



**Fees:** Listed below are the **actual fees** needed to deliver a Manito-wish experience. Fees include staff, instruction, all activities, equipment use, wilderness trip, meals, lodging, and facilities.

**LumberJack/LumberJill: \$945**

Because of generous contributions to our Annual Fund Drive and Endowment Funds, we are able to offer families an adjusted fee. The **adjusted fees** are as follows:

**LumberJack/LumberJill: \$850**

Please choose the fee which is most suitable for your family. The fee you choose in no way influences the experience your camper will receive. Payment plans and Camperships (financial assistance) are available, Please contact our office for more information.

**We choose the:**  actual fee  adjusted fee

**Payment information:**

Please bill my : \_\_\_\_\_ VISA® \_\_\_\_\_ MasterCard® Amount: \$\_\_\_\_\_ Entire Camp Fee or \_\_\_\_\_ Deposit (\$200.00)

Check enclosed (*payable to Camp Manito-wish YMCA*) check amount \$\_\_\_\_\_ Check #\_\_\_\_\_

Please contact me regarding arranging a payment plan.

Credit Card #: \_\_\_\_\_ CSV code (three digits on back of card) \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Card billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person financially responsible for camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Cancellation policy/agreement:**

I hereby apply for my child to attend Camp Manito-wish YMCA. Enclosed you will find the **required deposit** which I understand will be credited toward the camp fee if my child is accepted for enrollment. **I agree to pay the total camp fee on or before April 30, 2009. I understand that in the event of cancellation: 1) Before February 1, Camp Manito-wish will retain 25% of the full deposit. 2) Between February 1 and June 1, Camp Manito-wish will retain the full deposit. 3) In the event of cancellation on or after June 1, dismissal due to misconduct, or withdrawal due to homesickness, Camp Manito-wish will retain 100% of the session fee. If a medical condition (confirmed by a physician) occurs, Manito-wish will retain \$100 and refund the pro-rated balance. I understand the terms covering payment of camp fees and hereby give my approval and consent to the application.**

**Waiver information:**

I hereby give permission to use any video, photographs, or written statements from my child's experience in public relations materials including the internet without compensation.

I understand that although Camp Manito-wish YMCA has taken reasonable steps to provide my child with appropriate training, equipment and skilled staff for his/her camp experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of these activities. Such risks include, but are not limited to, those associated with canoeing, portaging, backpacking, sea kayaking, waterfront activities, horseback riding, wildlife, vehicle transportation, and other components of wilderness travel.

Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the Camp Manito-wish YMCA, their representatives and successors for all claims or liabilities of any kind arising out of my child's participation in this camp experience. I have read the descriptions of the session, understand the requirements for participation, and give my child permission to participate. I assume and accept full responsibility for his/her participation.

**IN CASE OF SURGICAL EMERGENCY,** I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. I accept responsibility for medical/surgical treatment charges which may be incurred on my child's behalf

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



Please send application or fax both sides of application to: (715) 385-2461

Camp Manito-wish YMCA • P.O. Box 246 • Boulder Junction, WI 54512

Phone: (715) 385-2312 camp@manito-wish.org