



# YMCA Camp Abnaki

A Resident Camp for Boys grades 2-10 since 1901

2017 REGISTRATION FORM - PAGE 1



"Help the Other Fellow"

### Personal Information (Please complete one form for each child registered)

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Present Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Primary Parent/Guardian \_\_\_\_\_ D.O.B. (Required) \_\_\_\_\_

(Check if custodial)

Month/Day/Year

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation/Organization \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_ D.O.B. (Required) \_\_\_\_\_

(Check if custodial)

Month/Day/Year

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation/Organization \_\_\_\_\_

### Emergency Contacts (Must be different than adults listed above)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

### Cabin Mate Request

We will honor one mutual cabin mate request per camper. All cabin mate requests must be made by the parents of both campers. Requested cabin mates **must be of similar age (within 18 mos.)** to ensure an age-appropriate experience for all campers.

I wish my child to be in a cabin with \_\_\_\_\_.

### Airport Pick Up Option (Additional Fee)

Transportation from Burlington & Montreal Airports

#### One Way Service:

Burlington (\$55) Montreal (\$100)

#### Round Trip Service:

Burlington (\$110) Montreal (\$200)

### Two Week Sessions

(Please Check)

- Session 2 - July 2 to July 15
- Session 3 - July 16 to July 29
- Session 4 - July 30 to August 12

#### Circle Selected Tier

C \$1,550 B \$1,400 A \$1,250

All prices above include a \$45 store credit  
Sibling discount \$160

\*For explanation on tiered pricing, please see back\*

### One Week Sessions

(Please Check)

- Session 1 - June 25 to July 1
- Session 5 - August 13 to August 19

#### Circle Selected Tier

C \$900 B \$825 A \$750

All prices above include \$25 store credit  
Sibling discount \$100

\*For explanation on tiered pricing, please see back\*

### Other Information

#### Special Dietary Restrictions?

This will be my son's \_\_\_\_\_ year at camp.

He previously attended in:  
(circle all that apply)

'07 '08 '09 '10 '11 '12 '13 '14 '15 '16

My son's t-shirt size is: \_\_\_\_\_

### PAYMENT CALCULATION

Total Camp Fee (based on selected tier above) + \_\_\_\_\_

Less Sibling Discount (applies to 2nd or more registered children, lowest cost session) (\_\_\_\_\_)

Less YMCA Member Discount, if applicable (\$50, applies once per family per summer) (\_\_\_\_\_)

Airport pick-up fee (optional) + \_\_\_\_\_

Changeover weekend \$90 (optional) (only if signing up for more than one session) + \_\_\_\_\_

Kids to Camp Campaign Donation + \_\_\_\_\_

**TOTAL DUE** = \_\_\_\_\_

Amount enclosed, must include \$150 deposit (\_\_\_\_\_)

Balance Due on or before May 12th, 2017 \_\_\_\_\_

### PAYMENT INFORMATION

DEPOSIT

- I am paying my deposit by enclosed check
- I am paying my deposit by credit card or electronic funds transfer (EFT) from a bank account.  
-Please complete the enclosed Payment Authorization Form

BALANCE

- I will pay my remaining balance on or before May 12, 2017:
  - In full by credit card, check, or EFT (Please provide information)
  - I will set up a payment plan with the GBYMCA Business Office
  - Via the enclosed Payment Authorization Form

I am applying for financial assistance from Camp Abnaki.  
**Note: financial aid applicants must pay the \$150 registration deposit to secure a space. Forms available online.**

I have enclosed my financial assistance forms with this form

I am receiving payment from a third party:

-Name of person/organization: \_\_\_\_\_

-Phone number of person/organization: \_\_\_\_\_

- Please Complete Reverse Side of the Registration Form -



# YMCA Camp Abnaki

A Resident Camp for Boys Grades 2-10 since 1901  
2017 REGISTRATION FORM - PAGE 2



"Help the Other Fellow"

## Parent/Guardian Authorization

In order that Camp Abnaki may provide each camper maximum opportunity for his personal development, I understand in signing this application that I certify my son is healthy and free of problems that could be deleterious to his happiness and that of other campers. I agree that in the event this application is accepted and a place reserved for him at Camp Abnaki, he will remain in camp until the end of the period for which the reservation has been made unless he is dismissed by the camp authorities for misconduct or for cause considered sufficient by the camp. In case of voluntary dismissal for cause as herein provided, I understand there will be no refund of camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the un-expired portion of the term. It is my sincere wish that my son enjoy the experiences afforded to boys at the camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating or archery, etc., may involve hazards for which the camp cannot be held responsible. In case of sickness I wish my son held at the camp infirmary, and in the event of apparent serious illness, I wish him sent to a reliable hospital and skilled medical aid called at once, for which charges I will be responsible. I authorize the medical designates of the camp to administer any urgent or emergency treatment considered necessary by the camp medical staff. I desire that notification of such illness be sent to me by prompt means of communication. Camp Abnaki reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp Abnaki also reserves the right to decline to accept an application and to dismiss a boy from camp. The camp assumes no responsibility for loss or damage by any cause to personal property of campers. I grant permission for my child to be photographed or video taped for uses such as program brochures, staff training and other YMCA promotional/internal business. If I am concerned about my child being photographed, I will notify the director in writing. It is my desire that my son be enrolled, as indicated on the reverse side, subject to the indicated conditions. I enclose the registration fee and agree to pay the full tuition within the terms stated on the enrollment information. In signing this application I certify that my son is covered by health and accident insurance or Medicaid and that I am obliged to provide the camp with the name of the carrier and policy number. I understand that if my account falls delinquent I am responsible for all fees accrued, including the cost of collections activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*"I wish to attend Camp Abnaki and agree to do my best to abide by the rules of conduct and customs at camp."  
"I realize by attending Camp Abnaki that I may have the time of my life which might result in an overload of fun."*

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

### TIERED PRICING

Recognizing that families have differing abilities to pay, we offer three pricing tiers for campers.

**Tier C** helps us to cover long-term depreciation and growth

**Tier B** reflects our operating expenses including repairs and maintenance

**Tier A** is our historically low rate and does not fully cover camp operating expenses

This program is voluntary and offers an opportunity for families to support the true cost of operating the camp. The tier you choose in no way influences your camper's experience. *Financial assistance is available for those who request it.*

**If you prefer, you can register online at [campabnaki.org](http://campabnaki.org)**

#### For standard paper registration:

Please send this form with your \$150 non-refundable deposit per session to:

YMCA Camp Abnaki  
266 College St., Burlington, VT 05401  
(802) 652-8180

**All registration forms received after  
May 12th, 2017 require full payment two weeks  
prior to camp start date.**

Additional forms such as health and medical, pack list, camper confidential, and parent handbook will be mailed upon receipt of your registration.

**YMCA Camp Abnaki is ACA Accredited**



#### For Office Use Only

Date Received: \_\_\_\_\_

In DAXKO: \_\_\_\_\_

On Spreadsheet: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

If Applicable: \_\_\_\_\_

Financial Assistance  
Application Received: \_\_\_\_\_



# CAMP ABNAKI PAYMENT AUTHORIZATION FORM REQUIRED FORM

I hereby authorize the Greater Burlington Y to automatically transfer my tuition payment for YMCA Camp Abnaki from the checking, savings, or credit card account listed below for: Child name(s):

CHOOSE ONE:

\_\_\_\_\_ Checking Account (must attach voided check or copy of)

\_\_\_\_\_ Savings Account (must attach savings deposit slip)

\_\_\_\_\_ Credit Card Account (VISA, MasterCard, American Express)

\_\_\_\_\_ Use payment information currently on file with the Y

\_\_\_\_\_ Credit Card Number

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Type of card

Please choose a payment option for overnight camp:

Please process my tuition payment less my deposit(s) on **May 12, 2017**.

*Or*

Please process my tuition payment less my deposit(s) using a payment plan. I will contact the GBYMCA Business Office to set up this plan.

If I would like to make any changes to the provided information, I will notify the Greater Burlington Y to ensure my account does not fall into arrears. I understand if my payment is declined, the Y will attempt to reprocess it one time before contacting me. I have read and understand the Y Financial Policies.

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Phone# \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return the authorization form to Business Office, Greater Burlington YMCA,  
266 College St, Burlington, VT 05401 or fax to 802-660-8689. PH 652-8190**