

**VALLEY OF THE SUN  
YMCA CAMPING SERVICES**

**Parent Checklist  
Camp Sky –Y & Chauncey Ranch**

**Keep this list and bring to Check-In on the first day of Camp Session.**

**Camper Name:** \_\_\_\_\_ **Session** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check in at Camp is always Sunday from 1-3pm; pick up is Saturday from 9:30-11:00am.**

The exceptions are all camps associated with Session 6 which checks in on Monday July 5th.

- |                          |   |          |                        |
|--------------------------|---|----------|------------------------|
| <input type="checkbox"/> | <b>Camp Application; Return immediately</b>                                   |          | <b>Mailed</b> _____    |
| <input type="checkbox"/> | <b>Membership (\$30 Fee)</b>  | \$ _____ | <b>Date paid</b> _____ |
| <input type="checkbox"/> | <b>Deposit</b>  | \$ _____ | <b>Date paid</b> _____ |
| <input type="checkbox"/> | <b>Final Payment</b>  | \$ _____ | <b>Date paid</b> _____ |
|                          | <i>(Due 14 days prior to camp date)</i>                                       |          |                        |
| <input type="checkbox"/> | <b>Store Money</b>  | \$ _____ | <b>Date paid</b> _____ |
| <input type="checkbox"/> | <b>Bus Fee (\$65 Fee)</b>   | \$ _____ | <b>Date paid</b> _____ |
| <input type="checkbox"/> | <b>Saturday Night Stay-Over Fee (\$60 Fee)</b>                                | \$ _____ | <b>Date paid</b> _____ |
|                          | <i>(Sky Y Only)</i>   |          |                        |
| <input type="checkbox"/> | <b>Saddle Club Fee (\$100 Fee)</b>  | \$ _____ | <b>Date paid</b> _____ |
|                          | <i>(Chauncey Ranch Only)</i>  |          |                        |
| <input type="checkbox"/> | <b>Extra Trail Ride Fee (\$25/each Fee)</b>                                   | \$ _____ | <b>Date paid</b> _____ |
|                          | <i>(Chauncey Ranch Only)</i>  |          |                        |
| <input type="checkbox"/> | <b>Physical completed by doctor (every 2 years)</b>                           |          |                        |
| <input type="checkbox"/> | <b>Medications in ORIGINAL container with Campers Name</b>                    |          |                        |
| <input type="checkbox"/> | <b>Review "What to Bring List"</b> <i>All items marked with camper's name</i> |          |                        |

**BRING ALL FORMS TO CHECK IN**

- Camper Health Form (Green 4 pgs)**  
*(Return first day of Session)*
- Confidential Form (Blue 1 pg)**  
*(Return first day of Session)*
- Waiver & Release & Camper Behavior Form (Goldenrod- 1 pg)**  
*(Return first day of Session)*
- Over the Counter Medication Form (yellow- 1 pg)**  
*(Return first day of Session)*