

2010 Registration Form

Registration begins February 1st. Y Member registration begins January 25. No phone, fax or walk-in registrations accepted. **NOTE:** Please use one registration form per person per session attending Camp. Please copy this form or go to www.crmetroymca.org to print out more.

Camper Name _____ Birth Date _____
Last First MI

Address _____ Age while at Camp _____

City _____ State _____ County _____ Zip _____

Phone () _____ Grade Fall of 10 _____

School Attended _____

Parent email _____

(This will be used to confirm your registration.)

Previous Years At Camp Wapsie 2002 2003 2004 2005 2006 2007 2008 2009

Mother/Guardian _____ Place of Business: _____

Cell Phone () _____ Work Phone () _____

Father/Guardian _____ Place of Business _____

Cell Phone () _____ Work Phone () _____

Emergency Contact Name _____

Relationship to Camper _____ Home Phone () _____

Cell Phone () _____ Work Phone () _____

Confirmations will be sent via email unless this box is checked requesting it be sent through postal mail.

MALE FEMALE Did Camper sell candy? Yes No T-shirt Size: _____

Cedar Rapids Metro YMCA Member? Yes No Membership Exp. Date _____

(Must be valid for week/s attending camp.)

Session Choice: (Please write sessions you can attend only.) 1st _____ wk # _____

2nd _____ wk # _____ 3rd _____ wk # _____ 4th _____ wk # _____

Horseback Lessons? Yes No (Additional \$46 – Cabin Campers Only)

Sports Clinic? Yes No (Additional \$27 – Cabin Campers Only)

Cabinmate Request: List ONE person (same age/grade) _____

DON'T FORGET... this person needs to request you, too!

Camper Name

I hereby give permission as the parent or guardian of the above to participate in programs at YMCA Camp Wapsie. I acknowledge that my child is physically and mentally able to participate in activities at Camp Wapsie and I understand there are certain risks associated with those activities, including but not limited to: horseback riding and the climbing/rappelling tower. I will assume the risks to my child or children associated with those activities. I release the YMCA staff and volunteers from any responsibilities in case of injury. I understand that I am responsible for insurance coverage for my child or children. The Cedar Rapids Metropolitan YMCA and Camp Wapsie have permission to use any photos or videos taken of my child or children during their stay at Camp for promotional materials of the YMCA and/or Camp Wapsie.

Parent/Guardian Signature

Date

Annual Household Income: YMCA Camp Wapsie is committed to serving people regardless of their ability to pay. We wish to know whether we are reaching all income levels. The following information assists us with that. This information will be kept strictly confidential.

- | | |
|---|---|
| <input type="checkbox"/> below \$19,999 | <input type="checkbox"/> \$40,000 to \$44,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$45,000 to \$49,999 |
| <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$50,000 to 54,999 |
| <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> \$55,000 to 59,999 |
| <input type="checkbox"/> \$35,000 to \$39,999 | <input type="checkbox"/> \$60,000 and above |

How did you hear about YMCA Camp Wapsie?

- YMCA Friends Family School
 Website Info Night Other _____

ETHNICITY (CIRCLE ONE):

- | | |
|------------------|-----------------|
| African-American | Asian |
| Hispanic | Native American |
| White | Other |

Return required non-refundable \$75 deposit or payment in full **and** completed form to:

YMCA Camp Wapsie
2174 Wapsie Y Rd
Coggon, IA 52218

\$ _____ Camp Fees

\$ _____ Horseback Lessons \$46
(Cabin Campers only)

\$ _____ Clinic Fees \$27

\$ _____ Store Money (Limit of \$25-\$40)
(Resident Campers and Day Trekkers only)

\$ _____ Donation to YMCA Camp Wapsie
Strong Kids scholarship fund.
(This program helps kids who otherwise could not afford programs participate in them.)

\$ _____ **TOTAL DUE**

Check all that apply:

- Apply candy credit
 Check/Money Order enclosed

Credit Card

(please complete all items in this box if paying by credit card.)

VISA Mastercard

Account Number

_____/_____

Card Exp Date

Card Holder Name (Please print.)

Card Holder Signature

Be sure you have enclosed...

- \$75 deposit to be deducted now.
Remaining balance will be deducted four weeks prior to session.

OR

Total fees to be deducted now.

- I would like any leftover store money to go toward the YMCA Camp Wapsie Strong Kids scholarship fund.

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• (please complete all items in this box if paying by credit card.)
• **VISA** **Mastercard**

• **Account Number**
• _____/_____

• **Card Exp Date**
• _____

• **Card Holder Name (Please print.)**
• _____

• **Card Holder Signature**
• _____

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