



SANFORD-SPRINGVALE YMCA 2017 L.I.T. REGISTRATION FORM

For office use only
Date enrolled _____
Group _____
Full Time _____
Part Time _____

First time enrollments: Non-refundable registration fee of \$25 must accompany registration

1. CAMPER GENERAL INFORMATION

Camper's Last Name: _____ First Name: _____
Birth Date: _____ Gender: _____ Member ID: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Emergency Phone: (____) _____

2. PARENT INFORMATION

Mother / Guardian

First Name: _____
Last Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____
E-Mail: _____

Father / Guardian

First Name: _____
Last Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____
E-Mail: _____

3. CAMPER PICK-UP AUTHORIZATIONS

We will release your child **ONLY** to the people listed on this form unless notified by you in **writing**.
Photo ID (e.g., a driver's license) **MUST** be presented at time of pick-up.

NAME	RELATION	PHONE #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

4. TRANSPORTATION Options to BUNGANUT LAKE- Seats limited to 55 children per bus

Check appropriate choice

- My child is a Bear/Wolf/LIT and will ride Bus 1, leaving at 8:15 to Bunganut Park
- My child is a Beaver and will ride Bus 2 leaving at 8:45 to Bunganut Park.
- My child will be dropped off, no earlier than 8am at Bunganut Lake, and picked up no later than 5:00pm.

5. AUTHORIZATIONS

I give permission for the staff at Camp Marland to give/call for emergency medical treatment for my child if deemed necessary by the staff.

yes _____ no _____

I give Camp Marland permission to **apply** sun block and bug repellent to my child.

yes _____ no _____

I give permission to the Sanford-Springvale YMCA to use my child's picture/video for promotional/marketing purposes now and in the future.

Yes _____ no _____

PARENT SIGNATURE: _____



**Sanford-Springvale YMCA
2017 L.I.T.
Registration Form**

Please check the box for each session you wish to register for. Please be sure to check the days of attendance for your teen, attendance each day is not required but suggested to ensure opportunity for full program engagement. We Welcome youth to join us for all 4 sessions if they wish.

Leader In Training Session 1

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 July 3-7		No Camp			
Week 2 July 10-17					

Leader In Training Session 2

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 July 17 – 21					
Week 2 July 24 – 28					

Leader In Training Session 3

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 July 31 – August 4					
Week 2 August 7 – 11					

Leader In Training Session 4

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 August 14 – 18					
Week 2 August 21 – 25					



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2017 Camp Marland
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Financial Agreement

No Camp Marland Registrations will be accepted without a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract, which verifies your tuition fees. All DHHS sponsored program participants **MUST** provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in full tuition application to the parent/guardian effective immediately after DHHS contract expiration date. Failure to pay assessed parent/guardian fees will result in application of full tuition fees or termination of childcare services. We reserve the right to change our fees when deemed necessary.

I hereby enroll my child in the summer camp program of this facility. I will require the services of this program for the before mentioned hours and days. **My payment will be made on or before the Friday prior to the week of services rendered.** Payments are made for service forthcoming not rendered. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program services. **NO EXCEPTIONS. Camp fees are NON-Refundable for any week for non-use.**

Parent / Guardian Signature	Date
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Camp Marland Fee Structure

Full Time Camp Experience: \$165.00 (Five Days)
Part Time Camp Experience: \$115.00 (Three Days)

Savings Opportunities:

- I am a member of the Y:** Campers who are members of the Y receive \$5 per week savings on their weekly camp tuition.
- I will pay the total balance for my child's summer camp experience before June 15th.** Receive 10% off total camp cost.
- Multi-child discount:** Receive 10% percent off weekly tuition for 2nd child and each child there after. Must be enrolled in camp.

Savings Opportunities will be confirmed, calculated, & adjusted by the billing and enrollment associate at processing.

Campers may only use one form of financial assistance whether it be a State Subsidy or YMCA Scholarship. Savings opportunities may not be used in conjunction with any other form of financial assistance. At the Y we want all families to have an opportunity for savings.

Full Time Part time Rate	Swim Lesson Package \$25.00	My Camper is A Y Member. -\$5.00	Total Weekly Camp Tuition	10% Multi Child Savings Opportunities & 10% Full Pay Savings Opportunities Reductions will be calculated and applied by the Youth and Family Services Office.	I agree to pay the total weekly payment calculated here no later than the Friday before the week of camp for which my child is registered.
				<input type="radio"/> Multi Child Savings <input type="radio"/> Full Pay Savings <input type="radio"/> YMCA Scholarship Recipient <input type="radio"/> 3rd Party Subsidized Payment	_____ (Initials of Parent/Guardian)

We STRONGLY recommend that parents/guardians take advantage of our Electronic Fund Transfer (EFT) program at the Sanford-Springvale YMCA. It is free to set up and will ensure timely payment of program fees each week. Please refer to EFT / Credit Card Authorization form to utilize this program. (next page)



Sanford-Springvale YMCA 2017 Camp Marland Registration Form

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

Child's Name: _____

Childcare Site: **CAMP MARLAND**

Parent Name: _____

Parent Contact Day Phone Number: _____

Draft Start Date: _____

Please fill out the form below if you wish to have your weekly childcare payment withdrawn directly from your checking or savings account, or charged on your debit or credit card. Each week's fee will be withdrawn on Thursday evening and applied toward the next week's fee.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for my weekly payment direct debit from checking savings account
Bank Name: _____ Name on Account: _____

Routing/Transit Number: _____ Account Number: _____

I choose to utilize the EFT option for weekly payment from my credit card or debit card.
Credit Card Type: Visa MasterCard Card Holder Name: _____

Account Number: _____ Expiration Date: _____

Authorized Signature	Date
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Attach voided check or photocopy here.



**Sanford-Springvale YMCA
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Being part of a leader in training program is an experience like no other. The leadership, communication, vocational, and interpersonal skills you will work on will be assets to you on whatever path you choose. Through this exploration of leadership skills we will build skills that will aid you in all of your future adventures like high school, college, & eventually the workforce. The most important quality in a good leader is being willing to lead & willing to continually grow as a leader. This program will help you achieve both. We hope you can join us this summer for this great opportunity. On a separate sheet of paper please type your responses to the following questions.

Why do you want to be part of the Leader in Training program at Camp Marland?

What qualities do you have that will help you be successful in the role of a LIT?

What do you hope to gain from this experience?

What does leadership mean to you?

Through this exploration we will build skills that will aid you in all of your future adventures like high school, college, & eventually the workforce.

Why are you a good candidate for this program ?

Please submit a letter of reference from an adult stating why this would be a great program for you. Family and Friends are not able to write this for you. Please seek out an adult whom you've engaged with in other areas, school, sports, church, work, etc.