



YMCA Camp Onyahsa 2020 Resident Camp Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A parent/guardian MUST complete & sign the bottom of this page.

Camper's Last Name	First Name	Date of Birth	Age (while at camp)	Gender
Street Address	City	State, Zip Code	Home Phone	
Full Name of Parent(s)/Guardian(s)	Parent 1 Cell Phone	Parent 1 Work Phone	Parent 2 Cell Phone	Parent 2 Work Phone

Family Email Address - Please print legibly.
Emergency Contact Information - If parent or guardian cannot be reached

Name & Relationship to Camper	Home Phone	Work Phone	Cell Phone
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Cabin Mate Request—May request one cabin mate, of the same gender, age, and program. Requests must be mutual and are not guaranteed.

Special Needs - Does your child require special accommodations to meet disabilities or handicapping conditions? Yes No
Does your child have an IEP? Yes No

If yes, notify camp office one month prior to attendance. Complete and attach Special Needs forms available online at www.onyahsa.org.

Also, please explain: _____

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

Referred by (Name) _____ (Email Address) _____

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 2019? Yes No Did the camper attend school-year camps 2019/2020? Yes No

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 discounts must be taken at the time of registration, no refunds will be given after payments have been processed.** Cancellations must be received at least two weeks prior to the start of the camp session to receive a refund of the balance. No refunds will be granted for children who are sent home for misbehavior or other reasons beyond the camp's control. No per-diem rate is available for late-arriving or early departing campers. Balances left unpaid two weeks prior to the session's start may result in the cancellation of a reservation and its re-assignment to another camper. 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, video 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.



CAMP OFFICE USE

Received _____ In Computer _____ Confirmation _____

Scholarship

Payment must be included with this form. This entire form **MUST** be returned to:
**YMCA Camp Onyahsa, 101 E 4th Street,
Jamestown, NY 14701**



Explanation of Rates
We offer a three-tiered pricing program based on the needs of families and area of full-time residence. It is confidential and does not affect the quality of the experience.

Tier 1 Rate - True weekly cost of quality camping; (still well below national averages).

Tier 2 Rate - Tuition subsidized by regional donors for campers enrolled in schools in Allegany, Cattaraugus, Warren & McKean counties who need a subsidized rate.

Tier 3 Rate* - Tuition subsidized by local donors for campers enrolled in schools in Chautauqua County who desire a need rate.

***This rate is available to ALL registrants for Weeks A and B.**

Traditional Camp is for campers 7-13 yrs and is a great choice for first timers! (For Tier information, see Explanation of Rates.)

<u>Select Pricing</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
A - 6/7-6/13*	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
B - 6/14-6/20*	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
C - 6/21-6/27	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
D - 6/28-7/4	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
E - 7/5-7/11	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
F - 7/12-7/18	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
G - 7/19-7/25	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
H - 7/26-8/1	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
I - 8/2-8/8	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390

Calculate Fees
 # wks _____ x rate \$ _____ = total _____

Mini Camp half-week long programs runs 3 nights (For Tier information, see Explanation of Rates.)

<u>Select Pricing</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
Mini C - 6/24-6/27	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$185
Mini I - 8/2-8/5	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> \$185

Designed for campers aged 5-10.

Calculate Fees
 # wks _____ x rate \$ _____ = total _____

Teen Camp is for 14 & 15 yr olds who desire a more autonomous adventure! (For Tier information, see Explanation of Rates.)

<u>Select Pricing</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
A - 6/7-6/13*	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
B - 6/14-6/20*	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
C - 6/21-6/27	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
D - 6/28-7/4	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
E - 7/5-7/11	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
F - 7/12-7/18	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
G - 7/19-7/25	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
H - 7/26-8/1	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390
I - 8/2-8/8	<input type="checkbox"/> \$540	<input type="checkbox"/> \$465	<input type="checkbox"/> \$390

Calculate Fees
 # wks _____ x rate \$ _____ = total _____

Specialty Camp

Diabetes Camp for campers with manageable Type I or II Diabetes, subject to medical staff approval

D - 6/28-7/4 \$540 \$465 \$390

Free to residents of Chautauqua County through the generosity of the Chautauqua Region Community Foundation and Big Fish Triathlon.

Calculate Fees
 # wks _____ x rate \$ _____ = total _____

Leader In Training (LIT) sessions run for 2 consecutive wks for 15-16 year olds, **for graduates of the Onyahsa Teen program.** Pricing below is for both weeks. (For Tier information, see Explanation of Rates.)

<u>Select Pricing</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
A/B - 6/7-6/20	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
B/C - 6/14-6/27	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
C/D - 6/21-7/4	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
D/E - 6/28-7/11	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
E/F - 7/5-7/18	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
F/G - 7/12-7/25	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
G/H - 7/19-8/1	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490
H/I - 7/26-8/8	<input type="checkbox"/> \$640	<input type="checkbox"/> \$565	<input type="checkbox"/> \$490

Calculate Fees
 # wks _____ x rate \$ _____ = total _____

Weekender Camp Sat. to Sun. program for campers staying consecutive weeks (only).

A - 6/13-6/14
 B - 6/20-6/21
 C - 6/27-6/28
 D - 7/4-7/5
 E - 7/11-7/12
 F - 7/18-7/19
 G - 7/25-7/26
 H - 8/1-8/2

Calculate Fees
 # wks _____ x **\$140** = total _____

Fees

Onyahsa Association Fee **\$ 30**
 Non YMCA member fee Current members of ANY YMCA will not incur this fee.

Email (optional) **\$ 5**
 To stay in contact with your camper

Transportation Fee **\$176**
 R/T from Buffalo air, train or bus terminals for long distance travelers who need this service (must be scheduled within camp's service window).

Alternative Drop off **\$ 25**
 Sunday 4:30pm to 6:00pm

Alternative Pick up **\$ 25**
 Saturday 8:30am to 11:30am

Calculate Fees
 # wks _____ x rate \$ _____ = total _____

Discounts Take advantage of these great ways to save!

Multi-Session Discount - for each successive session **after the first**, purchased by the same nuclear family receive a discount:
 Full week: # wks _____ x **\$100** = total _____
 Mini-Camp: # wks _____ x **\$ 50** = total _____

Ambassador Discount - recruit a new, full paying (non-scholarship) camper and **each** will receive a discount!
 Full Week # recruits _____ x **\$100** = total _____
 Mini-Camp # recruits _____ x **\$ 50** = total _____

Calculate Discounts Total _____

Payment Calculation

Total Camp Tuition \$ _____
 Total Weekender Fees \$ _____
 Total Extra Fees \$ _____
Total All Fees & Tuition \$ _____

Less Multi-Week Discount \$- _____
 Less Ambassador Discount \$- _____
Total All Discounts \$- _____

Total Due Fees - Discounts \$ _____

Amount Enclosed \$ _____
 (Must include a \$100 deposit/session)

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

Payment Type

Check # _____ Cash
 Visa MasterCard Discover
 Card # _____
 Exp. Date _____ Security Code _____
 Name on Card _____
 Signature _____

For your convenience, we can charge the above card for the balance two weeks prior to arrival.

Yes, please do!

***If submitting after 5/31/19 full payment is due**

Mail, fax, email or drop off completed form with payment to:
 YMCA CAMP ONYAHSA
 101 E. 4th Street
 Jamestown, NY 14701
 OR
Register online at
www.onyahsa.org

Phone: 716-664-2802 ext. 238
 Fax: 716-487-1174
 Email: office@onyahsa.org