

Registration Form

Special Camps 2011-2012

Wapsie special camps are open to boys and girls in 1st -10th grades. Summer staff return to supervise campers and lead seasonal camp activities such as archery, canoeing, arts & crafts, games, climbing tower, zipline, campfires, and much more fun! The camp store will be open for snacks. Campers may bring up to \$5 for snacks, more if they want to check out souvenirs! (Cash-only basis; no store accounts)

Halloween Camp 2011 Saturday, October 29 @10am through Sunday, October 30 @1:30pm
Cost: \$62

Winter Camp 2011 Wednesday, December 28 @10am through Friday, December 30 @1:30pm
Special activities include sledding, ice skating, winter activities (weather permitting) and hot chocolate.
Cost: \$85/child

Spring Fling 2012 Saturday, March 31 @10am through Sunday, April 1 @1:30pm
Cost: \$62/child

Sign up for all three and save \$25! Last summers LIT and CIT's can sign up for ½ price. Please indicate all 3 Camps on the top of the Registration form.

Register with check, VISA or MasterCard. Campers are accepted on a first-come, first-served basis. If you have any questions, please call (319) 435-2577. Registration deadline is four days prior to the start of special camps. Any cancellations after four days prior to the event will forfeit half the registration fee.

Mail registration with payment in full to:

YMCA Camp Wapsie, 2174 Wapsie Y Road, Coggon, Iowa 52218 or visit www.crmetroymca.org for online registration

2011-2012 YMCA Camp Wapsie Special Camps Registration Form

Please check preference: Halloween Camp 11 Winter Camp 11 Spring Fling 12

Camper's Name _____ Male ___ Female ___

Address _____ City _____ State _____

Zip _____ Birthdate ___/___/___ Grade ___ Age ___

Home phone _____ Work Phone _____ Cell _____

Y Member? Yes No Attended Summer Camp 2010? Yes No

Parent/Guardian Name _____

Parent/Guardian Email Address: _____

Emergency Contact _____ Phone _____

One Cabin Mate Request: _____ (Person must also request you and be in same grade.)

I give permission for my son/daughter to participate and play in YMCA Youth programs. In doing so, I agree to release the YMCA staff and volunteers from any responsibilities in case of injury. I understand that if a serious injury or illness develops, medical or hospital care will be given, and I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-rays, or surgery as recommended by the attending physician and/or child's physician.

Health Insurance Co. & No. _____

Signature of Parent/Guardian _____ Date _____

Payment option (please circle): Check Visa MasterCard Amount \$ _____

Card Holder Name (please print): _____

Account #: _____ Exp. Date ___/___ (required)

Signature: _____