

Name: _____ E-mail for Camp communication: _____

Address: _____ Phone: (Home) _____ (Cell) _____

City, State, Zip _____

Please list any diet restrictions/allergies: _____

PLEASE CLEARLY CHECK WHICH COURSES YOU PLAN TO ATTEND and if you will be staying with us.

Wilderness Water Safety –

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$195 | <input type="checkbox"/> MANITO-WISH STAFF (includes fee & lodging/meals) | \$165 |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$ 65 | | |
| <input type="checkbox"/> Regular Fee & Lodging/Meals | \$260 | | |

YOU MUST INCLUDE A DEPOSIT OF \$150 WITH REGISTRATION FORM

_____ June 2-3 _____ June 4-5 _____ July 5-6

WMA Wilderness First Responder (WFR) 8 DAY OPTION (includes 1 day off):

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$575 | <input type="checkbox"/> MANITO-WISH STAFF (includes fee & lodging/meals) | \$400 |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$240 | <input type="checkbox"/> OUTPOST STAFF (includes fee & lodging/meals) | \$300 |
| <input type="checkbox"/> Regular Fee & Lodging/Meals | \$815 | | |

YOU MUST INCLUDE A DEPOSIT OF \$415 WITH REGISTRATION FORM

_____ May 25 – June 2

WMA Wilderness First Responder (WFR) 5-DAY OPTION:

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$565 | <input type="checkbox"/> MANITO-WISH STAFF (includes fee & lodging/meals) | \$400 |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$185 | <input type="checkbox"/> OUTPOST STAFF (includes fee & lodging/meals) | \$300 |
| <input type="checkbox"/> FULL FEE | \$750 | | |

YOU MUST INCLUDE A DEPOSIT OF \$415 WITH REGISTRATION FORM

_____ May 14 - 18

WMA Wilderness First Responder Recertification Course –

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$300 | <input type="checkbox"/> MANITO-WISH STAFF (includes fee & lodging/meals) | \$200 |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$125 | | |
| <input type="checkbox"/> FULL FEE | \$425 | | |

YOU MUST INCLUDE A DEPOSIT OF \$150 WITH REGISTRATION FORM

_____ May 21-23

WMA Wilderness First Aid Course-

- | | | | |
|--|--------------|---|---------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$250 | <input type="checkbox"/> MANITO-WISH STAFF (includes lodging/meals) | NO FEE |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$ 75 | | |
| <input type="checkbox"/> Regular Fee & Lodging/Meals | \$325 | | |

*YOU MUST INCLUDE A DEPOSIT OF \$150 WITH REGISTRATION FORM

_____ * June 4-5 (Open to Public) _____ June 6-7 (Open to Manito-wish Staff Only) _____ July 7-8 (Open to Manito-wish Staff Only)

Trail Leader Courses:

TRAIL LEADERS COURSE - All trips are held May 28-June 3 (arrive at Camp May 28th by 6:30 PM)

_____ REGULAR FEE: **\$200** _____ MANITO-WISH STAFF FEE: **\$75**

----- **Porcupine Mountain Backpacking Trip:** Participants will spend five days/four nights hiking on the Southern Shore of Lake Superior.

----- **Northern Wisconsin Canoe Trip:** Participants will spend five days/four nights paddling a selected route in Northern Wisconsin

(no fee for Manito-wish staff hired for Archery and Riflery)

Archery Instructor Certification - (USA Archery – 8 hours course)

- | | |
|--|--------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$ 84 |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$ 41 |
| <input type="checkbox"/> Regular Fee & Lodging/Meals | \$125 |

YOU MUST INCLUDE A DEPOSIT OF \$25 WITH REGISTRATION FORM

_____ June 3

Riflery Instructor Certification - (Civilian Marksmanship Program)

- | | |
|--|--------------|
| <input type="checkbox"/> REGULAR COURSE FEE INCLUDES LUNCH | \$110 |
| <input type="checkbox"/> ADD LODGING, BREAKFAST & DINNER | \$ 65 |
| <input type="checkbox"/> Regular Fee & Lodging/Meals | \$175 |

_____ June 2 - 3

Registration form will not be accepted without proper deposit and signature.



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Name _____

Total fees due: _____

- Required deposit(s): _____

Balance due by start of course: _____

____ Check enclosed (payable to Camp Manito-wish YMCA)
check amount _____ Check # _____

Please bill my : _____ VISA _____ MasterCard Amount: _____ Deposit or _____ Entire Fee
Credit Card #: _____ Exp. Date: _____ / _____ CSV (3 digits on back of card) _____
Cardholder Name: _____
Card billing address: _____ City _____ State _____ Zip _____
Card holder daytime phone number: _____

Payment Information & Cancellation Policy

Your deposit secures a space in the selected course. The remainder of payment must be completed on the first day of class. Deposits are fully refundable if you cancel up to six weeks before the course start date or if Camp Manito-wish YMCA cancels the course. If you cancel less than six weeks before the course start date your entire deposit will be forfeited.

Waiver information:

I understand that although Camp Manito-wish YMCA has taken reasonable steps to provide appropriate training, equipment and skilled staff for my/my child's 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, wildlife, vehicle transportation, and other components of the camp experience and 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 Inc., their representatives and successors for all claims or liabilities of any kind arising out of my/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 administration to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for me or my child. I accept responsibility for medical/surgical treatment charges which may be incurred on my/my child's behalf.

Parent/Guardian Signature: _____ Date: _____

*must be signed by parent or guardian if participant is under the age of 18

Please return by mail to:

Camp Manito-wish YMCA
P.O. Box 246 Boulder Junction, WI 54512
or
fax (BOTH SIDES of application) to 715-385-2461
Phone: (715) 385-2312; email: camp@manito-wish.org

Manito-wish Staff: Please check appropriate boxes.

I will be working in the following programs in 2012:

____ Summer Camp

____ Outpost

____ Leadership