

Please complete this form and return with the appropriate deposit (non-refundable, non-transferable) see below. Mail to: Camp Twin Lakes; 204 E. Little Elm Trl, Cedar Park, TX 78613 or bring to any Williamson County YMCA branch. For questions regarding Camp Twin Lakes please call 512-250-9622.

CAMPER				
Camper's first name		Middle initial	Last name	
Gender <input type="checkbox"/> boy <input type="checkbox"/> girl	Date of birth	Grade in fall	Age at camp	
Camper's address			City	State ZIP code

PARENT / GUARDIAN		
Parent/guardian name		Email
Home phone	Day phone	Cell phone
Other parent/guardian name		Email
Home phone	Day phone	Cell phone

AUTHORIZED PICKUPS		
Local person to call in case of emergency if parent/guardian cannot be reached (authorized to release child to)		
Name	Phone	Alternate phone
In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:		
Name	Phone	Alternate phone
Name	Phone	Alternate phone
Name	Phone	Alternate phone

CABIN MATE REQUEST
Name

One request per camper, please.

Cabin mate requests must appear on both campers registrations and both campers must be in the same age grouping. Requests are not guaranteed. We reserve the right to separate groups of more than 3 campers to facilitate new group/cabin friendships. Cabins are grouped in Villages by age, so campers of the same age but not sharing the same cabin are in the same Village.

OVERNIGHT SESSION INFO AGES 7-16 (FULL WEEK • Sunday thru Saturday)			
Choose Session(s):	<input type="checkbox"/> Week 3: June 7 - 13	<input type="checkbox"/> Week 4: June 14 - 20	<input type="checkbox"/> Week 5: June 21 - 27
	<input type="checkbox"/> Week 7: July 5 - 11	<input type="checkbox"/> Week 8: July 12 - 18	<input type="checkbox"/> Week 9: July 19 - 25
	<input type="checkbox"/> \$65 Weekend Stay over (Between consecutive sessions)		
Choose fee:	YMCA Members <input type="checkbox"/> \$674	Non-Members <input type="checkbox"/> \$749	
	Sibling Bonus (eligible for each camper after the first) <input type="checkbox"/> \$50 off camp fee		
	Multi-session Bonus (eligible for each full session after the first) <input type="checkbox"/> \$50 off camp fee		

DISCOVERY OVERNIGHT SESSION INFO AGES 6-8 (HALF WEEK)

Choose Date: **Week 4A:** June 14-17 **Week 4B:** June 17 - 20
 Week 5A: June 21 - 24 **Week 5B:** June 24 - 27
 Week 8A: July 12 - 15 **Week 8B:** July 15 - 18

Choose Fee: **YMCA Members** \$410 **Non-Members** \$460

(No weekend stay over option)

Registration requires a Minimum Deposit which is a part of the Camp Fee. \$100 per week, NON-REFUNDABLE. MINIMUM DEPOSIT ONLY \$50 THROUGH MARCH 22.

MINI OVERNIGHT SESSION INFO AGES 6-13

***INCLUDES DAY CAMP TO COMPLETE THE SESSION**

(No weekend stay over option)

Choose Date: **Week 2:** June 3 - 5
 Week 6: June 28 - 30

Choose Fee: **YMCA Members** \$384 **Non-Members** \$408

Fee: (from overnight and/or mini session)	
Trading Post Account: (optional/\$20 to \$30 recommended per session)	
TOTAL	

YMCA Member Branch	Location
CAMPER REFERRAL NAME	



PAYMENT PLAN AVAILABLE
Contact us at 512-615-7430

Camper's First name	Middle initial	Last name
---------------------	----------------	-----------

REGISTRATION PACKET PG. 2 of 3

PARENT / GUARDIAN ACKNOWLEDGEMENTS

please INITIAL all lines to indicate received written policies / materials and agree to terms.

- _____ ADA Policy (REQUIRED): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.
- _____ Permission for Transportation (REQUIRED): I grant permission for the Y staff to transport my child to and from his / her Elementary School or other Y camp site for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.
- _____ Waiver for Medical Treatment (REQUIRED): In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.
- _____ Waiver for Participation (REQUIRED): I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.
- _____ Policy Agreement (REQUIRED) I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.
- _____ Refund / Transfer Policy Agreement (REQUIRED): A \$10 processing fee will be applied for all drops or transfers for each child.
- _____ Waiver for Photo/Video Release (OPTIONAL): I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

Signature of parent / guardian

DISCIPLINE & GUIDANCE POLICY

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

There must be no harsh, cruel or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time

Parent / Guardian Acknowledgement My signature verifies that I have read and received a copy of this discipline and guidance policy.		
Signature of parent / guardian	Printed name	Date

TO PARENT OR GUARDIAN

TO PARENT OR GUARDIAN: Please check the registration information for accuracy. Please read the following statement and sign at the point indicated below. "Admission as a camper to Camp Twin Lakes carries many privileges and responsibilities. Campers are expected to participate in the total life of camp: to work, play and live together. Camp Administration does not allow the use of tobacco, alcohol, illegal drugs or weapons. Registration application signifies my understanding and acceptance of these responsibilities – violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect work with other campers or their enjoyment of Camp Twin Lakes, **CAMP ADMINISTRATION RESERVES THE RIGHT TO DISMISS THOSE CAMPERS RESPONSIBLE, WITHOUT A REFUND.** In the event of the withdrawal or dismissal from camp for any other reason than illness requiring the attention of a physician, I will pay the camp fee in full. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administrator to hospitalize, secure proper treatment of, and to order injection, anesthesia or surgery for my child as named above. I will notify the Camp Director if my child has any serious restrictions related to his/her participation in the camp program. I also understand that the YMCA of Greater Williamson County and its Camping Services Branch assume no responsibility for accidental injury to my child during his/her stay at the camps."

Signature of parent / guardian

PAYMENT SECTION PG. 3 of 3

YMCA OF GREATER WILLIAMSON COUNTY SUMMER CAMP AGREEMENT ACH/CC/DEBIT AUTOMATIC PAYMENT OPTION

1. INFO

Camper's first name			Middle initial	Last name			
Camper's address				City		State	ZIP code
Home phone		Day phone			Cell phone		

2. BEGIN DRAFT DATE

Begin draft date	/	/
------------------	---	---

3. DRAFT SCHEDULE

Draft Date	May 15		Jun 1		Jun 15		Jul 1		Jul 15		Aug 1	
Week #	1	2	3	4	5	6	7	8	9	10	11	12
Services Date	May 26-29	Jun 1-5	Jun 8-12	Jun 15-19	Jun 22-26	Jun 29-Jul 3	Jul 6-10	Jul 13-17	Jul 20-24	Jul 27-31	Aug 3-7	Aug 10-14
Balance Amount												

4. BANK / CREDIT / DEBIT DRAFT AGREEMENT

OPTION 1: CREDIT / DEBIT CARD

Please check one: <input type="checkbox"/> visa <input type="checkbox"/> mastercard <input type="checkbox"/> discover	
Credit / debit card #	Exp. date
Cardholder name	CVV

OPTION 2: BANK DRAFT

Account holder name	Bank name
Routing / transit #	Bank account #

- ▶ Only 1 Form of Draft Payment can be entered per person.
- ▶ Children enrolled in Y Afterschool may have a larger draft amount on May 15 & Aug 1.

1. Summer Camp auto-drafts occur twice a month (1st and 15th) for two camp weeks at a time, depending on which camp weeks are selected. Refer to Step #3 above.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or Child Care Plan in anyway, I must provide the Y with at least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
6. The Y only accepts Visa, MasterCard and Discover.
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.

Signature 	Date
---	------