



# YMCA CAMP ERDMAN - 2017 MANA'OLANA REGISTRATION FORM

**CAMPER INFORMATION** – print clearly. Complete in its entirety. Incomplete forms will delay the registration process.

LAST NAME		REGISTERING AS <input type="checkbox"/> Arthritis Foundation Camper		RETURNING CAMPER <input type="checkbox"/> Yes <input type="checkbox"/> No		CABIN REQUEST <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRST NAME		TYPE OF ARTHRITIS		If YES, what is your Battle Challenge Team?		Must be in the same grade. Requests are not guaranteed.	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE IN FALL 2017		<input type="checkbox"/> Akau <input type="checkbox"/> Hema <input type="checkbox"/> Hikina <input type="checkbox"/> Komohana		LAST NAME	
BIRTHDAY (MM/DD/YY)		AGE AT CAMP				FIRST NAME	

**FAMILY INFORMATION** – Applies to Parent/Guardian legally responsible for camper.

MAILING ADDRESS		CITY		ST		ZIP	
MAIN CONTACT (1)		PARENT / GUARDIAN (2)		EMERGENCY (1)		EMERGENCY (2)	
LAST NAME		LAST NAME		LAST NAME		LAST NAME	
FIRST NAME		FIRST NAME		FIRST NAME		FIRST NAME	
RELATIONSHIP TO CAMPER		RELATIONSHIP TO CAMPER		RELATIONSHIP TO CAMPER		RELATIONSHIP TO CAMPER	
PRIMARY PHONE		PRIMARY PHONE		PRIMARY PHONE		PRIMARY PHONE	
SECONDARY PHONE		SECONDARY PHONE		SECONDARY PHONE		SECONDARY PHONE	
EMAIL		EMAIL		EMAIL		EMAIL	

**PROGRAM SELECTION** – Arthritis Foundation campers, please select both traditional camp as well as the Arthritis Foundation Specialty Add On during Session 5. Please contact Camp if you have any questions or need assistance. Once received, campers will receive instruction to fill out additional camper/health information.

Check-IN SUNDAYS 2:00PM-3:00PM Check-OUT FRIDAYS 5:15PM- 5:30PM	SESSION:	1	2	3	4	5	6	7	8	9	10	TOTAL COST	
	START DATE:	05/28	06/04	06/11	06/18	06/25	07/02	07/09	07/16	07/23	07/30		
END DATE:	06/02	06/09	06/16	06/23	06/30	07/07	07/14	07/21	07/28	08/04			
Weekly overnight sessions TRADITIONAL CAMP (ages 7 to 17)												The Arthritis Foundation will cover the cost for all campers with juvenile arthritis and related conditions, including transportation to camp.	\$0
ADD-ON	Arthritis Foundation Specialty											\$0	
TRANSPORTATION	NUUANU YMCA to CAMP (Sundays)											\$0	
	CAMP to NUUANU YMCA (Fridays)											\$0	
	AIRPORT to CAMP (Sundays)											\$0	
	CAMP to AIRPORT (Fridays)											\$0	

**GIFT CARD** – Purchasing a Gift Card will allow your camper to buy items at our Camp Store. Gift Cards are electronic and able to be used at any branch within the YMCA of Honolulu. Enter the amount that you want to place on your Gift Card (minimum \$20, maximum \$100). One Gift Card per camper. Non-refundable and not redeemable for cash. +

**ADD MY GIFT** – At the YMCA of Honolulu, our most important goal has always been to enrich the lives of kids, teens and families in our community. To ensure no one is denied a chance to participate because of inability to pay, we ask for your help by making a contribution. Please enter the total amount you wish to donate to Camp Erdman. +

**POLICY & FINANCIAL AGREEMENT** – I understand that a completed registration form and deposit is required in order to be processed. The deposit amount is \$200 per week and is non-refundable. Full payment is due no later than MAY 21, 2017 and without full payment a spot will not be held for my child. A \$25 fee will be charged to my account for a check return/insufficient payment. I accept full responsibility for all camp fees and expenses. Cancellations and changes must be made by April 21, 2017. Any refunds that are granted Camp will make refund check out to the Main Contact and sent to the Mailing Address listed above. No refunds are given after May 21, 2017 or if a child leaves early because of homesickness or disruptive behavior. The YMCA will not be held liable and no refund will be issued for any failure or cancellation of Event that is beyond its control, including any acts of God. The YMCA of Honolulu may use visuals of my child for public relations. I have read and understand YMCA Camp Erdman's Parent Handbook. I understand that I am signing a document which could have legal consequences, that electronic signatures (or facsimile signatures) are enforceable to the same extent as original signatures, and that submission of this form with an electronic signature constitutes an agreement to conduct this transaction electronically. As an alternative, I understand that I have the option to print this form and submit with an original signature.

PRINT NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE
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