

2009 YMCA Camper Application

Please complete this form and return with the appropriate deposit (*non-refundable, non-transferable*) see below.

Mail to: **Camp Sky-Y; 5725 S. Senator Hwy Prescott, AZ 86303 or Chauncey Ranch HC63, Box 3027, Mayer AZ 86333**

For questions regarding Camp Sky-Y please call 800-660-1385 or for Chauncey Ranch please call 928-632-7704. Fax to: Sky-Y 928-445-1908 or Chauncey Ranch 928-632-7746.

Grade in Fall _____; Age at Camp _____

Camper Name: _____ boy; girl; Date of birth ____/____/____

Home Address: _____ City _____ ST _____, Zip _____

Parent 1 Name: _____ email _____ Home: (____) _____

Employer: _____ Work: (____) _____ Cell: (____) _____

Parent 2 Name: _____ email _____ Home: (____) _____

Employer: _____ Work: (____) _____ Cell: (____) _____

Who is the camper living with? Parent 1____ Parent 2____ Other _____

Relationship if not parent: _____ Are you legal guardian? Yes____; No____

Other Emergency contact: _____ Work: (____) _____ Cell: (____) _____

Address: _____ City _____ ST _____ Zip _____ Home: (____) _____

Family Medical Insurance carrier or plan name: _____ Group # _____

Family insurance is always considered primary; camp carries secondary health & accident insurance.

Camper General Health Information: this section is **in addition** to the required Health History form that is brought to camp.

Does camper take medication? Yes____, No____, What: _____ Dosage sched: _____

Camper Allergies: Food? Yes____, No____ Medicine? Yes____ No____ Explain _____

Other: _____

List any restrictions camper is under: _____

Cabin Mate request: _____ One request per camper, please.

Cabin mate requests must appear on both campers registrations and must be both campers must be in the same age grouping. Requests are not guaranteed.

We reserve the right to separate groups of more than 3 campers to facilitate new group/cabin friendships.

Cabins are grouped in Villages by age, so campers of the same age but not sharing the same cabin are in the same Village.

Name/Session # _____	Session Date: _____	Fees (A or B)	\$ _____
_____ Camp Sky-Y	YMCA member ID # _____; or Program Member Fee	\$30	\$ _____
_____ Chauncey Ranch	Transportation: Round Trip____; To Camp ____; To Phoenix ____:	\$65	\$ _____
Check one	Lil Cowpoke/Rancher Bus; Sat____; Sun. ____;	\$35	\$ _____
	Chauncey Saddle Club (ages 9-12 only) : \$100____; or Trail Rides @ \$25 each (3 max) _____		
	Stay Over between Sessions; Yes____; No____	\$60	\$ _____
	Camp Store (optional)		\$ _____
	TOTAL	\$ _____	
	(Less Deposit or Payment Amount)	\$ _____	
	Balance Due	\$ _____	

Registration requires a **Minimum Deposit** which is a part of the Camp Fee.
 \$50, Half wk program
 \$100, Full wk program
 \$200, 2-3 Wk programs

Program Member Fee also required for non YMCA members.
 \$30 Program member fee

Credit Card # _____ Visa/MC/AmEx/Discover

Expiration _____ CVV2# _____ ***Make checks payable to: YMCA Camping Services***

TO PARENT OR GUARDIAN: Please check the registration information for accuracy. Please read the following statement and sign at the point indicated below. "Admission as a camper to Camps Sky-Y and/or Chauncey Ranch carries many privileges and responsibilities. Campers are expected to participate in the total life of camp: to work, play and live together. Camp Administration does not allow the use of tobacco, alcohol, illegal drugs or weapons. Registration application signifies my understanding and acceptance of these responsibilities – violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect work with other campers or their enjoyment of camps Sky-Y and/or Chauncey Ranch, CAMP ADMINISTRATION RESERVES THE RIGHT TO DISMISS THOSE CAMPERS RESPONSIBLE, WITHOUT A REFUND. In the event of the withdrawal or dismissal from camp for any other reason than illness requiring the attention of a physician, I will pay the camp fee in full. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administrator to hospitalize, secure proper treatment of, and to order injection, anesthesia or surgery for my child as named above. I will notify the Camp Director if my child has any serious restrictions related to his/her participation in the camp program. I also understand that the Valley of the Sun YMCA and its Camping Services Branch assume no responsibility for accidental injury to my child during his/her stay at the camps. Photographs of my child may be used for promotional materials."

Parents signature _____ Date _____

Camper Name: _____

Cabin Mate Request: _____

Please fill BOTH sides of this form out and mail or fax back to the YMCA camp office.

Camp Sky-Y									
Date	May 31-June 6	June 7-13	June 14-20	June 21-27	June 28-July 4	July 5-11	July 12-18	July 19-25	July 26-Aug 1
Session #	1	2	3	4	5	6	7	8	Family Camp
A-\$555 B-\$480	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B
Secret Agent Camp		<input type="checkbox"/> Fee A \$605		<input type="checkbox"/> Fee A \$605		<input type="checkbox"/> Fee A \$605			
Ecology Camp		<input type="checkbox"/> Fee A \$605					<input type="checkbox"/> Fee A \$605		
Day Adventure Camp			<input type="checkbox"/> Fee A \$605						
Adventure Camp		National Parks & Water Sports		Environmental Service June 21-29		Habitat for Humanity NM July 5-18		Ultimate California Adventure	
Leadership Programs		LIT <input type="checkbox"/> Fee A \$605		CIT <input type="checkbox"/> Fee A \$1,000		LIT <input type="checkbox"/> Fee A \$605		<input type="checkbox"/> Fee A \$890	

Chauncey Ranch								
Ranch Camp Date	May 31-June 6	June 7-13	June 14-20	June 21-27	June 28-July 4	July 5-11	July 12-18	July 19-25
Session #	1	2	3	4	5	6	7	8
A-\$555 B-\$480		<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B		<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	<input type="checkbox"/> Fee A <input type="checkbox"/> Fee B	
Saddle Club \$100 TrailRide \$25 x		<input type="checkbox"/> \$100 OR <input type="checkbox"/> \$25x	<input type="checkbox"/> \$100 OR <input type="checkbox"/> \$25x	<input type="checkbox"/> \$100 OR <input type="checkbox"/> \$25x		<input type="checkbox"/> \$100 OR <input type="checkbox"/> \$25x	<input type="checkbox"/> \$100 OR <input type="checkbox"/> \$25x	
Vaqueros		<input type="checkbox"/> Fee A \$695	<input type="checkbox"/> Fee A \$695	<input type="checkbox"/> Fee A \$695		<input type="checkbox"/> Fee A \$695	<input type="checkbox"/> Fee A \$695	
Equitation Camp					<input type="checkbox"/> Fee A \$695			
Cowboy Camp		Cowboy Camp #1		Cowboy Camp #2		Cowboy Camp #3		
		<input type="checkbox"/> Fee A \$1535	<input type="checkbox"/> Fee B \$1460	<input type="checkbox"/> Fee A \$1535	<input type="checkbox"/> Fee B \$1460	<input type="checkbox"/> Fee A \$1535	<input type="checkbox"/> Fee B \$1460	
		Trail Mastets (TMs) <input type="checkbox"/> Fee A \$1690			Amaestradors <input type="checkbox"/> Fee A \$2250		<input type="checkbox"/> Fee B \$2050	

Chauncey Ranch										
	June 7/10 Sun-Wed	June 10-13 Wed-Sat	June 14-17 Sun-Wed	June 17-20 Wed-Sat	June 21-24 Sun-Wed	June 24-27 Wed-Sat	July 5-8 Sun-Wed	July 8-11 Wed-Sat	July 12-15 Sun-Wed	July 15-18 Wed-Sat
Lil Rancher	Boys & girls ages 7-8 Transportation ONLY available on Sat. & Sun. NO Wed. bus available.									
\$275	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A
\$250	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B
\$35	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus
LilCowpoke	Boys & Girls ages 9-10 Transportation ONLY available on Sat. & Sun. NO Wed. bus available.									
\$300	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A	<input type="checkbox"/> Fee A
\$275	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B	<input type="checkbox"/> Fee B
\$35	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus