



# YMCA Camp Independence

## 2024 Camp Registration Form



32405 N. Hwy. 12 ♦ Ingleside, Illinois 60041

Ph. 847-546-8086 ♦ Fax 847-546-3550 ♦ Email [mholle@ymcachicago.org](mailto:mholle@ymcachicago.org)

Please complete the registration form and mail to the camp office or register online at [ymcachicago.org/independence/](http://ymcachicago.org/independence/)

### CAMPER INFORMATION

Camper's First Name		Last Name			
Camper's Address		City		State	Zip
Date of Birth	Age at Camp	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	Grade as of 7/2024	
Home 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 is 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 or whatever I can afford is due with registration form. Account balances are due on **June 3, 2024** 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 4, 2024** 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. Send the financial assistance application and registration form to the camp office at: YMCA Camp Independence, 32405 N. Hwy. 12, Ingleside, IL. 60041

## PAYMENT & REGISTRATION INFORMATION

**COST OF CAMP:** Actual cost of camp is \$1,850.00 per camper per session.

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 (**or at minimum amount of \$100**) 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: Again, ask families pay something toward their camper's camp fees!

**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 7, 2024.

**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.

**Option C**

Total Cost = \$1,850 per camper

I can pay \$ \_\_\_\_\_ as a deposit. I am requesting a scholarship for the remaining balance of \$ \_\_\_\_\_.

### 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)
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Card Holder Name	Zip code of billing address
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Pay: <input type="checkbox"/> Deposit = \$ _____ <input type="checkbox"/> Other = \$ _____	► To make a donation to YMCA Camp Independence visit <a href="http://www.ymcachicago.org/independence">www.ymcachicago.org/independence</a> and click on the blue DONATE button or call the camp office.
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Signature of Cardholder

# 2024 Dates and Rates

Please check the desired session

<b>Session</b>	<b>Dates</b>	<b>Ages</b>	<b>COST</b>
<input type="checkbox"/> Session 1	June 16-21	Adults- 20 years old and up	\$1,850
<input type="checkbox"/> Session 2	June 23-28	14-19 years old	\$1,850
<input type="checkbox"/> Session 3 MINI Session	June 30-July 3	7-13 year olds	\$900
<input type="checkbox"/> Session 4	July 7-12	14-19 years old	\$1,850
<input type="checkbox"/> Session 5	July 14-19	7-13 year olds	\$1,850
<input type="checkbox"/> Session 6	July 21-26	14-19 years old	\$1,850
<input type="checkbox"/> Session 7	August 4-9	Adults-20 years old and up	\$1,850

Save time and register online at [www.ymcacampindependence.org](http://www.ymcacampindependence.org)! However, you will be required to pay the \$200 deposit to process, and will need to forward financial assistance information to the office if applying for funding.

## Camper Registration

To register for YMCA Camp Independence 2024:

1. Register Online! Or send completed registration form to the camp office with your deposit of \$200.00 or whatever you feel comfortable paying as a deposit (we ask for at least \$100).
2. Camp sessions are only reserved through a registration form (and applicable scholarship form) on a first come, first serve basis.
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 into his/her cabin and speak to our nursing/Loyola University staff.

### Check-out Time

Check-out is at 2:00 pm on Friday 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](mailto:mholle@ymcachicago.org) or 847-410-5248.