



**in Partnership with
St. Mary's Medical Center,
Evansville**

**2013
INdependence
Diabetes
Camp
Application**

**AMERICAN CAMP ASSOCIATION
- ACCREDITED CAMP -**

www.campcarson.org
campinfo@ymcacampcarson.org
Phone: 812-385-3597
Fax: 812-386-1654

**PLEASE COMPLETE
AND MAIL TO:**

**Registrations
YMCA Camp Carson
2034 Outer Lake Rd
Princeton, IN 47670**

As a result of the generous support of the Jay Cutler Foundation, in helping to establish a camp in southern Indiana for children with **Type 1 Diabetes**, we are able to offer extensive financial support in making an overnight camp experience accessible to all. **Through the Jay Cutler Foundation** the true cost of the camp has already been **underwritten by 50%**. (True cost of camp is \$625) **Also because of the Jay Cutler Foundation, we are able to offer additional assistance as outlined below.**

Why 3 Prices? Realizing that families have differing abilities to pay, we've instituted a voluntary 3-tier pricing program. Please take a moment to look at the rate descriptions below and determine which of the three prices your family is able and willing to pay for your child's camp experience. This is strictly an honor system; select the fee you feel is appropriate by marking both the price and camp session/program below.

This program is voluntary and in no way influences the experience children receive.

<p>Rate A - 2012 Rate Based on 50% of the actual cost of camp for child to participate.</p> <p>Example <input type="radio"/> \$300 <input type="radio"/> \$200 <input type="radio"/> \$100</p>	<p>Rate B- 2012 Rate This is an additional subsidized rate for those who can pay a little more but still can't afford the actual cost of camp.</p> <p>Example <input type="radio"/> \$300 <input type="radio"/> \$200 <input type="radio"/> \$100</p>	<p>Rate C- 2012 Rate This is our standard subsidized fee. (Please contact camp if additional assistance is needed.)</p> <p>Example <input type="radio"/> \$300 <input type="radio"/> \$200 <input type="radio"/> \$100</p>
<p>Diabetes INdependence Camp</p> <p>A - \$300 B - \$200 C - \$100</p>		<p>Diabetes INdependence Camp - Counselor in Training</p> <p>A - \$500 B - \$400 C - \$300</p>

If further financial assistance is needed, please call the camp office for more information.

Please Circle Session(s), Program(s) and **RATE** you are selecting. One application must be completed for each camper attending.

Session 1	June 3 - 15	Diabetes INdependence Camp - Counselor in Training (CIT - D) (rising 11 th grade) (2 week camp June 16 - 28) (additional option though July 5)
Session 2	June 23 - 28	Diabetes INdependence Camp - (ages 9 - 15)

PLEASE **YES** or **NO** regarding **INTEREST** in our Horseback program, This option **may** be made available **DEPENDING** on overall interest. Checking "Yes" does not commit your child to participating in horseback riding, it simply allows us to assess interest and staffing needs.

YES My child is **INTERESTED** in **horseback riding** for an **additional \$20** fee, per day. Check ONE: TWO Day Option , THREE Day Option , FIVE Day Option (\$90 Total) **NO** My child IS NOT INTERESTED in horseback riding.

I wish to donate **\$10** **\$25** **\$50** **\$75** **\$100** **Other \$** _____ All donations are tax deductible. Your contribution will help sponsor other children to camp and also underwrite program costs and equipment repairs. Thank you for your consideration and support.

We also have traditional camp sessions that run during this same week. If you have another child who would like to attend camp at the same time, please use the traditional camp application.

First time applicant YES or previous camper How many years _____ Previously Attended? (Shoshone, LIT, etc.) _____

Camper's Name _____
 First _____ Middle _____ Last _____ Name Called _____

Gender M F Grade Completed by June 2012 _____ Date of Birth _____ Age at camp Yrs. _____ Months _____

Home Mailing Address _____
 Street _____ City _____ State _____ Zip _____

Home Phone _____ Parent(s) e-mail _____

(Step) Father's Name (Dr., Mr.) _____ Cell Phone _____ Business Phone _____

Business Name _____
 Business Address _____ Street _____ City _____ State _____ Zip _____

(Step) Mother's Name (Dr., Mrs., Ms.) _____ Cell Phone _____ Business Phone _____

Business Name _____
 Business Address _____ Street _____ City _____ State _____ Zip _____

Name(s) of parents or guardian(s) with whom camper lives _____

Parents are: Married Divorced Separated Remarried Single Parent Widowed

CAMPER NAME _____

Date of Birth _____

PLEASE READ CAREFULLY and SIGN

YMCA Camp Carson is committed to providing children with an opportunity for full and **equal enjoyment** of the camping experience. For this reason, we regret that children who do not have the promise of living cooperatively, compatibly and safely with other children cannot be accepted into the program.

If your child appears to have any serious behavioral problems or special circumstances involving physical, medical (aside from Type 1 Diabetes) or social concerns, the Director should be notified of this now so that reasonable modification can be considered. Camping is designed to be a strong influence in the lives of the children it serves and YMCA Camp Carson realizes that typical problems are usually overcome through a program of high expectations and positive motivation. In the event that our program/facility is not a good match, we will do everything we can to help you locate a camp that would be more suited to serving your child's needs.

The 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. If a camper is dismissed due to behavioral/social issues, the tuition is not refundable.

By making application, it is understood that permission is hereby given to use photographs in which my child as a camper may appear in the Camp brochure, DVD, web site, or other promotional literature/posters used by the camp, YMCA of SW IN, American Camp Association, YMCA of the USA, St. Mary's Medical Center or other camp affiliates. It is also understood that YMCA Camp Carson and St. Mary's Medical Center are not responsible for articles of clothing or personal belongings damaged or missing in transit, loss or theft.

- I am enclosing a **registration fee of \$75.00** for Diabetes Independence Camp or Diabetes Independence Camp – Counselor in Training as indicated on the front of this form. I understand this registration fee will be applied to the total tuition fee. I will pay the remaining balance **by May 15, 2013**. **Registrations received after May 15, 2013 should include the entire camp fee.**
- I understand the total registration fee of an applicant on the **waiting list** is refundable if space does not become available.
- I understand that the registration fee of \$75.00 per week is a registration fee and is **not refundable under any circumstances**.
- I understand that if YMCA Camp Carson receives WRITTEN NOTIFICATION of cancellation **prior to May 15, 2013**, I will receive a full refund less my registration fee. After this date the fees are non-refundable, unless a camper from the waitlist can accept the space.

- I agree to have this child examined by a licensed physician within one year of arrival camp and to present a properly completed **YMCA Camp Carson Health Examination Form no later than May 15, 2013**. Health Forms will be mailed to parents after the registration is received.
- I understand that there are increased levels of risk with any adventure-based program. At YMCA Camp Carson these programs include Alpine Tower, Pamper Pole, Zip-lines, Giant Swing, The Blob, Lake/Waterfront activities, Archery, Riflery, Mtn. bikes/boards and off-site trips. My signature below gives my child permission to participate in these activities, assuming they meet the age criteria.
- I have read, understand, and agree to all the above.

SIGNATURE OF PARENT OR GUARDIAN

Discounts for Full Week Sessions: **2nd Child Discount - \$20** **Sign Up a Friend Discount - \$10** (this must be the friend's first year at YMCA Camp Carson and your name must appear on their application to receive credit)

Friend _____ Friend _____ Friend _____

I am selecting to pay by Check (enclosed) Debit Card / Credit Card Charge Registration Only Charge Entire Fee

(Use additional sheet if necessary)

VISA MasterCard Card # - - - Expires -
Month Year

Optional PAYMENT PLAN: Please all that apply Note: The payment plan option is one of the most convenient and easiest budgeting options for families.

I am selecting the payment plan – Please charge only the registration fee today then the balance, in equal amounts, on the 15th of each month until May 15th 2013

AUTOMATIC PAYMENT PLANS and TERMS Please make monthly drafts through my Debit/credit card Checking account Savings account

- Initial registration fee of \$75.00 must be made prior to beginning the payment plan.
- Drafts will be processed on the 15th of each month. If the 15th falls on a weekend or a holiday, the draft will occur on the next business day.
- Drafts can be taken by debit/credit card or through checking or savings accounts.
- The draft amount will be determined by the Session(s) selected, additional options chosen (horseback/dirt-bikes) and the month in which the sign up occurs.
- If a payment is returned by the bank due to insufficient funds, a letter will be sent to the parent informing them of the double draft that will occur with the next payment along with any bank fees incurred for insufficient funds.
- If a payment is returned by the bank for any reason other than non-sufficient funds or if it is returned for non-sufficient funds for two consecutive months, the camp balance will no longer be eligible for the payment plan option.
- Automatic payments will start on the 15th of the month following the payment of your registration fee and will continue until the final draft on May 15th.

INSTRUCTIONS: Return the completed camp application and **supply debit/credit card to be used for automatic monthly payments here:**

VISA MasterCard Card - - Expires -
Month Year

OR for bank drafts enclose a voided check for checking accounts or a copy of your account card for savings accounts.

To obtain the amount of your monthly deduction contact the camp office.

If you change bank accounts, you must notify the camp office staff immediately to update your information. This contact must be made by the 10th of the month so that changes can be made for the draft on the 15th.

How did you hear about YMCA Camp Carson? _____

Are you making application for any siblings for any of the 2013 sessions? YES _____ NO _____

Are either or both parents former YMCA Camp Carson counselors or campers? YES _____ NO _____

Name _____ Dates at Camp: Camper _____ Staff _____

Name _____ Dates at Camp: Camper _____ Staff _____

Names/addresses of other families you recommend to receive information about **YMCA Camp Carson** (Use additional sheet if necessary):

Parent's Name: _____ Child's Name: _____

Address _____
Street City State Zip

YMCA Mission: The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through relationships and activities that promote healthy spirit, mind and body.

YMCA Camp Carson is operated in accordance with the U.S. Department of Agriculture policy which does not permit discrimination because of race, color, sex, age, handicap, or national origin.