



# YMCA Camp Onyahsa

## 2012 Youth Monthly Camp Registration Form

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (while at camp) \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Present Grade \_\_\_\_\_

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 Contact Information - *If parent or guardian cannot be reached*

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  
 Notify camp office one month prior to attendance. Complete and attach Special Needs forms available online at [www.onyahsa.org](http://www.onyahsa.org).

If yes, please explain: \_\_\_\_\_

YMCA Member  Yes  No Branch Name \_\_\_\_\_ Type of Membership \_\_\_\_\_

Referred by  Sibling/Family  Friend  YMCA  Newspaper  Internet/Website  School  Other \_\_\_\_\_

Confirmation Packet  Email to the email address provided above (Default) OR  Mail to Postal Address Above (incl PO Box if applicable)

Did camper attend Onyahsa in Summer 2011?  Yes  No If yes, which week (ex. Week A or dates)? \_\_\_\_\_

### Register for an Overnighter (Deadline is ONE WEEK prior to each session)

- Campers arrive at 10:00am Saturday and depart at 1:30pm Sunday.
- All campers **MUST** complete a health form (not required if the camper completed a health form for resident or day camp in 2011 unless there have been changes to the camper's health.) *Indicate week(s) attended* \_\_\_\_\_
- A confirmation letter (including packing list) will be emailed/mailed upon receipt of completed registration form/payment.

Camp	Date	Theme	Member Rate	Potential Member Rate	Ck here if attending	Amount Paid
January	1/21-1/22	Winter Fun	\$35	\$40		
February	2/11-2/12	Valentine's Day	\$35	\$40		
March	3/10-3/11	St. Patty's Day	\$35	\$40		
April	4/21-4/22	Celebrate Spring	\$35	\$40		
May	5/5-5/6	Cinco de Mayo	\$35	\$40		
October	10/6-10/7	Halloween & Fall	\$35	\$40		
November	11/10-11/11	Harvest Time	\$35	\$40		
December	12/8-12/9	Holiday Celebration	\$35	\$40		

### Discounts Being Offered

- **Bring A Friend for Free** - for first time campers who want to give Onyahsa a try. Must register together and new camper must complete a health form.
- **Sibling Discount** - receive a \$10 discount for each sibling registering for the same overnighter.
- **Free Overnighter** - register for 5 overnight programs and receive the 6th one FREE.
- **Member Rate** - current members of ANY YMCA or the Onyahsa Association (\$25 annual fee) are eligible for this rate.

Sign on reverse (over) →

## Please read and sign this statement

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

I have read the Camp brochure/flyer and the above policies, and I agree to these conditions. I further grant permission for my child to leave the Camp on supervised field trips and to fully participate in all activities described in the brochure/flyer 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 release, forever discharge and hold harmless YMCA Camp Onyahsa, its employees, officers, agents, staff, and volunteers from any liability or damages 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.

## Payment Calculation & Options

Monthly Camp Tuition *(add all from front)* \$ \_\_\_\_\_

Bring a Friend Discount -\$ \_\_\_\_\_

Sibling Discount (# siblings \_\_\_\_ x \$10) -\$ \_\_\_\_\_

Free Overnighter -\$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Amount Enclosed \$( \_\_\_\_\_ )

Check enclosed      Check # \_\_\_\_\_

Cash

Credit Card      Types Accepted:    Visa    MasterCard    Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3 digits from back): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Welcome Center Receipt Use Only    *Camp Onyahsa-Off Season Programs*

2 Day Camp-Member \$ \_\_\_\_\_    2 Day Camp-Non-Member \$ \_\_\_\_\_    Receipt # \_\_\_\_\_    Date \_\_\_\_\_    Initials \_\_\_\_\_

**Mail, fax, email or drop off  
completed form with full  
payment to address below:**

**YMCA CAMP ONYAHSA**  
101 E. 4th Street  
Jamestown, NY 14701  
Phone: 716-664-2802 ext 238  
Fax: 716-487-1174  
Email: [office@onyahsa.org](mailto:office@onyahsa.org)  
Website: [www.onyahsa.org](http://www.onyahsa.org)

**OR**

**Register online at  
[www.onyahsa.org](http://www.onyahsa.org)**

