



2011 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Parent Information Letter



February 2011

Dear Parent(s) or Guardian(s):

The **Jamestown Rotary Club** has sponsored residential summer Camp experiences at **YMCA Camp Onyahsa** since 1985 for local children (ages 7-12) who have physical and/or mental disabilities, and who qualify for the USDA's free and reduced meals program. Priority in awarding this limited number of scholarships will be based upon demonstrated financial need. *Campers who do not reside locally and those who do not meet financial guidelines may apply directly to Camp Onyahsa's inclusive program. Youth who do not qualify for special education services, but who merely desire financial aid may apply directly to the Onyahsa Financial Aid program.*

The Rotary Club's goal in funding this inclusive Camp program is to provide scholarships for week-long, developmentally appropriate camping experiences in a traditional resident camp setting for children who have special needs that can be met by providing reasonable accommodations. It also meets the YMCA Camp mission "to foster the spiritual, mental, and physical well being of participants from varied backgrounds and of diverse abilities within a nurturing outdoor environment, while creating a meaningful sense of community among them."

The Jamestown YMCA established YMCA Camp Onyahsa, located on Chautauqua Lake in Dewittville, New York in 1898. At Onyahsa, campers experience individual growth in spirit, mind, and body while also growing together as an inclusive Camp community. Throughout the week, Campers receive instruction in swimming, boating, basic water safety, arts and crafts, physical fitness, music, nature, and many other activities. Most importantly, all campers have an opportunity to make friends and to learn to respect children who share a variety of backgrounds and abilities. At Camp, they enjoy new experiences and take on greater responsibility for themselves.

If you are interested in this adaptive program for your child, and you would like to apply for a Rotary Club Special Needs scholarship, please complete the paperwork found in the attached application and return to our office at the YMCA, 101 E. 4th Street, Jamestown, NY 14701.

You may contact me at the Jamestown YMCA (716) 664-2802 ext. 238, or via email to office@onyahsa.org if you have any questions. Thank you for your consideration.

Sincerely,

Beverley Lubi
Administrative Director



2011 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Special Education Teacher Information Letter



February 2011

Dear Special Education Teacher(s):

For twenty-six years, the **Jamestown Rotary Club** has been sponsoring week-long inclusive youth camping experiences in a traditional residential resident camp setting at **YMCA Camp Onyahsa** for local children (ages 7-12) who have physical and/or mental disabilities (defined by an IEP), *and* meet the USDA's free/reduced school meals program. Limited full and partial scholarships to this developmentally appropriate program are available for children who demonstrate financial need. *Campers who do not reside locally and those who do not meet financial guidelines may apply directly to Camp Onyahsa's inclusive program. Youth who do not qualify for special education services, but who merely desire financial aid may apply directly to the Onyahsa Financial Aid program.*

The Jamestown Rotary Club has supported this program for campers with Special Needs since 1985 and their goal in funding this inclusive Camp experience is to provide scholarships for *children who have special needs that can be met by providing reasonable accommodations, and who demonstrate financial need, as determined by federal guidelines (established by the USDA's free and reduced school meal program).*

The Jamestown YMCA established YMCA Camp Onyahsa, located on Chautauqua Lake in Dewittville, New York in 1898. At Onyahsa, campers experience individual growth in spirit, mind, and body while also growing together as an inclusive Community. Throughout the week, campers receive instruction in swimming, boating, basic water safety, arts and crafts, physical fitness, music, nature, and many other activities. Most importantly, all campers have an opportunity to make friends and to learn to respect children who share a variety of backgrounds and abilities. At Camp, they enjoy new experiences and take on greater responsibility for themselves.

If you are interested in this adaptive program for your students, please forward this application to their parents or guardians. Feel free to photocopy these forms, download them from our website, or contact our office for additional ones.

The family should return these forms to us with a copy of the child's IEP/ISP. (Teachers do not need to divulge special needs or financial information to us).

If you have any questions, please contact me at the Jamestown YMCA (716) 664-2802 ext. 238. Thank you for your assistance in providing quality resident camp experiences to youth who have Special Needs.

Sincerely,

Beverley Lubi
Administrative Director



2011 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Teacher Evaluation Form



Dear Teacher or other School Professional,

Your student, _____, will be attending the Chautauqua Lake Rotary Camp's integrated resident camping experience at YMCA Camp Onyahsa this summer. It would greatly benefit your student if you would give us some information concerning his or her Special Needs, so that we may provide *reasonable accommodations* for this student. After completing this form *please* mail or fax it to the address below. This information will be kept confidential. Thank you for your professional assistance.

YMCA Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701
Phone: 664-2802 ext. 238, Fax: 487-1174, Email: director@onyahsa.org

Parental Consent:

I, _____ (*please print name*) authorize my child's teacher(s) to release the following information concerning my child to YMCA Camp Onyahsa. This information will not be shared beyond the Camp.

Parent/Guardian Signature _____

Date _____

Teacher's Name _____

School _____

School Address _____

Phone _____

(Street, City, State, Zip Code)

1. Eating Habits: Independent Minimal Maximum Needs Assistance

Explain assistance process. Please include the number of people needed to assist, techniques used, and types of foods child can or will eat. _____

2. Toileting/Mobility: Independent Minimal Maximum Needs Assistance

Explain assistance process. Please include the number of people needed to assist, techniques used, and type of equipment used. _____

3. Dressing/Self Care: Independent Minimal Maximum Needs Assistance

Explain assistance needed _____

4. Social Interaction and/or Other Concerns: Independent Minimal Maximum Needs Assistance

(Use reverse side if needed):

Explain common behavior patterns, forms of effective management, or concerns:

5. Management Needs: Independent Minimal Maximum Needs Assistance

(Please use reverse side if needed):

How may we best meet the behavioral needs of this child, while ensuring a positive experience for other youth in attendance?



2011 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Camper Information Form



Camper's Name: _____ Date of Birth: _____ Age: _____ Sex: Male Female
(Last, First) (Must be 7-12)

Weight: _____ Height: _____ Child's Teacher: _____

Name of School _____ Phone: _____

Diagnosis/Special Need (IEP Conditions) _____

Educational/Social Goal (IEP Objectives) _____

Management needs (Behavior) _____

Will the Camper require medication/special health services while at Camp? Yes No

If yes, please list the medications and explain needs:

Are there special mobility or toileting needs:

Cognitive needs; or speech, sight or hearing challenges:

Explain eating assistance (if any):

Sleep patterns: Falls asleep easily Wakes up in night Sleeps soundly Awakens early _____ *(give time)*

Method used to get child back to sleep _____

Please check the items that relate to your child:

- Asthma/wheezing Heart problems Homesickness Other respiratory problems Menstrual Problems
 Nightmares Diarrhea Frequent colds Constipation Incontinence* *Please send appropriate bedding and clothing (i.e. "Pull-ups" or Attends)*

Please describe in further detail any of the above that you feel is of major concern:

What type of discipline works best with your child?

Limitations or restrictions that we should be aware of:

(Please read and sign the reverse side of this form.)



2011 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Camper Information Form (page 2)



Parent authorization:

1. I hereby give permission for my child to attend the inclusive Camp program for children with Special Needs, and to engage in all activities, except for those I have noted in writing.
2. I hereby give permission for my child's teachers and education professionals to release confidential information to the YMCA Camp to best meet my child's needs while registered in this program.
3. I will complete a YMCA Camp Registration Form and Health History for my child at least four weeks prior to his or her attendance at Camp. I realize that in order to best meet my child's Special Needs, the Camp reserves the right to schedule the most appropriate session for my child.
4. I will have my child's teacher complete the Teacher Evaluation Form and ask him or her to return it to the Camp Office at the following address: YMCA Camp Onyahsa, 101 E 4th Street, Jamestown, NY 14701.

(Parent or legal guardian signature)

(Date)



2011 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Financial Aid/Scholarship Application



Special Needs Scholarship Information:

- Scholarships are usually restricted to one **Traditional** or **Day Camp** session per child and are **only** available to residents of Chautauqua County who have special needs that can be met by providing reasonable accommodations.
- Scholarship award letters will be sent beginning in late May and will continue through the summer.
- Awards will be granted based on professional/school referral, demonstrated need, nomination status from local schools, and a willingness to volunteer for YMCA projects or participation in Camp fundraising events.

How to Apply for a Special Needs Scholarship:

- Complete this Financial Aid/Scholarship Form (Tenemos en Espanol tambien) ✓ if Form Completed
- Complete the USDA Family Application for Free and Reduced Price School Meals/Milk or attach a copy from your school ✓ if Form Completed
- Complete the 2011 YMCA Camp Onyahsa Summer Resident or Day Camp Registration Form ✓ if Form Completed
- Complete the Camper Information Form and have a teacher or school professional complete the Teacher Evaluation Form ✓ if Form Completed
- A copy of your child's IEP/ISP may be required.
- Scholarship applications **cannot be approved** without the signature and social security number of person completing form.
- Mail application to: **Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701** or you may drop off at our office in the YMCA

Applicant Information:

Male Female

Camper's Last Name	First Name	Age (while at camp)	Present Grade	School
Home Address		City	State	Zip Code
Race/Ethnicity: <i>(Optional—For statistical purposes only)</i> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Isles <input type="checkbox"/> Other _____				
Parent/Guardian's Name	Relationship to Camper	Home Phone	Work Phone	Cell Phone

Referral/Recommendation Information:

Who recommended or referred you?	Position (teacher/guidance/nurse)	School/Organization	Phone
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If you do not have a professional or school reference, when are you available for an interview with our Administrative Staff? _____

Financial Aid/Scholarship Request:

Has camper received a Camp Scholarship in the past? Yes No Check all that apply '03 '04 '05 '06 '07 '08 '09 '10

Will you participate in any of the following? Camp Clean Up—May 21, 2011 Earn Your Way to Camp Candy Sale—Feb 7-April 8, 2011
(info will be sent to you) Take A Hike Fundraiser—May 7, 2011 Other _____

*The YMCA reserves the right to designate which camp session and program your child may attend based upon available spaces.
Requests are not guaranteed.*

Camp Week Desired (1st, 2nd, 3rd choice): June 19-25 _____ June 26-July 2 _____ July 3-9 _____ July 10-16 _____
(detailed info on registration form) July 17-23 _____ July 24-30 _____ July 31-Aug 6 _____ Aug 7-13 _____

	Traditional Resident Camp	Day Camp in the Woods
A full scholarship is.....	\$ 435	\$ 185
Amount you can contribute	\$ - 25	\$ - 25
<i>(\$25 minimum required per camper)</i>		
Candy Sale Credit (if applicable).....	\$ - _____	\$ - _____
Balance (Scholarship request).....	\$ _____	\$ _____

For Camp Office Use Only

Scholarship Approved Yes No, Reason _____ Amount \$ _____ Scholarship Type Onyahsa Rotary United Way
USDA Qualified Yes No Award Letter Sent Yes No Date _____ Nash Creche
 Resident Camp or Day Camp Session: A B C D E F G H

2011 Camp Scholarship/Summer Food Service Program Income Eligibility Guidelines

This year, YMCA Camp Onyahsa is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at Camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive food stamps, or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2011 income eligibility standards will be used for determining eligibility for free meals, **but will not guarantee a Camp Scholarship.**

Income Eligibility Guidelines

<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>2 x Per Month</u>	<u>Every 2 Wks</u>	<u>Weekly</u>
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386
2	\$26,955	\$2,247	\$1,124	\$1,037	\$ 519
3	\$33,874	\$2,823	\$1,412	\$1,303	\$ 652
4	\$40,793	\$3,400	\$1,700	\$1,569	\$ 785
5	\$47,712	\$3,976	\$1,988	\$1,836	\$ 918
6	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
<i>For each additional family member, add:</i>					
	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at YMCA Camp Onyahsa, 5411 E. Lake Rd., Dewittville, NY from June 19-August 17, 2011 for all enrolled eligible children at the following meal times:

Breakfast 8:30am-9:15am Lunch 12:30pm-1:30pm Dinner 6:00pm-6:45pm

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk," and return it to the address below. For more information please feel free to contact Bev Lubi, Camp Administrative Director at:

YMCA Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701
Phone: 716-664-2802 ext. 238 Email: office@onyahsa.org

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue., S.W., Washington DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Beverley M. Lubi,
YMCA Camp Onyahsa

February 8, 2011
Date

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

Follow these instructions, if your household gets SNAP TANF or FDPIR:

Part 1: List participant's name and a SNAP, TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **[phone number of Sponsor]**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.	
Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children)	B. Gross income and how often it was received				C. Check if NO income
	Example: \$100/monthly	\$100/twice a month	\$100/every other week	\$100/weekly	
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
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	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
Sign here: X _____ Print name: _____ Date: _____
Address: _____ Phone Number: _____
Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
Household size: _____
Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____
Reason: _____
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Follow-up Official's Signature: _____ Date: _____



YMCA Camp Onyahsa Resident Camp Registration Form

2011: Wonders of the World



This form may be completed online at www.onyahsa.org.

Camper/Parent Info:

Male Female

Camper's Last Name _____ First Name _____ Date of Birth _____ Age _____ Present Grade _____

Street Address _____ City _____ State _____ Zip Code _____

Cabin Mate Request—*May request only one cabin mate, who is the same gender, age and in the same program. Requests are not guaranteed.*

Full Name of Parent(s)/ Guardian(s) _____ Home Phone _____ Family Email Address—*Please print legibly.* _____

Mother's Day Phone _____ Mother's Evening Phone _____ Father's Day Phone _____ Father's Evening Phone _____

Emergency Contacts: *If parent or guardian cannot be reached.*

Name _____ Relationship to Camper _____ Day Phone _____ Evening Phone _____ Cell Phone _____

Name _____ Relationship to Camper _____ Day Phone _____ Evening Phone _____ Cell Phone _____

Special Needs: *Does your child require special accommodations to meet disabilities or handicapping conditions?* Yes No

If yes, please explain: _____

YMCA Member: Yes No Branch Name _____ Type of Membership _____

Confirmation Packet: Email to Address Provided

Referred by: _____ Phone _____

Participation Agreement & Refund Policy—SIGNATURE REQUIRED FOR ATTENDANCE

I understand and certify that the registrant's enrollment and participation at Camp Onyahsa and in its full range of activities is made knowingly and is completely voluntary. I have familiarized the registrant and myself with the Camp's program and activities. I recognize and accept all risks inherent to, and associated with attendance at Camp Onyahsa and participation in Camp activities. I have instructed the registrant in the importance of knowing and abiding by the Camp's rules, regulations, and procedures for the safety of the registrant and all Camp participants.

I understand that campers must follow Camp rules and regulations and that parents will be notified to take home any camper who violates these regulations. I further understand that in this event, **no refund will be made.** I agree to give written notification to the camp administration **at least one month** prior to the camper's arrival if the registrant has any disabling condition, special needs, custody irregularities, or if there is any reason why the camper may not participate fully in all Camp activities. Camp Onyahsa will not discriminate based on disability, provided that a camper's attendance does not endanger himself, herself, or others. Program descriptions and rates are subject to change without notice. Please contact the Camp office for information updates.

This application must be accompanied by a non-refundable deposit of \$100 for each resident week session and \$50 for each day camp week. I understand that all fees must be paid in full and in US funds, at least two weeks prior to the start of the selected camp session in order to hold the reservation. All spaces will be filled on a first-come, first-served basis. Please make checks payable to **YMCA Camp Onyahsa**. Any unclaimed discounts will be graciously accepted as donations to our Development Fund.

I have read the Camp brochure and the above policies and have described the above policies and Camp rules to the registrant. The registrant and I agree to these conditions and Camp

policies. I further grant permission for my child to leave the Camp on supervised field trips and to fully participate in all activities described in this brochure unless otherwise directed in writing. Furthermore, I grant permission for the use of his or her photo, voice, or image in promotional materials media, and public relations programming.

I hereby indemnify, release, forever discharge and hold harmless the Jamestown Area YMCA, YMCA Camp Onyahsa, its employees, officers, agents, staff, and volunteers from any and all claims, losses, expenses, demands, actions, suits, liability or damages of any nature including attorneys fees resulting from or arising out of any injury, illness, loss of life or property, or other damages to my child during his/her attendance at YMCA Camp Onyahsa.

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Camp Onyahsa meets or exceeds all New York State and Chautauqua County Health Codes. It is also fully accredited by the American Camp Association.



Signature of Parent or Guardian _____ Date _____

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW., Washington, DC 20250-9410 or call, toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

For Camp Office Use _____ Dated Received _____ Date in Computer _____ Date Confirmation Sent _____

<p><u>Traditional Camp Sessions (ages 7-13)</u></p> <p><input type="checkbox"/> A—6/19-6/25* <input type="checkbox"/> E—7/17-7/23 <input type="checkbox"/> B—6/26-7/2* <input type="checkbox"/> F—7/24-7/30 <input type="checkbox"/> C—7/3-7/9 <input type="checkbox"/> G—7/31-8/6 <input type="checkbox"/> D—7/10-7/16 <input type="checkbox"/> H—8/7-8/13</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$435 <input type="checkbox"/> 2—\$395 <input type="checkbox"/> 3—\$335</p>	<p><u>Teen Camp Sessions (ages 13-14)</u></p> <p><input type="checkbox"/> A—6/19-6/25* <input type="checkbox"/> E—7/17-7/23 <input type="checkbox"/> B—6/26-7/2* <input type="checkbox"/> F—7/24-7/30 <input type="checkbox"/> C—7/3-7/9 <input type="checkbox"/> G—7/31-8/6 <input type="checkbox"/> D—7/10-7/16 <input type="checkbox"/> H—8/7-8/13</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$455 <input type="checkbox"/> 2—\$415 <input type="checkbox"/> 3—\$355</p>	<p><u>Horseback Riding Camp Sessions (ages 7-13)</u></p> <p><input type="checkbox"/> B—6/26-7/2 <input type="checkbox"/> D—7/10-7/16 <input type="checkbox"/> F—7/24-7/30 <input type="checkbox"/> H—8/7-8/13</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$535 <input type="checkbox"/> 2—\$495 <input type="checkbox"/> 3—\$435</p>
<p><u>Specialty Camp Sessions (ages 7-13)</u></p> <p><input type="checkbox"/> A—6/19-6/25 Kayaking <input type="checkbox"/> C—7/3-7/9 Ski-Surf <input type="checkbox"/> E—7/17-7/23 Sailing <input type="checkbox"/> G—7/31-8/6 Windsurfing</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$455 <input type="checkbox"/> 2—\$415 <input type="checkbox"/> 3—\$355</p>	<p><u>Leader in Training 2-Week Sessions (ages 15-16)</u></p> <p><input type="checkbox"/> A/B—6/19-7/2 <input type="checkbox"/> E/F—7/17-7/30 <input type="checkbox"/> B/C—6/26-7/9 <input type="checkbox"/> F/G—7/24-8/6 <input type="checkbox"/> C/D—7/3-7/16 <input type="checkbox"/> G/H—7/31-8/13 <input type="checkbox"/> D/E—7/10-7/23</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$535 <input type="checkbox"/> 2—\$495 <input type="checkbox"/> 3—\$435</p>	<p><u>Weekender Camp Sessions (for campers staying consecutive weeks)</u></p> <p><input type="checkbox"/> A—6/25-6/26 <input type="checkbox"/> E—7/23-7/24 <input type="checkbox"/> B—7/2-7/3 <input type="checkbox"/> F—7/30-7/31 <input type="checkbox"/> C—7/9-7/10 <input type="checkbox"/> G—8/6-8/7 <input type="checkbox"/> D—7/16-7/17 <input type="checkbox"/> H—8/13-8/14</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$100 <input type="checkbox"/> 2—\$100 <input type="checkbox"/> 3—\$100</p>
<p><u>Mini Camp Session (ages 5-8)</u></p> <p><input type="checkbox"/> I—8/14-8/17</p> <p style="text-align: center;">Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$185 <input type="checkbox"/> 2—\$165 <input type="checkbox"/> 3—\$140</p>	<p style="text-align: center;"><u>Extra Fees</u></p> <p><input type="checkbox"/> Onyahsa Association Fee \$25 <i>(This annual per camper fee funds Camp's endowment. Current YMCA members are automatically enrolled at no charge. Put appropriate YMCA info on front of form.)</i></p> <p><input type="checkbox"/> Camper Email/Fax-Backs \$5/set of 10 <i>(Use campers@onyahsa.org to send one-way email to campers and provide fax number in email for camper to fax back hand-written notes.)</i></p> <p><input type="checkbox"/> R/T Transportation Fee-Buffalo \$135 <i>(For long distance travelers. Contact office prior to booking tickets.)</i></p>	<p style="text-align: center;"><u>Discounts</u></p> <p><input type="checkbox"/> Multi-Week/Sibling Discount \$50/wk <i>(For each full-week session beyond the 1st one by the same household, including siblings attending, \$50 may be deducted.)</i></p> <p><input type="checkbox"/> Ambassadors Discount \$50/new recruit <i>(For each new full-paying recruit, \$50 may be deducted. Recruit also receives \$50 discount. Please list names below to receive credit.)</i></p> <p>Name _____ Name _____</p>



Tiered Tuition Descriptions

Realizing the current economy has resulted in families having differing abilities to pay for camp, we have instituted a voluntary Three Tier Tuition Program.

Tier 1 Rate: True weekly cost of quality camping.

Tier 2 Rate: Traditionally subsidized weekly tuition.

Tier 3 Rate: Heavily subsidized by local donors and available only for campers enrolled in schools in Chautauqua, Allegany, Cattaraugus, Warren & McKean Counties.

*The Tier 3 Rate is available to ALL registrants for Weeks A and/or B.

Payment Calculation

Total Camp Tuition <i>(Total of all camp weeks)</i>	\$ _____
\$25 Ony Association Fee	+ \$ _____
Weekender Tuition	+ \$ _____
Transportation Fee	+ \$ _____
\$5 Camper Email/Faxes	+ \$ _____
Less Multi-Week/Sibling Discount	- _____
# _____ Sibling/Multi-Weeks x \$50 =	\$(_____)
Less Ambassadors Discount	- _____
# _____ Camp Ambassadors x \$50 =	\$(_____)
TOTAL DUE	\$ _____
Amount Enclosed	\$(_____)
<i>(Must include a \$100 deposit per session)</i>	
Balance Due <i>(Two weeks prior to camp session.)</i>	\$ _____

An updated invoice will be sent with the confirmation packet.

Payment Type

Check enclosed Check # _____

Credit Card Visa MasterCard Discover

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Cardholder Signature: _____

For your convenience, we can charge the above credit card for the balance due two weeks prior to camper's arrival.

YES! Charge my card for the balance due two weeks prior to arrival.

Mail completed form with payment to:

YMCA CAMP ONYAHSA

101 E. 4th Street, Jamestown, NY 14701

Phone: 716-664-2802 ext 238 Fax: 716-487-1174

Email: office@onyahsa.org Website: www.onyahsa.org

Financial Assistance (Camp Scholarship)

Available only to campers residing in Chautauqua County that meet financial guidelines. This form must accompany a fully completed scholarship application available through your local school district, the camp office or our website.

I am applying for a Camp Scholarship (financial assistance).

Scholarship Received Onyahsa Rotary (SN) Nash Creche