



Camp Registration Form Summer 2021

Complete one registration packet per camper.
Return to: Shasta Family YMCA, 1155 N. Court St, Redding, CA 96001

CAMPER INFORMATION

Camper's Name: _____ Date of Birth: _____ Age at Camp: ____ Grade in Fall: _____

Address: _____ City: _____ State: ____ Zip: _____

Check one: New Camper Returning Camper Gender: Male Female

Camper T-Shirt size: Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

CIT Program (director approval required) Cabin Mate Request: _____

Parent/Guardian 1: _____ **Parent/Guardian DOB:** _____

Primary Phone: _____ **Email:** _____

Parent/Guardian 2: _____ **Parent/Guardian DOB:** _____

Primary Phone: _____ **Email:** _____

CAMPER HEALTH FORMS

All required health forms will be completed through CampDoc, an electronic health record system for camps. After registering your child for camp you will receive an e-mail from CampDoc providing you with your account log-in information, password, and instructions on how to complete all necessary fields and upload all required documents. Any camper without this information completed on the first day of camp will not be permitted to stay on camp premises until all of the required documents have been uploaded to the camper's account.

PLEASE READ AND SIGN

- This application has my approval and consent and I authorize the camp director to act for me according to his/her best judgment in an emergency.
- I understand that no part of the fee is to be refunded in the event of dismissal for misconduct or withdrawal for homesickness.
- I understand that cabin mate requests must be mutual, of the same age, and must be attending the same camp session. Camp cannot guarantee the request, but will make every effort to accommodate each request. Cabin assignments will not be changed on the first day of camp.
- Camp fees must be paid by July 1 for all sessions.
- I understand that no camper will be permitted to possess or use any tobacco, drugs, alcohol products, knives/weapons, cell phones, video games, or other electronic communication devices while at camp. Infractions may result in dismissal.
- I give my permission for the camp to use pictures of my child for promotional purposes.
- I understand that additional safety protocols will be in place as we navigate through COVID-19. Those guidelines will likely change and shift as state guidelines are released.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Camper Name (First and Last): _____

2021 DATES & RATES

A **10% sibling/2-session discount** will be applied for each additional camper/session. A **\$25 late registration fee** will be applied to any registration received after May 31. All discounts will be applied upon processing registrations.

SELECT CAMPING SESSIONS: (Check the session your child would like to attend)

CAMPERS

Youth entering grades 3-9

July 11 – July 17

Y Member: \$508

Community Member: \$528

July 25 – July 31

Y Member: \$508

Community Member: \$528

CITS

Teens entering grades 10-12 (director approval required)

July 10 – July 17

Y Member: \$488

Community Member: \$508

July 24 – July 31

Y Member: \$488

Community Member: \$508

DEPOSIT & TUITION

- A non-refundable \$50 deposit per week is required upon registration
- Tuition balance is due by July 1 for all sessions

PAYMENT INFORMATION

Check Enclosed (payable to The Shasta Family YMCA)
_____ for the deposit only _____ for the payment in full

Charge my credit card
_____ for the deposit only _____ for the payment in full

Charge my credit card for the deposit and schedule automatic deduction for the remaining balance on July 1.

CALCULATE YOUR CAMP FEE

	TOTAL
TOTAL # OF SESSIONS	
SESSION FEE TOTAL	\$ _____
CAMP STORE (optional) \$10	\$ _____
LESS total discounts (sibling, 2-session)	-\$ _____
I would like to add a donation to help send an underprivileged youth to camp	\$ _____
TOTAL FEES OWED	\$ _____

CREDIT/DEBIT CARD INFORMATION

Bill my: Mastercard Visa Discover Amex

Cardholder's Name: _____ (Print name as it appears on card)

Credit/Debit Card Number: _____ Expiration Date: _____

Signature _____ Date _____

A Letter to My Counselor: For First Time Campers

Dear Counselor,

My name is (first and last) _____.

I like to be called _____ and at camp I will be _____ years old.

In the fall I am entering _____ grade at _____ School.

I live with my _____

_____.

When I am not in school I like to _____

_____.

My favorite things are (food, books, movies, colors, etc.) _____

_____.

I am excited about camp this summer because _____

_____.

I am MOST excited about this camp activity: _____

I am a little nervous about _____

I would like a cabin leader who is _____

The last time I spent a night away from home I felt _____

Sincerely,

A Letter to My Counselor: For Returning Campers

Dear Counselor,

My name is (first and last) _____.

I like to be called _____ and at camp I will be _____ years old.

In the fall I am entering _____ grade at _____ School.

My favorite camp activity is _____.

I have decided to return to Camp because _____

_____.

Last year my counselor's name was _____.

The highlight of Camp last year was _____

_____.

This year at camp I'm most looking forward to _____

_____.

My favorite campfire song is _____.

When I am not in school I like to _____

_____.

My favorite things are (food, books, movies, colors, etc.) _____

_____.

Sincerely,
