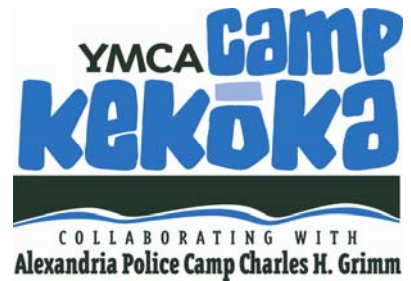


YMCA Camp Kekoka Camper Application



P.O. Box 580 • Kilmarnock, VA 22482 • Telephone: (804) 435-3616 • Fax: (804) 435-2227
 E-mail: campkekoka@peninsulaymca.org • <http://www.peninsulaymca.org>

CAMPER INFORMATION:				
Camper Name:		Name Called:		Sex:
Home Address:				
City:		State:		Zip:
Home Phone:		Current Email Address:		
Birth Date:	Rising grade level: (Fall 09)	Name of School:		Camper's Age At Camp:
*If possible, my camper would like to have the following cottage mate: (Cottages are assigned by age and grade level. Cottage requests must be mutual.)				
Has this Camper attended Kekoka before? yes no If yes what year(s) did he or she attend? 2005 2006 2007 2008				
How did you hear about Camp Kekoka?				

*The camp administration believes meeting new friends and experiencing diversity is an integral part of the camp experience. Camp Kekoka reserves the right to determine cottage mate placement.

PARENT / GUARDIAN INFORMATION:			
Mother/Guardian Name:		Responsible Party? Yes No	
Address:		City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	Email:
Father/Guardian Name:		Responsible Party? Yes No	
Address:		City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	Email:
Emergency Contact if Parent's / Guardian's can not be reached:			
Home Phone:	Work Phone:	Cell Phone:	Email:

I would like to enroll my child for the following checked sessions:

Camping Sessions: Open to Campers 9-15

Session Date		Called in & paid by credit card OR Postmarked by 4/31/09		Postmarked after 4/31/09	
		Returning Camper	New Camper	Returning Camper	New Camper
	Session 1: July 12-17	\$350	\$400	\$400	\$400
	Session 2: July 19-24	\$350	\$400	\$400	\$400
	Session 3: July 26-31	\$350	\$400	\$400	\$400
	Session 4: August 2-7	\$350	\$400	\$400	\$400
	Session 5: August 9-14	\$350	\$400	\$400	\$400

Strong Communities Campaign:

Families may wish to make a tax-deductible contribution to Camp Kekōka's scholarship campaign. Camp Kekōka is a branch of the Peninsula Metropolitan YMCA, a non-profit organization which puts Christian principles into practice through programs that build healthy spirit, mind and body for all. Money raised goes toward assisting children and families in need in the community. It is our goal to make all YMCA programs accessible to everyone. Your donation will allow a child to have an unforgettable experience at Camp Kekōka. Consider lending your support, and help build strong kids, strong families and strong communities.

_____ Yes, we would like to contribute _____ \$500 _____ \$250 _____ \$100 _____ \$50

Please read and complete the following:

Application and admissions:

I hereby request that my child be accepted to attend YMCA Camp Kekōka. I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to Camp Kekōka:

- I indemnify and hold harmless Camp Kekōka, the Peninsula Metropolitan YMCA and/or its staff from any and all liability, claims, damage, injury or illness sustained by my child, and
- I grant permission for Camp Kekōka to provide or obtain medical attention for my child in the event of sickness or injury, and I understand accident insurance is not included in the camp fee. Should a camper require special medical treatment, prescriptions, or hospital care during the camp session, parent(s)/guardian(s) shall bear the expenses.
- I agree that Camp Kekōka may photograph and/or video tape my child for use in promotional materials.
- I understand that as a registered Camp participant, my child may be leaving Camp Kekōka property in YMCA vehicles to area destinations for specialized programs.
- I understand that my child may be participating in the following activities: archery; skateboarding; rollerblading; basketball; flag football; arts & crafts; motor boating; swimming; sailing; kayaking; field sports; soccer; softball; volleyball; paddle boats; and environmental challenge.

I understand that a current Health Form and Medication Form must be submitted to the camp office in order for my camper to participate. These two mandatory forms can be found at www.campsilverbeach.org under the "Parent" tab.

Applicants who cannot be accepted due to a full session are notified and advised to select another session or join a waiting list. Cancellations do occur, and waiting list campers advance in the order applications are received. Additional information regarding transportation, what to bring, camper health forms, etc. will be mailed in a confirmation packet. You will also receive a Parent Handbook to help you prepare more effectively for your child's camp experience.

Admission as a Camp Kekōka camper carries many privileges and responsibilities. We expect campers to participate in the total life of camp-- to work, play, worship and live together. We do not allow the use of tobacco, alcohol, illegal drugs, or weapons (other than equipment provided for camp activities under staff supervision).

Application signifies understanding and acceptance of these responsibilities-- violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect our work with other campers or their enjoyment of Camp Kekōka, we reserve the right to dismiss those campers responsible, without refund.

Signature: _____ Date: _____

Payment Method	
	Check Enclosed (Please make checks payable to Camp Kekoka)
	Bank Draft
	Visa
	MasterCard

Account Details	
Cardholder / Accountholder Name:	
Credit Card Number:	
Expiration Date:	Security Code:
Bank Draft Routing #:	
Account #:	

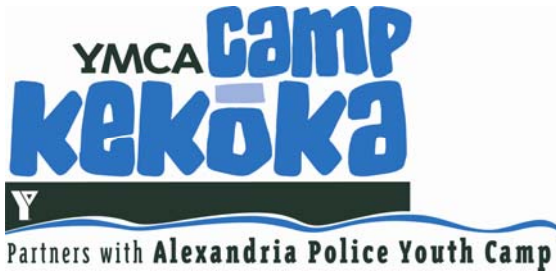
Payment Plans: Check all that apply.	
	Payment in Full
	Deposit only (\$100 / session / non-refundable) with balance due by June 12, 2009
	I authorize Camp Kekoka to draft by camper's balance on June 12, 2009 (voided check enclosed)

I authorize my bank to honor preauthorized EFT drawn by the Peninsula Metropolitan YMCA on my account for (camp sessions/contribution) payments. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the YMCA will draft my account for the current and past due amount unless amount owed plus service charge is prepaid before next draft.

Signature of Account
Holder: _____

Date: _____

**Please mail all applications to:
YMCA Camp Kekoka
P.O. Box 580
Kilmarnock, VA 22482**



All You Need To Know About My Camper

Dear Parent(s),

This is a camper confidential form. The purpose for this form is to familiarize staff with the camper and their needs before they arrive at Camp Kekoka. The counselors review this form and then it is placed back in the camper's file.

Camper's name and age: _____

Session Date camper will be attending _____

Is the camper coming to camp for the first time? _____

What are some adjectives that describe your camper?

Circle the appropriate words that describe your camper or add your own: my camper is excited, nervous, caring, trusting, enthusiastic, energetic, shy, responsible, positive, etc.

Goals that you have for your camper:

Expectation for camper's counselors:

I really would like to see my camper:

Any other information that the counselors need to know about your camper (bed wetting, allergies, medication, special needs, etc.)

Additional Comments:

Thank you for filling in this information; it is very helpful to our counselors so they can better serve your child.