

2010 YMCA Adoptive Family Weekend

Register On-line at www.minikani.org

YMCA of Metropolitan Milwaukee • Camp Minikani • 875 Amy Belle Road • Hubertus, WI 53033

Phone: 262-251-9080 • Fax: 262-628-4051 • Email: minikani@ymcamke.org

(All forms and final fees are due by 6/8/09)

FAMILY INFORMATION		
Family Name:		
Address:		
City:	State:	Zip:
Home phone (including area code) :		
Cell phone (including area code) :	for:	
Email Address:	for:	
YMCA Member # _____ Branch Location: _____		

Please list all family member who will be attending this event					
First Name	M.I.	Last Name	Birth date mm/dd/yy	Age, date of event	Gender:
					____M ____F
					____M ____F
					____M ____F
					____M ____F
					____M ____F

Adoption Information		
Name of Adoptee	Domestic Adoptee?	International Adoptee? If yes list country adopted from

PAYMENT INFORMATION (Deposit will apply toward the total camp fees. Deposit or payment in-full due with registration)

Note: All registrations submitted after 6/8/09 must be paid in full. There will be a \$25 late charge if balance of fees is not received prior to 6/8/09.

Master Card Visa Card # _____
 Exp. Date ____ / ____ Sec. Code _____
 Card Holder's Name _____
 Amount to be charged \$ _____

Check enclosed. (Please make check payable to YMCA Camp Minikani)
 Deposit or Total Fees \$ _____
 I would like to contribute \$ _____ to **Strong Kids Campaign**.
 Total \$ _____
 Referred by _____

Adoptive Family Weekend Fee:

Regular fee:
 \$330-Family of Four
 \$40 dollars per person after a family of four
 \$85 per person
 \$5 children 3 and under

Counselor/Speaker fee:
 \$40 per counselor or speaker who is staying all week
 \$20 for a speaker who is spending Friday night and some of Saturday

Your donation to our **Strong Kids Campaign** allows more children to experience the joy your camper has enjoyed here at YMCA Camp Minikani. Please help us continue the tradition....*Thank you!*

By signing, the parent/guardian certifies approval of good health of the camper, and in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the YMCA of Metropolitan Milwaukee to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. I give permission to camp health office/doctor to dispense over-the-counter products (Tylenol, cough syrup, etc.) and prescriptions as needed. Prudent attempts will be made to contact parents immediately. I understand that in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents, or injury. I agree to pay the balance of the camp fees no later than June 6, 2009. (The YMCA cannot hold reserved space past that date without full payment). Camp fees are not refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of homesickness or disruptive behavior as determined by the Camp Director. The deposit is not refundable or transferable under any circumstances. I grant permission of the applicant to participate in all planned camp activities including participation in the high ropes, swimming, canoeing, hiking, or horseback riding. The YMCA is not responsible for lost, stolen, or damaged articles. I also authorize the YMCA to have and use photographs, slides, and videotapes of the person named in this application as may be needed for its public relations programs. Transportation: I give my permission to attend traveling field trips, supervised by the YMCA staff members at all times, to and from camp by the YMCA van, hired bus company or short walks.

Parent/Guardian Signature _____ Date _____