

YMCA Camp Independence

2026 Camp Registration Form



32405 N. Hwy. 12 ♦ Ingleside, Illinois 60041
 Ph. 847-546-8086 ♦ Fax 847-546-3550 ♦ Email mholle@ymcachicago.org
 Please complete the registration form and submit via email, mail, or fax.

CAMPER INFORMATION

Camper's First Name		Last Name		
Camper's Address		City	State	Zip
Date of Birth	Age at Camp	Gender	2026-2027 Grade	
Primary Phone	Email Address	Camper Lives With:		

FAMILY INFORMATION

Parent/Guardian #1			Parent/Guardian #2		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone		Home Phone	Work Phone	
Cell Phone	Email		Cell Phone	Email	
Best Contact <input type="checkbox"/> Cell <input type="checkbox"/> Home Phone <input type="checkbox"/> Email			Best Contact <input type="checkbox"/> Cell <input type="checkbox"/> Home Phone <input type="checkbox"/> Email		
Who has legal custody of this camper? _____					

EMERGENCY CONTACT INFORMATION

1. Name		2. Name	
Relationship		Relationship	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Email	Cell Phone	Email

INSURANCE INFORMATION

This information will be used for any medical treatment required while at camp or in case of an emergency			
Insurance Company		Phone	
Address	City	State	Zip
Policy #	Group	Medicaid	
For group insurance, please give company name			
Insured's Name		Insured Guardian Name	

GENERAL INFORMATION

Are you or your child a returning camper to Camp Independence? Yes No How many years? _____

How did you hear about Camp Independence?

Doctor Friend Web Postcard Library Brochure YMCA Previous Camper Other _____

PHYSICIAN/HOSPITAL INFORMATION

Physician's Name		Phone	
Address	City	State	Zip
Specialist's Name		Phone	
Hospital Affiliation		Emergency Phone #	

THIS SECTION MUST BE SIGNED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Camp Independence reserves the right to dismiss a child from camp whose needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

Parental Approval: I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give permission to Camp Independence to administer routine medical care and to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above. I also give permission to Camp Independence to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director. **Photo Release:** YMCA Camp Independence & YMCA of Metropolitan Chicago have my permission to use any photographs taken of my child while at Camp Independence for promotional purposes.

I understand a non-refundable deposit of \$200.00 is due with registration form. Account balances are due on **June 15, 2026** and I authorize the YMCA to charge any fees due at that time to my credit card on file (if applicable). Any registration submitted on **June 15, 2026** or later must be paid in full at the time of registration. Cancellations must be made before the session starts. Total fees will be charged for any cancellations made after the start of the given session or for failure to notify us of cancellation. The balance of fees is refundable for medical reasons only, and will be issued upon receipt of Doctor's authorized medical note. No refunds or transfers will be given for any camper being dismissed from camp due to disciplinary action, leaving early due to homesickness or personal commitments. **FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE.** The YMCA of Metropolitan Chicago does not carry medical, accident, or loss of personal property insurance for any program participants, as it would drastically increase the cost of our program fees. Please review insurance for your family to be certain that the proper coverage is in place. Medical bills incurred are the responsibility of the parent. YMCA Camp Independence has my permission to use my credit card on file to pay for prescriptions for my child if needed while at camp. The YMCA is not responsible for lost, stolen or damaged personal items.

I realize if there is any an existing custodial situation regarding guardianship of the child registered above, Camp Independence staff will only communicate with the parent/guardian who has registered the child and whose signature appears on this registration form. Additionally, Camp Independence staff will not release any information to anyone who inquires about the above registered camper/child. Camp Independence will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents. It is up to the individuals that registered the child to share information with any other custodial parents/guardians who may be sharing custody of the above-mentioned child. The YMCA of Metropolitan Chicago invites people with any level of ability to enjoy Y programs and facilities.

My camper needs a modification because of a disability to enjoy this program (check) YES NO

Signature	Date
Printed Name	Relationship to the camper

CAMPER SCHOLARSHIP ASSISTANCE

It is our mission to be able to provide the YMCA Camp Independence experience for children and adults with spina bifida regardless of a family's ability to pay the full cost. Due to the nature of the population we serve, the cost of providing a quality camping experience is expensive. A camper scholarship fund has been established for campers needing financial assistance (scholarship application is required to accompany this registration- included in this packet). Our scholarships have been largely provided by the fundraising efforts of the YMCA Camp Independence Board of Directors. It is this support that makes Camp Independence possible for so many campers. Scholarships must be applied for by completing the financial assistance application enclosed. These scholarships are on a first come, first serve basis and are available while funds last.

PAYMENT & REGISTRATION INFORMATION

COST OF CAMP:

The actual cost to provide a week of camp is \$1,850. We realize that many families have extreme costs associated with caring for your camper and we also realize that most families cannot pay this full amount. We ask that families send a **deposit of \$200** with this registration along with the financial assistance application. YMCA Camp Independence wants to assist as many campers as possible. With all families paying something, the scholarship committee can assist more campers.

PAYMENT OPTIONS:

Look over the payment options below and select the **one** that best meets your family's financial situation/what you can afford to pay for your camper's camp experience:

Option A

Total Cost = \$1,850 per camper

I have included \$200 deposit. I am able to pay in full the remaining balance of \$1,650 and understand it is due by June 15, 2026.

Option B

Total Cost = \$1,850 per camper

I have included \$200 deposit. I can afford to pay an additional \$ _____ toward the balance of \$1,650. I am requesting a scholarship for the remaining balance.

NO CASH PAYMENTS ACCEPTED

Payment: Check/money order payable to: **YMCA Camp Independence**

Please check method of payment: Check Money Order Visa MasterCard Discover AMEX

Card #	Exp. Date	Security Code (3 digits on the back of your card)
Card Holder Name		Zip code of billing address
Pay: <input type="checkbox"/> Deposit = \$ _____ <input type="checkbox"/> Other = \$ _____ <input type="checkbox"/> Camp Store Account = \$ _____		► To make a donation to YMCA Camp Independence visit www.ymcachicago.org/independence and click on the blue DONATE button or call the camp office.

Signature of Cardholder

2026 Dates and Rates

Please check the desired session

Session	Dates	Ages	COST
<input type="checkbox"/> Session 1	June 14-19	Adult; 20 years and up	\$1,850
<input type="checkbox"/> Session 2	June 21-26	Teen; 14-19 years old	\$1,850
<input type="checkbox"/> Session 3 MINI Session	June 28-July 1	Youth; 7-13 year olds	\$900
<input type="checkbox"/> Session 4	July 5-10	Teen; 14-19 years old	\$1,850
<input type="checkbox"/> Session 5	July 12-17	Youth; 7-13 year olds	\$1,850
<input type="checkbox"/> Session 6	July 19-24	Adult; 20 years and up	\$1,850
<input type="checkbox"/> Session 7	August 2-7	Youth; 7-13 year olds	\$1,850

Save time and register online at
www.ymcacampindependence.org!

Camper Registration

To register for YMCA Camp Independence 2026:

1. Register Online! Or send completed registration form to the camp office with your deposit of \$200.00.
2. Camp sessions are only reserved on a first come, first serve basis. Please limit registrations to one session so we can serve as many campers as possible. You may be added to a wait list for additional questions by email request.
3. If the session requested is filled, the parent or camper will be contacted regarding second choice for camp session.
4. If applying for scholarship assistance, complete the entire scholarship assistance form and mail all forms with registration.
5. You will receive notification from Camp once your registration has been accepted/entered via email.

Check-in Time

All sessions check-in on Sunday at 2:00 pm. If you arrive before the scheduled check-in time the camp staff are in a meeting preparing for camp and are not available to greet you. Camp activities begin at 4:00 pm, so please plan to arrive between 2:00-3:00 pm to have enough time for your camper to settle in and speak to our nursing team and interventionist.

Check-out Time

Check-out is at 2:00 pm on Friday (Wednesday for mini session) of each session. Please plan to pick up your camper on time on check-out day.

If you have any questions about registration or information in this packet, please feel free to contact Morgan Holle, Program Director at mholle@ymcachicago.org or 847-410-5248.



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YMCA Camp Independence 2026

CAMPER AUTHORIZED PICK UP RELEASE

This document identifies people who are authorized to drop off/pick up the below-named camper. This form must be signed at camp by the person dropping off/picking up the child. Only authorized adults listed on this sheet may drop off or pick up campers from camp. Photo identification will be required at pick up, for your camper's safety. **Please notify Camp Independence if there are any changes in these plans at 847.546.8086 or CampDuncan@ymcachicago.org**

Camper's Name _____

Parent(s)/Guardian(s) Name _____

Phone _____ Other Phone _____

I/We will drop off this camper at the start of the session: Yes ___ No ___

I/We will pick up this camper at the end of the session: Yes ___ No ___

If "No" to either of the above, I authorize the following people to drop off/pick up the camper. Should the camper need to leave camp when I am on vacation or otherwise unreachable, these persons are authorized and instructed to pick up the above camper.

NAME	RELATIONSHIP TO CAMPER	DAY PHONE	EVENING PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check all that apply:

I hereby give permission to YMCA Camp Independence to provide or arrange any necessary program-related transportation for my camper (e.g. specialty camp day-trip transportation, Adventure Camp trip transportation, horseback riding). Most likely this would be in 15-passenger mini buses driven by a certified YMCA Camp Independence staff member or volunteer.

Parent/Guardian Signature _____

Please do not write below this line

Camper Pick-up

I am picking up the above-named camper at YMCA Camp Independence.

Signature _____ Date _____