



Flat Rock River YMCA Camp Summer 2009 Free Camp Week

Guidelines & Registration

*The YMCA of Greater Indianapolis is pleased to provide
a free week of overnight camp at the Flat Rock River YMCA
for 300 central Indiana children of unemployed parents and deployed military personnel*

Guidelines:

- Parent must complete an application/camper registration that includes proof of current unemployment or active deployed military status.
- Families do NOT need to be current YMCA members.
- Child must be ages 7-15.
- Each eligible child may come for one (1) week session or one (1) mini-camp session. A child may not attend more than one session for free.
- Subsidy is for Traditional (Main) Camp and Mini (three-day) Camp only. If a child wants to add horseback riding options, they will need to pay the difference.
- Parent will need to provide child with a minimum deposit in the “trading post” account for snacks, souvenirs, etc. The suggested amount is \$40.
- Parent will need to provide transportation to and from camp (St. Paul, Indiana).
- Applications for 300 campers are available for the following sessions:

Traditional (Main) Camp

(one week of camp)

Session 1: June 7- 13

Session 2: June 14- 20

Session 3: June 21- 27

Session 4: June 28-July 4

Session 5: July 5- 11

~~Session 6: July 12-18 (unavailable)~~

Session 7: July 19- 25

Session 8: July 26-August 1

Mini Camp

(three nights of camp -- for ages 7-9 only)

Session 2A: June 14-17

Session 2B: June 17-20

Session 4A: June 28-July 1

Session 4B: July 1-4

~~Session 6A: July 12-15 (unavailable)~~

~~Session 6B: July 15-18 (unavailable)~~

Session 8A: July 26-29

Session 8B: July 29-August 1

- Applications are being accepted on a space available, rolling-enrollment basis, and certain sessions may become filled.
- If your child is scheduled for a free camper week and for some reason is unable to attend, please notify Flat Rock immediately at 1-888-828-9622 so that another child may benefit from this service.



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Registration Form

Camper Name _____ Date of Birth ___/___/_____ Girl Boy Grade Next Fall__

Street Address _____ City _____ State _____ Zip _____

Eligible Parent Name _____ Parent Date of Birth ___/___/___

Eligible Parent Email _____

Eligible Parent Home Phone _____ Work Phone _____ Cell Phone _____

Add'l Parent Name _____ Ph 1 (H Wk C) _____ Ph 2 (H Wk C) _____

Alt./Emerg. Contact _____ Ph 1 (H Wk C) _____ Ph 2 (H Wk C) _____

Camper: This is my _____ (#) Summer at Flat Rock YMCA Member? Y N

Cabin Mate Request _____ (One request per camper. Campers must request each other. Camper must be no more than one year apart in age, and must be the same gender.)

How did you learn about Flat Rock Camp? _____

Child is: (for demographic use only) Living in a single-parent household Living in a two-parent household

Eligible parent is:

- Active Deployed Military
 - Attach copy of deployment papers
- Currently unemployed – must provide (attach a copy of) one of the following:
 - WorkForce One paperwork indicating the parent is currently receiving unemployment benefits. *OR*
 - A letter on company letterhead from previous employer showing date of lay-off and an explanation of why they are not receiving unemployment benefits. (This offer is not valid for children of individuals who have been terminated from their jobs for ethical or performance reasons.)
- Is your spouse employed? N/A No Yes (where/job title) _____

(continued)

Camper Name: _____

Please indicate up to three choices (number "1," "2" & "3") for attendance dates:

- | | |
|---|--|
| <input type="checkbox"/> Traditional (Main) Camp (one week of camp) | <input type="checkbox"/> Mini Camp (three nights of camp -- for ages 7-9 only) |
| _____ Session 1: June 7- 13 | _____ Session 2A: June 14-17 |
| _____ Session 2: June 14- 20 | _____ Session 2B: June 17-20 |
| _____ Session 3: June 21- 27 | _____ Session 4A: June 28-July 1 |
| _____ Session 4: June 28-July 4 | _____ Session 4B: July 1-4 |
| _____ Session 5: July 5- 11 | _____ Session 6A: July 12-15 (unavailable) |
| _____ Session 6: July 12-18 (unavailable) | _____ Session 6B: July 15-18 (unavailable) |
| _____ Session 7: July 19- 25 | _____ Session 8A: July 26-29 |
| _____ Session 8: July 26-August 1 | _____ Session 8B: July 29-August 1 |

Please indicate if you will be adding any horseback riding options, which are not included in the free week of camp. Payment is due upon registration.

- Trail Rides (ages 10 & up) – one hour for the week – \$25
- Riding Lessons (ages 8 & up) – one hour each day – \$95
- Ranch Camp (ages 11-15) – riding every day for half the day – \$85

The Trading Post – Campers do not need cash at camp. Each camper may have a Trading Post account for snacks, souvenirs, etc. All purchases will be made through this account. The Trading Post is open for cash/credit card sales during check-in and check-out only, and the account must be used for the remainder of the week. We recommend a minimum of \$40 for a week of camp. Deposits may be cash, credit card or check payable to Flat Rock Camp.

In order to expedite pick-up on check-out day, I would like any remaining Trading Post balances to be:

- Donated to the YMCA Strong Kids campership fund.
- Refunded – I will pick up my refund during check-out, after I pick up my camper.

Fees:

\$ _____ 0 Camper Session Total
 \$ _____ Optional Horseback Riding
 \$ _____ Trading Post Account

\$ _____ TOTAL

- Check payable to YMCA – please indicate camper’s name on memo line
- Credit Card: (circle one) Visa MC Amex Disc
- Account # _____ Exp. _____
- Name as it appears on Card: _____

In consideration of my participation in the activities of the Young Men’s Christian Association of Greater Indianapolis (YMCA), I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child’s participation in any of the activities of the YMCA. I certify that my child is capable of such an experience, and I understand that no refunds are given if a child leaves early because of homesickness or disruptive behavior as determined by the Camp Director.

_____ Signature (Parent or Guardian) _____ Date

Send, fax or email completed registrations to: FLAT ROCK RIVER YMCA CAMP
 6981 West County Road North, St. Paul, IN 47272
 ph: 765-525-6730; fax: 765-525-2265; email: rlyoc@indymca.org; www.flatrockymca.org

You will be contacted within 48 hours of receipt of application to verify/confirm your registration.