



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



Come to Winter Camp at YMCA Camp MacLean!

For 7 through 16 year old Boys & Girls December 27-30, 2017

CAMP ACTIVITIES

Tobogganing	Downhill Skiing	Teen Dance	Roller Skating
Snow Games	Ice Skating	Campfires	Arts & Crafts

FACILITIES

YMCA Camp MacLean is a year-round winterized facility. All campers stay in comfortable, heated cabins and meals are served in William Rust Lodge. Rockland Lake is a wonderful setting for ice skating, while our toboggan slide, open fields and acres of woodland provide winter fun!

TRANSPORTATION

Camp provides supervised, motor-coach bus service from the Chicago area. Buses depart on December 27th in the morning and return by noon on December 30th. (locations subject to change)

Buehler Y, Palatine
Elmhurst Y, Elmhurst
Ind. Bound Y, Downers Grove
Foglia Y, Lake Zurich

B.R. Ryall Y, Glen Ellyn
Kroehler Y, Naperville
LaGrange Area (Ogden & Brainard)
High Ridge Y, Chicago

CAMP FEE

\$460 includes charter bus transportation, one trip skiing at nearby Grand Geneva Resort in Lake Geneva, roller skating party, nine meals, snacks, lodging, general programs and supervision by counselors who served in our summer program.

REGISTRATION

Register by mailing or faxing the completed form and a \$175 non-refundable deposit to YMCA Camp MacLean. Clothing list and bus info will be mailed upon receipt of your registration. You may also register on-line at ymcacampmaclean.com. Camper fee balances are due by December 20, 2017.



YMCA Camp MacLean

31401 Durand Avenue, Burlington, WI 53105 | phone 262.763.7742 | fax 262.763.9944

"Distribution of information and materials through the school district does not imply District 204 endorsement."

Operated by the YMCA of Metropolitan Chicago; The YMCA of Metropolitan Chicago invites people with disabilities to enjoy Y programs and facilities.



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Fill out this form and mail or fax to camp with a \$175 non-refundable deposit.
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Register on-line at www.ymcacampmaclean.com

Date of registration _____ Age of Camper: _____

Camper's Name _____ Boy _____ Girl _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Home # _____ Emergency name & phone# _____

Family insurance carrier _____ Policy # _____

Please put me in a cabin with _____

My child needs a modification because of a disability to enjoy this program. YES NO

FEE: \$460 per camper (includes downhill skiing, roller skating and bus service)

Return this form with a \$175 non-refundable deposit to secure a place for your camper.

Make check payable to YMCA Camp MacLean or charge to:

Visa _____ MasterCard _____ Discover _____ American Express _____

Cardholder _____ Amount \$ _____

Exp. date _____ Account number _____

THE FOLLOWING SECTION MUST BE SIGNED BY PARENT OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED

I hereby give permission to YMCA Camp MacLean to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp RN to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the YMCA does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize YMCA Camp MacLean to use any of my credit cards on file to pay for medical bills and/or prescription drugs.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Camp MacLean reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding camp fees: Deposits are non-refundable & non-transferable; No refunds will be given for canceling on or after December 20, 2017; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to homesickness or personal commitments. Account balances are due by December 20, 2017 and I authorize the YMCA to charge any fees due at that time to any of my credit cards on file (if applicable). **Any registration submitted on or after December 20, 2017 must be paid in full at the time of registration.** The YMCA of Metropolitan Chicago has my permission to use photographs taken of my child while at camp for promotional purposes.

Parent's or Guardian's Signature _____

FOR OFFICE USE ONLY		
Receipt _____	Amount _____	Date _____
Total Fees _____	Less Deposit _____	Balance Due _____