strictly prohibited at Camp.
7. Campers are to remain in their cabins after "lights out."
8. All personal belongings are to remain unlocked at camp. The Camp Directors reserve the right to look through any camper's belongings for inappropriate items if deemed necessary.
9. During the camp session(s), if both parents, or guardian leave their place of residence for an extended period of time, the Camp Program Office (650) 879-0223 must be advised as to where they can be reached in case of an emergency.
10. Camp is not responsible for articles of clothing or personal belongings lost or damaged by fire, theft, laundry, etc.
11. Racial and sexual harassment, or any other form of harassment, is not permitted while at Camp.
12. Violence is not permitted and will not be tolerated.
13. All rules and policies are strictly enforced. Any criminal act(s) or failure to abide by Camp rules may result in immediate dismissal from camp with no refund.
14. **Parent/Guardian acknowledges by signature below that he or she is responsible to provide transportation home if the camper is unable to complete a session due to homesickness, illness or inappropriate behavior. If transportation must be provided, parent/guardian or sponsoring organization will be responsible for the cost of transportation.**

Acknowledged by:

Camper's Name

Camper's Signature

Date

Parent/Guardian's Name

Parent/Guardian's Signature

Date

YMCA Camp Loma Mar Health History Form



Complete one form per child; all medication sent to camp must be given to Camp Nurse and labeled clearly with Doctor's instructions. See reverse side of this form.

Child's Name _____ M F Age _____ Birth Date _____ Ethnicity _____ Grade _____

Address _____ Apt. _____ City _____ Zip _____ Hm. Phone _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Birth Date _____ Ethnicity _____ Birth Date _____ Ethnicity _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Parent/Guardian daytime phone _____ Parent/Guardian daytime phone _____

Pager/cell phone _____ Pager/cell phone _____

EMERGENCY INFORMATION	CHILD RELEASE AUTHORIZATION																																	
<p>Authorized persons to be called in case of an emergency, when parents can not be reached:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Phone</th> <th style="width: 33%;">Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Phone	Relationship										<p>Persons AUTHORIZED to pick up child from the facility (Parents must be listed below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Phone</th> <th style="width: 33%;">Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Persons NOT AUTHORIZED to pick up child from the facility:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Phone</th> <th style="width: 33%;">Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Child in custody of (check one): <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other: _____</p> <p>Child lives with (check one): <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other: _____</p>	Name	Phone	Relationship										Name	Phone	Relationship						
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<p style="text-align: center;">INFORMATION REQUIRED BY STATE LAW</p> <p>Health Insurance Co: _____</p> <p>Policy Number: _____</p> <p>Family Physician: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Family Dentist: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Tetanus Immunization Date: _____</p> <p style="text-align: center;">HEALTH RECORD (check applicable conditions or allergies)</p> <p><input type="checkbox"/> Ear Infections <input type="checkbox"/> Convulsions <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Diabetes <input type="checkbox"/> Insect Stings <input type="checkbox"/> Poison Oak <input type="checkbox"/> Hay Fever <input type="checkbox"/> Penicillin <input type="checkbox"/> Behavior Problems: _____</p> <p>Other: _____</p> <p>Operations, serious injuries, diseases, restrictions on physical activity: _____</p>	<p style="text-align: center;">How did you hear about this YMCA program?</p> <p><input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> YMCA Member <input type="checkbox"/> Previous Participant <input type="checkbox"/> Mailed brochure <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Internet site (please specify) _____</p>																																	

Over-the-counter medications such as Tylenol, Ibuprofen, or other _____ may be dispensed to my child by an authorized person at Camp Loma Mar.

Parent/Guardian Signature REQUIRED: _____ **Date:** _____

PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature REQUIRED: _____ **Date:** _____



Medication Release Form

Section 1: Physician's Instructions for Acute or Chronic Problem

If your child is under doctor's care for an acute or chronic problem, your physician needs to know that the child will be away from home for several days. Please have physician give instructions in this space for care of child.

Section 2: Prescription Medication (The medication must be in its prescription container)

Print Name of Child (Last, First)	Sex _____ M _____ F	Birth Date
My child (named above) will be assisted by an authorized person in taking prescribed medication (described below) at YMCA Camp Loma Mar, in compliance with the program's policies and procedures.		
Signature of custodial parent or guardian	Date signed	Home Telephone ()

Medications

Description of prescribed medications shall be completed by child's physician

	Name of Medication 1.	Name of Medication 2.	Name of Medication 3.
Purpose of Medication			
Dosage Prescribed			
Time Schedule			
Dose form (liquid, tablet, etc.)			
Date of Prescription			
Length of Time Medication is Necessary			
Precautions, special instructions, possible adverse effects, or comments:			

To be completed by Physician

Print Name of Physician:	The above named child, for whom the above medication is prescribed, is under my care.
Telephone Number:	Signature of Physician:
Address (street, city, state, and zip):	Date Signed:

Health History

If there has been any history of the following, please circle and explain where necessary:

Nose Bleeds	Trouble w/ears	Heart Trouble	Convulsions	Asthma/Hay Fever	Bed Wetting
Trouble w/ eyes	Chronic Cough	Fainting	Shortness of Breath	Hyperactivity	Hives
Food Allergies? _____	Allergies to Sunscreen? _____				