

2010 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Parent Information Letter



Spring 2010

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 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.

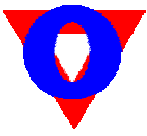
If you are interested in this adaptive program for your child, and you would like to apply for a Rotary Club Special Needs scholarship, please complete the paperwork found in the attached application and return to our office at the YMCA, 101 E. 4th Street, Jamestown, NY 14701.

You may contact the Director, Jon O'Brian or Administrative Director, Beverley Lubi, 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,

Jon O'Brian
Camp Director

Beverley Lubi
Administrative Director



2010 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Special Education Teacher Information Letter



Spring 2010

Dear Special Education Teacher(s):

For twenty-five 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 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 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. (You do not have to divulge special needs or financial information to us).

If you have any questions, please contact me or the Camp Administrative Director, Beverley Lubi, 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,

Jon O'Brian
Camp Director

Beverley Lubi
Administrative Director



2010 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.
- Notification of scholarship awards will begin in late May and will continue through the summer.
- Awards will be granted based on professional referral, demonstrated need, nomination status, a willingness to volunteer for YMCA projects or participation in Camp fundraising events.
- Camp Onyahsa is unable to provide transportation to the camp site located in Dewittville (Route 430).

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 2010 YMCA Camp Onyahsa Summer Resident or Day Camp Registration Form ✓ if Form Completed
- Complete the Special Needs Program Information Sheet 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.
- Mail application to: **Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701** or you may drop off at our office in the YMCA
- Scholarship applications cannot be approved without the signature and social security number of person completing form.

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
Who recommended or referred you?	Position (teacher/guidance/nurse)	School/Organization	Phone	
If you do not have a professional or school reference, when are you available for an interview with our Administrative Staff? _____				
Will you participate in any of the following?	<input type="checkbox"/> Camp Clean Up—May 14, 2010 <input type="checkbox"/> Earn Your Way to Camp Candy Sale—Feb 1-May 1, 2010 <input type="checkbox"/> Take A Hike Fundraiser—June 12, 2010 <input type="checkbox"/> Other _____			
Has camper received a Camp Scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply <input type="checkbox"/> '01 <input type="checkbox"/> '02 <input type="checkbox"/> '03 <input type="checkbox"/> '04 <input type="checkbox"/> '05 <input type="checkbox"/> '06 <input type="checkbox"/> '07 <input type="checkbox"/> '08 <input type="checkbox"/> '09				

Financial Aid/Scholarship Request:

Camp Week Desired (1st, 2nd, 3rd choice): A—6/20-6/26 B—6/27-7/3 C—7/4-7/10 D—7/11-7/17
 E—7/18-7/24 F—7/25-7/31 G—8/1-8/7 H—8/8-8/14

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

	Traditional Resident Camp	Day Camp in the Woods
A full scholarship is.....	\$ 435	\$ 185
Amount you can contribute.....	\$ _____	\$ _____
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: Wk A Wk B Wk C Wk D Wk E Wk F Wk G Wk H

2010 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 2009- 2010 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>Year</u>	<u>Month</u>	<u>Twice Per Month</u>	<u>Every 2 Weeks</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 for all enrolled eligible children.

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.

Jon O'Brian

Jonathan O'Brian, Director YMCA Camp Onyahsa

March 8, 2010
Date

COMPLETE ONLY ONE APPLICATION FOR YOUR HOUSEHOLD

____ F ____ R ____ D
 Temp Free Expires _____
 45 Days

FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to _____ . Call _____ if you need help. For additional names, list on a sheet of paper.

1. CHILDREN IN SCHOOL: (Complete a separate application for each foster child or us the Single Child Application.)

Children's Names (Last, First, MI)	Grade/Teacher	School

2. FOSTER CHILD: If the above named child is the legal responsibility of a welfare agency or court, check this box.
 List the child's personal use income: _____ (Write "0" if the child has no personal use income.) Skip to Part 5.

3. HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF): Complete this section and sign the application in Part 5 **OR** submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children with a different case number or no case number. Write your case number as provided on your benefit letter, **not the number on your benefit card.**
 Food Stamp Case #: _____ TANF/FDPIR Case #: _____

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME: If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples	<u>CURRENT INCOME/PAY PERIOD</u>			
	Examples: \$100.29/weekly, \$100.29/bi-weekly, \$100.29/2x per month, \$100.29/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.			
List the names of everyone in your household	Earnings From Work Before deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

5. SIGNATURE: An adult household member **MUST** sign the application before it can be approved.
 I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE: _____ DATE: _____ SOCIAL SECURITY # _____ - _____ - _____

Home Telephone _____ Work Telephone _____ Mailing Address _____ Zip Code _____

SOCIAL SECURITY NUMBER: If Part 4 is completed, the adult who signs the application must provide his/her Social Security number.

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS): WEEKLY X 52; EVERY 2 WEEKS X 26; TWICE A MONTH X 24; MONTHLY X 12

FOOD STAMP, TANF, Foster Child
 INCOME HOUSEHOLD: Total Household Income/Frequency: _____ / _____ Household Size: _____
 Application APPROVED for: Free Meals Reduced Price Meals
 Temporary Free (expires in 45 days) ___/___/___ Application DENIED
 Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to _____. Please complete a separate application for **each** foster child. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children for whom you are applying on one application. (For Foster Children, see Part 2)
- (2) List their grade and school.

PART 2 HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5. A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

- (1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. SKIP PART 4. Do not list any other children, household members or income, or a social security number.
- (2) A foster parent or other official representing the child must sign the application in PART 5.

PART 3 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE THIS PART AND SIGN PART 5. COMPLETE A SEPARATE APPLICATION FOR A CHILD/CHILDREN WITH A DIFFERENT CASE NUMBER.

- (1) List a current Food Stamp case number, TANF or FDPIR (Food Distribution Program on Indian Reservations) number. Do not use the number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, bi-weekly, monthly, 2 x per month.** Changes in income during the school year no longer need to be reported.
- (3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (4) The application must include the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF or FDPIR number, or if you are applying for a foster child, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp, TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. The disclosure of a social security number is voluntary. However, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS

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, gender, or disability. To file a complaint, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY)*. USDA is an equal opportunity provider and employer.



2010 YMCA Camp Onyahsa-Rotary Integrated Special Needs Program Teacher Evaluation Form



Dear Teacher or other School Professional,

Your student, _____, will be attending the Rotary Club's integrated 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? _____



2010 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.)



2010 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)



YMCA Camp Onyahsa Resident Camp Registration Form 2010: Odyssey Too



Camper/Parent Info:

Male Female

Camper's Last Name _____ First Name _____ Date of Birth _____ Age (while at camp) _____ Present Grade _____

Street Address _____ City _____ State _____ Zip Code _____

Cabin Mate Request—*Requested cabin mate must be mutual, 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 Work Phone _____ Mother's Cell Phone _____ Father's Work Phone _____ Father's Cell Phone _____

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

Name _____ Relationship to Camper _____ Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Camper _____ Home Phone _____ Work 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 _____

Referred by: Sibling/Family Friend YMCA Newspaper Internet/Website Other _____

Confirmation Packet: Mail to Address Above (incl PO Box if applicable) OR Email to Address Provided (**SAVES CAMP MONEY, THANKS!**)

Years at Camp: Camper attended in (check all that apply) '01 '02 '03 '04 '05 '06 '07 '08 '09 Number of years _____

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 \$75 for each session. 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 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 Receipting Purposes

2010 Program Registration & Weekly Themes: ✓ Check the box of the session(s) you would like to attend. Choose only one per week:

Tiered Tuition: 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 that is still below national average tuition for similar programs.

Tier 2 Rate: Traditionally subsidized weekly tuition, which does not reflect the true cost of camp operations.

Tier 3 Rate: Heavily subsidized by local donors and available only for local* residents; campers enrolled in schools in Chautauqua, Allegany, Cattaraugus, Warren & McKean Counties. It does not reflect the true cost of camp operations. This rate is available to ALL registrants for Weeks A and/or B.

<p>Traditional Camp Sessions (ages 7-13)</p> <p><input type="checkbox"/> A—6/20-6/26 <input type="checkbox"/> E—7/18-7/24 <input type="checkbox"/> B—6/27-7/3 <input type="checkbox"/> F—7/25-7/31 <input type="checkbox"/> C—7/4-7/10 <input type="checkbox"/> G—8/1-8/7 <input type="checkbox"/> D—7/11-7/17 <input type="checkbox"/> H—8/8-8/14</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$435 <input type="checkbox"/> 2—\$395 <input type="checkbox"/> 3—\$335</p>	<p>Teen Camp Sessions (ages 13-14)</p> <p><input type="checkbox"/> A—6/20-6/26 <input type="checkbox"/> E—7/18-7/24 <input type="checkbox"/> B—6/27-7/3 <input type="checkbox"/> F—7/25-7/31 <input type="checkbox"/> C—7/4-7/10 <input type="checkbox"/> G—8/1-8/7 <input type="checkbox"/> D—7/11-7/17 <input type="checkbox"/> H—8/8-8/14</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$455 <input type="checkbox"/> 2—\$415 <input type="checkbox"/> 3—\$355</p>	<p>Horseback Riding Camp Sessions (ages 7-14)</p> <p><input type="checkbox"/> C—7/4-7/10 <input type="checkbox"/> E—7/18-7/24 <input type="checkbox"/> G—8/1-8/7 <input type="checkbox"/> H—8/8-8/14</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$505 <input type="checkbox"/> 2—\$465 <input type="checkbox"/> 3—\$405</p>
<p>Water Specialty Camp Sessions (ages 7-14)</p> <p><input type="checkbox"/> A—6/20-6/26 Kayak <input type="checkbox"/> B—6/27-7/3 Fishing <input type="checkbox"/> C—7/4-7/10 Tubing <input type="checkbox"/> D—7/11-7/17 Aquatics 1 <input type="checkbox"/> E—7/18-7/24 Sailing <input type="checkbox"/> F—7/25-7/31 Competitive Swim <input type="checkbox"/> G—8/1-8/7 Windsurf <input type="checkbox"/> H—8/8-8/14 Aquatics 2</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$455 <input type="checkbox"/> 2—\$415 <input type="checkbox"/> 3—\$355</p>	<p>Specialty Camp Sessions (ages 7-14)</p> <p><input type="checkbox"/> A—6/20-6/26 Field 1 or State Parks <input type="checkbox"/> B—6/27-7/3 Challenge or Outpost 1 <input type="checkbox"/> C—7/4-7/10 Fitness <input type="checkbox"/> D—7/11-7/17 Hiking or Ice Skating <input type="checkbox"/> E—7/18-7/24 Field 2 <input type="checkbox"/> F—7/25-7/31 Forts or Outpost 2 <input type="checkbox"/> G—8/1-8/7 Strength Training <input type="checkbox"/> H—8/8-8/14 Archery</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$455 <input type="checkbox"/> 2—\$415 <input type="checkbox"/> 3—\$355</p>	<p>Academy Camp Sessions (ages 7-14)</p> <p><input type="checkbox"/> A—6/20-6/26 Arts <input type="checkbox"/> B—6/27-7/3 French <input type="checkbox"/> C—7/4-7/10 Music <input type="checkbox"/> D—7/11-7/17 Chinese <input type="checkbox"/> E—7/18-7/24 Book Club <input type="checkbox"/> F—7/25-7/31 Spanish <input type="checkbox"/> G—8/1-8/7 Science <input type="checkbox"/> H—8/8-8/14 Cooking</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$435 <input type="checkbox"/> 2—\$395 <input type="checkbox"/> 3—\$335</p>
<p>Leader in Training 2-Week Sessions (ages 15-16)</p> <p><input type="checkbox"/> A/B—6/20-7/3 <input type="checkbox"/> E/F—7/18-7/31 <input type="checkbox"/> B/C—6/27-7/10 <input type="checkbox"/> F/G—7/25-8/7 <input type="checkbox"/> C/D—7/4-7/17 <input type="checkbox"/> G/H—8/1-8/14 <input type="checkbox"/> D/E—7/11-7/24 <input type="checkbox"/> H—8/8-8/14</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$505 <input type="checkbox"/> 2—\$465 <input type="checkbox"/> 3—\$405</p>	<p>Weekender Camp Sessions (ages 7-16)</p> <p><input type="checkbox"/> A—6/26-6/27 <input type="checkbox"/> E—7/24-7/25 <input type="checkbox"/> B—7/3-7/4 <input type="checkbox"/> F—7/31-8/1 <input type="checkbox"/> C—7/10-7/11 <input type="checkbox"/> G—8/7-8/8 <input type="checkbox"/> D—7/17-7/18 <input type="checkbox"/> H—8/14-8/15</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$100 <input type="checkbox"/> 2—\$100 <input type="checkbox"/> 3—\$100</p>	<p>Mini Camp Session (ages 5-8)</p> <p><input type="checkbox"/> I—8/15-8/18</p> <p>Select Pricing Tier</p> <p><input type="checkbox"/> 1—\$185 <input type="checkbox"/> 2—\$165 <input type="checkbox"/> 3—\$140</p>

Payment Calculation

Total Camp Tuition (Total of all camp weeks) \$ _____

Less Multi-Week/Sibling Discount
 (For each full-week session beyond the 1st one by the same household, \$50 may be deducted. Pay full price the first week, and deduct \$50 from each week after the first.)
 # _____ Sibling/Multi-Weeks x \$50 = \$(_____)

Less Buddy Check Discount
 (For each new full-paying recruit, \$50 may be deducted. Please attach Buddy Cheque coupon(s) to receive credit.)
 # _____ Camp Buddies x \$50 = \$(_____)

\$25 Ony Association Fee \$ _____
 (This annual per camper fee funds Camp's endowment. Current YMCA members are automatically enrolled at no charge.)

Weekender Tuition \$ _____
 (For campers staying consecutive sessions.)

\$5 Camper Email/Faxes \$ _____
 (Not to exceed 10 items total.)

TOTAL DUE \$ _____

Amount Enclosed \$(_____)

Balance Due \$ _____
 (Two weeks prior to camp session.)

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.

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

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

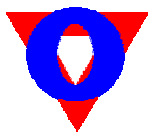


For Camp Office Use Only

Date Received _____

In computer _____

Confirmation Sent _____



YMCA Camp Onyahsa Day Camp Registration Form 2010: Odyssey Too



Camper/Parent Info:

Male Female

Camper's Last Name _____ First Name _____ Date of Birth _____ Age (while at camp) _____ Present Grade _____

Street Address _____ City _____ State _____ Zip Code _____

Cabin Mate Request (for Thurs Overnighter)—*Cabin mate must be mutual, 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 Work Phone _____ Mother's Cell Phone _____ Father's Work Phone _____ Father's Cell Phone _____

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

Name _____ Relationship to Camper _____ Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Camper _____ Home Phone _____ Work 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 _____

Referred by: Sibling/Family Friend YMCA Newspaper Internet/Website Other _____

Confirmation Packet: Mail to Address Above (incl PO Box if applicable) OR Email to Address Provided (**SAVES CAMP MONEY, THANKS!**)

Years at Camp: Camper attended in (check all that apply) '01 '02 '03 '04 '05 '06 '07 '08 '09 Number of years _____

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 \$25 for each session. 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 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 Receipting Purposes

2010 Program Registration & Weekly Themes

Tiered Tuition: 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 that is still below national average tuition for similar programs.

Tier 2 Rate: Traditionally subsidized weekly tuition, which does not reflect the true cost of camp operations.

Tier 3 Rate: Heavily subsidized by local donors and available only for local* residents; *campers enrolled in schools in Chautauqua, Allegany, Cattaraugus, Warren & McKean Counties.* It does not reflect the true cost of camp operations. This rate is available to ALL registrants for Weeks A and/or B.

Day Camp Sessions (ages 5-10): ✓ Check the box of the session(s) you would like to attend.

A—6/21-6/25 B—6/28-7/2 C—7/5-7/9 D—7/12-7/16 E—7/19-7/23 F—7/26-7/30 G—8/2-8/6 H—8/9-8/13

Select Pricing Tier

1—\$185 2—\$165 3—\$140

General Information

- Days begin at JCC's North County Campus, 10825 Bennett Rd, Dunkirk at 9:00am and end at 5:15pm. Early drop off is available at 8:30 am and late pick-up is available until 5:30pm.
- Campers may be dropped off directly at Camp Onyahsa at 8:30am. Indicate preference below.
- Thursdays are Field Trip days and day camp t-shirts **must** be worn on this day. Cost for t-shirt is \$10; indicate size below.
- Lunch is included in the program fee or campers may bring their own lunches.
- Campers may attend an optional Thursday overnighter at Camp Onyahsa. Complete the section below if interested in this program.

Transportation: ✓ Check the box of your preference(s).

I plan to drop my camper off at: Camp Onyahsa in Dewittville OR Jamestown Community College-Dunkirk/Fredonia

I plan to pick my camper up at: Camp Onyahsa in Dewittville OR Jamestown Community College-Dunkirk/Fredonia

Permission for Optional Thursday Overnighter:

I give my child, _____, permission to attend the Thursday-Friday overnighter at YMCA Camp Onyahsa on the following date(s), during his/her day camp session(s).

A—6/24-6/25 B—7/1-7/2 C—7/8-7/9 D—7/15-7/16 E—7/22-7/23 F—7/29-7/30 G—8/5-8/6 H—8/12-8/13



Signature of Parent/Guardian _____

Print Parent/Guardian Name _____

Date _____

Payment Calculation

Total Camp Tuition (Total of all day camp weeks) \$ _____

Less Multi-Week/Sibling Discount

(For each full-week session beyond the 1st one by the same household, \$10 may be deducted. Pay full price the first week, and deduct \$10 from each week after the first.)

_____ Sibling/Multi-Weeks x \$10 = \$(_____)

\$25 Ony Association Fee \$ _____

(This annual per camper fee funds Camp's endowment. Current YMCA members are automatically enrolled at no charge.)

\$10 Day Camp T-Shirt \$ _____

Please select size:

Y Small 6-8 Y Medium 10-12 Y Large 14-16 Y X-Large 18-20

Adult Small Adult Medium Adult Large Adult X-Large

TOTAL DUE \$ _____

Amount Enclosed \$(_____)

(Must include a \$25 deposit per session)

Balance Due \$ _____

(Two weeks prior to camp session.)

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.

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

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

For Camp Office Use Only

Date Received _____ In computer _____ Confirmation Sent _____

Scholarship Rec'd Onyahsa Rotary Nash Creche

