



CAMP JEWELL—CAMP CLIO 2020 SUMMER CAMP



ALL INFORMATION IN GRAY BOXES IS REQUIRED

CAMPER INFORMATION

Male Female

Last Name: _____ First Name: _____

Date of Birth: _____ Grade Entering Fall '20: _____ School: _____

Bunk Request: Top Bottom No Preference Camper Lives With: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

If you would like to sign up for additional sessions of our camp programs outside of Camp Clio please call our office at 860.379.2782

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian #1 *(All information, correspondence and invoices will be sent to this person)*

Relationship to Camper: Mother Father Other: _____

___ Mr. ___ Ms. ___ Mrs. Last Name: _____ First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: **(REQUIRED)** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #2

Relationship to Camper: Mother Father Other: _____

___ Mr. ___ Ms. ___ Mrs. Last Name: _____ First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT & AUTHORIZED PICK-UP PERSONS (In addition to listed parent/guardians)

Please include individual(s) we may contact in an emergency.

1. Name: _____

Relationship to Camper: _____

Cell Phone: _____

Home Phone: _____

2. Name: _____

Relationship to Camper: _____

Cell Phone: _____

Home Phone: _____

CAMPER LAST NAME: _____ FIRST NAME: _____

CAMPER'S COMMITMENT

I want to become a camper at Camp Jewell YMCA. If accepted I agree to abide by the camp's code of conduct and camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise might result in my dismissal from camp and that I may not be eligible for any refund.

Camper's Signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT

I approve this application, and certify that the proposed camper is capable of such an experience. I agree to have a health form signed by a physician or his/her designee that includes current medication orders and physical exam. This exam must have been given within 24 months of the camper's departure date. I agree to pay my portion of the camp fee at the time of registration and understand my camper WILL NOT be registered without payment. Cancellations after May 1st are not eligible for any refund. Only in case of illness, not homesickness, will any refund be made and then only on a pro-rated basis. I understand that Camp Jewell is not responsible for lost or stolen property. I authorize the camp director and camp nurse to seek emergency medical attention for my child in the case of accident or illness if I cannot be reached by phone. I authorize the YMCA to have and use the name, photographs, videos and electronic media of the person named on this application in camp promotional materials. I understand that cabin mate requests are only granted if both campers of similar age request each other. If payment in full is not made by May 1st without a payment plan approved we will charge the credit card on file.

Parent/Guardian Signature: _____ Date: _____

CAMP PROGRAM

CAMP SESSIONS	TIER 1	TIER 2	TIER 3	TIER 4
Camp Clio August 9-22, 2020	<input type="checkbox"/> \$2,299	<input type="checkbox"/> \$1,999	<input type="checkbox"/> \$1,874	<input type="checkbox"/> Variable

Why 4 Tiered Tuition fees? Realizing that families have differing abilities to pay, Camp Jewell YMCA has instituted a voluntary 4-tier pricing program for our Summer Resident Camp. To accommodate all financial needs. Please choose the tier that is most suitable for your family. All children have the same experience no matter which tier a family is able to pay. The tier selected by a family will be kept confidential.

Tier 1-Most accurately accounts for the true cost of operating camp including food, staff salaries, supplies, wear and tear on equipment, transportation, and depreciation. Please pay this cost if you are able.

Tier 2-A partially subsidized rate for those who cannot afford to pay the full costs associated with attending camp.

Tier 3-A subsidized rate that only covers the basic costs associated with attending camp including, food, staff salaries and supplies.

Tier 4-A variable rate made possible by donations to the Annual Campaign, for families who have need for financial assistance. To apply, please request an applica-

REGISTRATION COST

Camp Fee	\$
Deposit	-\$250
Trading Post Camp Store (minimum \$50)	
SUBTOTAL	=
Balance Due May 1st	

Please schedule my May 1st balance due payment to the credit card listed

Please contact me about a payment plan

PAYMENT INFORMATION

Payment Method:

Cash Check (made payable to Camp Jewell)

MasterCard Visa AmEx Discover

Card # _____

Exp. Date: ____/____ Security Code: _____

Cardholder Name: _____

Signature: _____