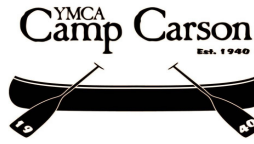


PLEASE COMPLETE AND MAIL TO:  
 Registrations  
 YMCA Camp Carson  
 2034 Outer Lake Rd  
 Princeton, IN 47670

# 2012 Application



www.campcarson.org  
 campinfo@ymca.evansville.net  
 Phone: 812-385-3597  
 Fax: 812-386-1654

- AMERICAN CAMP ASSOCIATION -  
 - ACCREDITED CAMP -

**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.**

**Additional Financial Assistance is available. Call for an application or download at www.campcarson.org**

Rate A – 2012 Rate			Rate B– 2012 Rate			Rate C– 2012 Rate	
Based on the actual cost of camp for child to participate. Includes expenses for staff, maintenance, food, programs, supplies, and wear/tear/depreciation.			This is our partially subsidized rate for those who can pay a little more but still can't afford the actual cost of camp.			This is our standard subsidized fee. For most programs this is a small increase over summer 2010 fees.	
Example	\$599	\$549 \$499	Example	\$599	\$549 \$499	Example	\$599 \$549 \$499
<b>Shoshone</b>	<b>Wrangler</b>	<b>Counselor in Training</b>	<b>Leader in Training</b>	<b>Soccer Camp</b>	<b>Fox</b>	<b>Diabetes /Ndependence Camp</b>	<b>Gibson County</b>
<b>A - \$599</b>	<b>A - \$684</b>	<b>A - \$938</b>	<b>A - \$1018</b>	<b>A - \$649</b>	<b>A - \$329</b>	Call for registration info	<b>Day Camp</b>
<b>B - \$549</b>	<b>B - \$634</b>	<b>B - \$888</b>	<b>B - \$968</b>	<b>B - \$599</b>	<b>B - \$304</b>	<b>Camp Kesem</b>	Call for
<b>C - \$499</b>	<b>C - \$584</b>	<b>C - \$838</b>	<b>C - \$918</b>	<b>C - \$549</b>	<b>C - \$279</b>	Call for registration info	registration info

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

**Sign up for any two consecutive sessions and add \$120 for the weekend stay-over. Includes a day at Holiday World & Splashin' Safari.**

Session	Dates	Programs	Diabetes /Ndependence Camp	Fox Camps	Soccer Camp	
Session 1	June 3 - 8	Shoshone 1 (ages 7-16) Wrangler 1 (ages 11 - 15)	Diabetes /Ndependence Camp CIT 2 wk (rising 11 <sup>th</sup> grade) (2 week camp June 3 - 15)	Fox Camps - (ages 7 - 8)	Soccer Camp (ages 10 - 14) June 3 - 8	
Session 2	June 10 - 15	Shoshone 2 (ages 7-16) Wrangler 2 (ages 11 - 15)	Diabetes /Ndependence Camp (ages 9 - 12)	Fox 1A June 3-5 Fox 1 B June 6-8		
Session 3	June 17 - 22	Shoshone 3 (ages 7-16) Wrangler 3 (ages 11 - 15)	Call for registration info on the above Diabetes Camp Programs			
Session 4	June 24 - 29	<b>EVANSVILLE SAFETY PATROL - For more information contact School Safety Patrol Office - 812-475-1336</b>				
Session 5	July 1 - 6	<b>SESSION FILLED</b>				
Session 6	July 8 - 13	Shoshone 6 (ages 7-16) Wrangler 6 (ages 11 - 15)	Leaders in Training (LIT) (2 week camp) (rising 10 <sup>th</sup> grade) July 8 - 20			
Session 7	July 15 - 20	Shoshone 7 (ages 7-16) Wrangler 7 (ages 11 - 15)				
Session 8	July 22 - 27	Shoshone 8 (ages 7-16) Wrangler 8 (ages 11 - 15)				
Session 9	July 29 - Aug 4	<b>Pre-booked Session - CAMP KESEM - for campers (ages 6 - 13) with a parent who has (has had) cancer. Call for registration info</b>				

Check here to confirm selecting dates by 3/15/12

Not sure about your family's summer schedule? You can register, then simply check the box on the side to state that you will designate the session by March 15<sup>th</sup>, 2012

PLEASE  YES or NO regarding participation in our Horseback program, Dirt-Bike program and/or Weekend Stay-Over

- YES My child (age 8 and up) wants to participate in horseback riding for an additional \$20 fee, per day. Check ONE: TWO Day Option \_\_\_\_\_, THREE Day Option \_\_\_\_\_, FIVE Day Option (\$90 Total) \_\_\_\_\_
- YES My child (age 11 and up) wants to participate in dirt-bike riding for an additional \$90 fee, per week. Please check one: \_\_\_\_\_ first time dirt-bike program participant at Camp Carson \_\_\_\_\_ returning dirt-bike program participant at Camp Carson
- NO My child does not want to participate in horseback.
- NO My child does not want to participate in dirt-bike riding.
- YES My child will be staying over between sessions. I understand there is an **add'l \$120 fee** per weekend.
- NO My child will not be staying over the weekend.

Please list session #'s for additional Horseback or Dirt-bike riding: \_\_\_\_\_

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 \_\_\_\_\_ Widowed \_\_\_\_\_ Single Parent \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_

**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, 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 pictures 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 Southwestern Indiana inc., American Camp Association, YMCA of the USA, or other camp affiliates. It is also understood that YMCA Camp Carson is 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 per session** for Session(s) \_\_\_\_\_ in the \_\_\_\_\_ program, which will be applied to the total tuition fee. I will pay the remaining balance by **May 15, 2012. (Registrations received after May 15, 2012 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 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, 2012** 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 May 15<sup>th</sup>, 2012.** (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

**REGISTER ONLINE at [www.campcarson.org](http://www.campcarson.org)**

**Discounts for Full Week Sessions:**      **2<sup>nd</sup> 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 \_\_\_\_\_

(Use additional sheet if necessary)

METHOD OF PAYMENT: 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 15<sup>th</sup> of each month until May 15<sup>th</sup> 2012

**PAYMENT PLAN - AUTO BANK-DRAFT - TERMS**      Please make monthly drafts through my  checking  savings account

- Initial registration fee of \$75 must be made prior to bank-draft being processed.
- Drafts will be processed on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a weekend or a holiday, the draft will occur on the next business day.
- Drafts can be taken out of 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 bank-draft 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 bank-draft 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 bank-draft payment option.
- Drafts against your bank account will start on the 15<sup>th</sup> of the month after this form returned and will continue until the draft on May 15<sup>th</sup>.

**INSTRUCTIONS:**      **Return** the completed camp application, **along with** a **voided check or a copy of your account card for a savings account.**  
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 10<sup>th</sup> of the month so that changes can be made for the draft on the 15<sup>th</sup>.

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

VISA     MasterCard    Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires \_\_\_\_\_ (M M / Y Y)

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.

How did you hear about YMCA Camp Carson? \_\_\_\_\_

Are you making application for any siblings for any of the 2012 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.**