



**YMCA  
CAMP  
CARSON**

2034 Outer Lake Road – Princeton IN 47670  
Phone: 812-385-3597 Fax: 812-386-1654  
E-mail: [campinfo@ymcacampcarson.org](mailto:campinfo@ymcacampcarson.org)  
Visit Camp at [www.campcarson.org](http://www.campcarson.org)

## **YMCA Camp Carson Financial Assistance Application Packet**

January 2, 2018

*From the Director:*

*Thank you for your request for information regarding programs here at YMCA Camp Carson. I hope you find the enclosed material helpful. After reviewing the information, PLEASE do not hesitate to contact our camp office if you have any questions about the application process.*

Please see the Application Process Sheet to review the guidelines for applying for financial assistance. YMCA Camp Carson, a branch of the YMCA of Southwestern Indiana, Inc., is a non-for-profit agency offering quality programs designed to benefit all people regardless of age, gender, race, religion or income level. It is our pledge, *within available resources of the YMCA*, to provide services to individuals regardless of ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through the recognized proof of income. *Valid proof of income must be provided before the application can be approved.* A sliding scale is used to determine the financial assistance award amount. All records are kept confidential.

Please note our funds are limited to and awarded on a first come, first served basis. Awards can only be given after ALL the requested documents have been received by our office, so please, take the time to thoroughly complete the application form and all the other supporting material. This will help expedite the application review process.

Thank you for selecting the programs at YMCA Camp Carson and for your patience as we evaluate your request.

Yours in Christ,

**Mark Scouler  
Executive Director  
YMCA Camp Carson**

# YMCA CAMP CARSON FINANCIAL ASSISTANCE APPLICATION PROCESS

1. Review and/or complete the following and return **BY MAIL** or **SCAN & EMAIL** (*NO FAXES Please*) to YMCA Camp Carson by **April 30, 2018**. Applications are accepted after this date if financial assistance funds are still available.

- Financial Assistance Application Form (1 per family)
- Parent Questionnaire (1 per camper)
- Camper Questionnaire (1 per camper)
- School Reference Forms (2 per camper)
- 2018 YMCA Camp Carson Camper Application (1 per camper-eligible for one session only)
- Attach enclosed form indicating your 3 preferences of session dates. (1 per camper)
- 2017 Federal Income Tax Return (1 per family – *PLEASE NOTE: child on camper application must appear on the income tax return as a dependent.*)

*Until a copy of a 2017 Federal Tax Return and all documentation has been received by our office, final awards cannot be issued.*

*If you do not file a tax return, please supply a signed letter to this effect with verification of income from the Social Security office, etc.*

*If you qualify to receive financial assistance, we can potentially award up to Rate C for selected programs. The applicants must pay any additional fees in order to participate in programs such as Wrangler camp, horseback riding lessons or dirt bikes at Shoshone camp.*

## 2. RETURN ALL COMPLETED DOCUMENTS TO:

Executive Director, Grants  
YMCA Camp Carson  
2034 Outer Lake Road  
Princeton, IN 47670

3. After the application and ALL supporting materials have been received, we will review the file. Cases are reviewed on an individual basis and applicants will normally be asked to pay a portion of the fee. Following this review, you will receive a phone call informing you of the award amount. We ask that you accept or decline the award within 24 hours. Your portion of the funds will be due by May 15, 2018.

### HOW TO DOCUMENT THE FOLLOWING SPECIAL CIRCUMSTANCES:

- **Government Assistance:** Notice of Decision (with names of eligible person(s) and total income including food stamps.)
- **Social Security Disability:** Letter from Social Security office or Notice of Decision stating the monthly benefit amount.
- **Unemployed:** Notification of eligible benefits from unemployment office. Federal Tax Return will still be needed, as unemployment is a taxable income.
- **Full-time College Student:** Letter from registrar's office indicating a current full-time student status.
- **No income:** The YMCA needs the income of the person(s) supporting the applicant. Example: John does not work and is living with grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.
- **Just released from prison or living in a Safe House:** A letter is required from probation of parole office stating release date. This releases the applicant from having to provide Federal Income Tax Return.
- **Persons living in shelters:** Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access her federal return and is not currently working. She and her family are currently in a relocation and skill-training program.



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**FINANCIAL ASSISTANCE APPLICATION FORM – 2018**

**PLEASE PRINT CLEARLY:**

**-CONFIDENTIAL-**

Child's Name #1 \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender: M/F \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Name of School (no abbreviations please) \_\_\_\_\_

Child's Name #2 \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender: M/F \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Name of School (no abbreviations please) \_\_\_\_\_

Child's Name #3 \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender: M/F \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Name of School (no abbreviations please) \_\_\_\_\_

**Please answer ALL questions – Unanswered questions may void this application**

**What amount do you feel you can afford to pay PER CHILD? \$ \_\_\_\_\_ (this is a required field)**

Are you applying for or receiving assistance for your children to attend any other camps this summer? YES \_\_\_ NO \_\_\_

If you answered yes to previous question, please list camps \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Email Address \_\_\_\_\_  
 Mother's Phone(day) \_\_\_\_\_ Mother's Phone(evening) \_\_\_\_\_  
 Mother's Employer Name \_\_\_\_\_ Mother's Employer Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Father's Email Address \_\_\_\_\_  
 Father's Phone(day) \_\_\_\_\_ Father's Phone(evening) \_\_\_\_\_  
 Father's Employer Name \_\_\_\_\_ Father's Employer Phone \_\_\_\_\_

**Annual Household Income**

*(the following reflects income coming into this household to cover monthly expenses)*

Adult 1 Annual Salary \$ \_\_\_\_\_  
 Adult 2 Annual Salary \$ \_\_\_\_\_  
 Annual Child Support Received \$ \_\_\_\_\_  
 Annual Alimony Received \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 AFDC \$ \_\_\_\_\_  
 Social Security Received \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
**TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_**

**Monthly Expenses**

Rent \$ \_\_\_\_\_  
 Mortgage \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Electric \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Groceries \$ \_\_\_\_\_  
 Automobile \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_**

Number of Dependent Children Living in Home \_\_\_\_\_

Please Check (X) where applicable. Residence: Own \_\_\_ Rent \_\_\_ Current value of home is \$ \_\_\_\_\_

Automobile: # of vehicles in household \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_

Birth Parents are: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced/Single \_\_\_ Divorced/Remarried \_\_\_ Widowed

List Social Organizations in which family participates: \_\_\_\_\_

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that, to the best of my knowledge, the information contained in this application is accurate and true. I also give permission to the YMCA to contact my employer for salary verification.

\_\_\_\_\_  
 Parent/Guardian Signature(s)

\_\_\_\_\_  
 Date

**Financial Assistance Packet**  
**QUESTIONS FOR THE CAMPER PARENT**  
(Please use additional paper if necessary.)

**CAMPER NAME** \_\_\_\_\_  
(Please Print)

Boys and girls come from all over the tri-state area to participate in our camping program and to develop lifelong friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. Please be candid in your response to the questions below as they help us determine if this program is a good match for your child.

1. What **characteristics** make your child a good candidate for camp? Please be specific.
2. Describe your child's **strengths** and describe your child's **areas for growth**. Please be specific.
3. Describe your child's **interaction with siblings and peer group**. Please be specific.
4. Describe your child's **interaction with those in positions of authority**. Please be specific.
5. Name **activities** in which your child is a participating member when not in school. Please be specific.
6. Are there any **issues at school** that we should be aware of?
7. Is there anything you would like to add?

(If necessary, continue on other side.)

**Financial Assistance Packet**  
**QUESTIONS FOR THE CAMPER**

(Please use additional paper if necessary.)

NAME \_\_\_\_\_  
(Please Print)

At YMCA Camp Carson, boys and girls come from all over the tri-state area to participate in our camping program and to develop lifelong friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. Isn't that exciting? As you answer the following questions, think about what it will be like to be in a cabin with new friends from many different places.

1. Our Staff have an expectation that all campers will be honest, respectful, responsible and caring. Keeping this in mind, in what ways do you think you will show these qualities at camp and to your cabin mates?
  
2. What do you like most about yourself/least about yourself?
  
3. What are your interests and hobbies? What do you like to do when you are not in school?
  
4. Living in a cabin with other campers requires you to be a team player, to help with cabin clean-up and daily chores and to get along with all types of people. Please share how you will help the cabin group.
  
5. List three reasons why you would like to come to camp. Please be specific.

(Continue on the opposite side, if needed.)

YMCA MISSION STATEMENT

The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving people, especially youth, through relationships and activities that promote healthy spirit, mind and body.

Founded in 1940, YMCA Camp Carson is a camp with a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For over 70 seasons, boys and girls have come from all over the tri-state area to participate in our camping program and to develop lifelong friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. **As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.**

*Upon completing this form, we are requesting that you please mail it directly to camp.*

Name of Child: \_\_\_\_\_ Your Relationship with this Child: \_\_\_\_\_

Your Name (Person Making Referral): \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Name of School (No abbreviations please): \_\_\_\_\_

Complete Office Address: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: (Please print clearly.) \_\_\_\_\_

**QUESTIONS:** (Please use additional paper if necessary.)

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
4. Describe an area of growth for this child. Please be specific.

5. What specific experiences can make camp a positive opportunity for this child?
  
  
  
  
  
  
  
  
  
  
  
6. Describe academic performance.
  
  
  
  
  
  
  
  
  
  
  
7. Describe this child's interaction with his/her peer group.
  
  
  
  
  
  
  
  
  
  
  
8. Describe this child's interaction with those in a position of authority.
  
  
  
  
  
  
  
  
  
  
  
9. Faith, Caring, Respect, Responsibility and Honesty are the YMCA core values held in high regard at camp. In what manner does this child exhibit these values? Please be specific.
  
  
  
  
  
  
  
  
  
  
  
10. Is there anything else you would like to add that can help the committee?

THANK YOU for taking your valuable time to complete this reference. This information is to be used in determining if a child is a candidate for a grant to attend residential camp. A small group of committed volunteers and staff review files and make recommendations. Privacy and confidentiality will be honored. Candid statements will ensure the success of camp for this child as well as the other children in their cabin/camp group.

**PLEASE RETURN THIS REFERENCE DIRECTLY TO:**

**Executive Director (Grants)  
YMCA Camp Carson  
2034 Outer Lake Road  
Princeton, IN 47670**

YMCA MISSION STATEMENT

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Founded in 1940, YMCA Camp Carson is a camp with a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For over 70 seasons, boys and girls have come from all over the tri-state area to participate in our camping program and to develop lifelong friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. **As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.**

*Upon completing this form, we are requesting that you please mail it directly to camp.*

Name of Child: \_\_\_\_\_ Your Relationship with this Child: \_\_\_\_\_

Your Name (Person Making Referral): \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Name of School (No abbreviations please): \_\_\_\_\_

Complete Office Address: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: (Please print clearly.) \_\_\_\_\_

**QUESTIONS:** (Please use additional paper if necessary.)

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
4. Describe an area of growth for this child. Please be specific.



5. What specific experiences can make camp a positive opportunity for this child?
  
6. Describe academic performance.
  
7. Describe this child's interaction with his/her peer group.
  
8. Describe this child's interaction with those in a position of authority.
  
9. Faith, Caring, Respect, Responsibility and Honesty are the YMCA core values held in high regard at camp. In what manner does this child exhibit these values? Please be specific.
  
10. Is there anything else you would like to add that can help the committee?

THANK YOU for taking your valuable time to complete this reference. This information is to be used in determining if a child is a candidate for a grant to attend residential camp. A small group of committed volunteers and staff review files and make recommendations. Privacy and confidentiality will be honored. Candid statements will ensure the success of camp for this child as well as the other children in their cabin/camp group.

**PLEASE RETURN THIS REFERENCE DIRECTLY TO:**

**Executive Director (Grants)  
YMCA Camp Carson  
2034 Outer Lake Road  
Princeton, IN 47670**

**Please complete the enclosed 2018 camper application EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!**

**Child's Name:** \_\_\_\_\_

**1<sup>st</sup> Choice of Session Date:** \_\_\_\_\_

**2<sup>nd</sup> Choice of Session Date:** \_\_\_\_\_

**3<sup>rd</sup> Choice of Session Date:** \_\_\_\_\_

**Please complete the enclosed 2018 camper application EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!**

**Child's Name:** \_\_\_\_\_

**1<sup>st</sup> Choice of Session Date:** \_\_\_\_\_

**2<sup>nd</sup> Choice of Session Date:** \_\_\_\_\_

**3<sup>rd</sup> Choice of Session Date:** \_\_\_\_\_

**Please complete the enclosed 2018 camper application EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!**

**Child's Name:** \_\_\_\_\_

**1<sup>st</sup> Choice of Session Date:** \_\_\_\_\_

**2<sup>nd</sup> Choice of Session Date:** \_\_\_\_\_

**3<sup>rd</sup> Choice of Session Date:** \_\_\_\_\_



# 2018 YMCA Camp Carson Camper Financial Assistance Application

PLEASE COMPLETE AND MAIL TO:  
Registrations  
YMCA Camp Carson  
2034 Outer Lake Rd  
Princeton, IN 47670

www.campcarson.org  
carsonoffice@ymcacampcarson.org  
Phone: 812-385-3597  
Fax: 812-386-1654

- AMERICAN CAMP ASSOCIATION -  
- ACCREDITED CAMP -

**Why 3 Prices?** Realizing that families have differing abilities to pay, we've instituted a voluntary 3 rate pricing program. Please take a moment to look at the rate descriptions below and determine which of the three prices your family is able and willing to pay for your child's camp experience. This is strictly an honor system; select the fee you feel is appropriate by marking both the price and camp session/program below. **Selection of Rate B & C of this program is voluntary, is funded through our Annual Campaign, and in no way influences the experience children receive. Additional Financial Assistance is available. Scholarship Applications will be available at www.campcarson.org beginning January 2, 2018.**

**Rate A – 2018 Rate:** Based on the actual cost of camp for child to participate. Includes expenses for staff, maintenance, food, programs, supplies, and wear/tear/depreciation.

Example \$680 \$630 \$545

**Rate B – 2018 Rate:** Partially subsidized rate for those who can pay a little more but still unable to afford the actual cost of camp. The difference between Rate A and B is funded through our Annual Campaign.

Example \$680 \$630 \$545

**Rate C – 2018 Rate:** Standard subsidized fee. For most programs this is a small increase over summer 2017 fees. The difference between Rate A and C is funded through our Annual Campaign.

Example \$680 \$630 \$545

Shoshone	Wrangler	Counselor in Training	Leader in Training	BOLD / GOLD Boys/Girls Outdoor Leadership Development	Fox	/Ndependence Diabetes Camp
A - \$680	A - \$765	A - \$1100	A - \$1165	A - \$660	A - \$365	Call for registration
B - \$630	B - \$715	B - \$1060	B - \$1115	B - \$610	B - \$345	Info and Fees
C - \$545	C - \$665	C - \$1010	C - \$1065	C - \$560	C - \$325	

Please Circle Session(s), Program(s) and RATE you are selecting. (One application must be completed for each family member attending.)

Session	Dates	Shoshone	Wrangler	BOLD / GOLD	Shoshone Robotics	Leaders in Training	Counselor in Training	
Session 1	June 3-8	Shoshone 1 ages 7-16	Operation Military Support ages 7-15					
Session 2	June 10-15	Shoshone 2 ages 7-16	Wrangler 2 ages 11-15			Leaders in Training (LIT 2/3) (rising 10 <sup>th</sup> grader) 2 week camp June 10-22	Counselor in Training (CIT 2/3) (rising 11 <sup>th</sup> grader) 2 week camp June 10-22	
Session 3	June 17-22	Shoshone 3 ages 7-16	Wrangler 3 ages 11-15	GOLD ages 13-15	Shoshone Robotics (grades 7-9)	2 week camp June 10-22		
Session 4	June 24-29	Shoshone 4 ages 7-16	Wrangler 4 ages 11-15				Counselor in Training (CIT 4/5) (rising 11 <sup>th</sup> grader) 2 week camp June 24-July 6	
Session 5	July 1-6	Session Reserved – Exclusive Camp for military families (Camp Corral)						
Session 6	July 8-13	Shoshone 6 ages 7-16	Wrangler 6 ages 11-15	BOLD ages 13-15		Leaders in Training (LIT 6/7) (rising 10 <sup>th</sup> grader) 2 week camp July 8-20	Counselor in Training (CIT 6/7) (rising 11 <sup>th</sup> grader) 2 week camp July 8-20	
Session 7	July 15-20	Shoshone 7 ages 7-16	Wrangler 7 ages 11-15					
Session 8	July 22-27	Shoshone 8 ages 7-16	Wrangler 8 ages 11-15	BOLD/GOLD ages 13-15		Fox Camps - ages 7-8 Fox 8A July 22-24, Fox 8B July 25-27	Diabetes /Ndependence Camp ages 9-15	

PLEASE  YES or NO regarding participation in our Horseback program, Dirt-Bike program

YES My child (age 8 and up) wants to participate in horseback riding for an additional \$20 fee, per day. Check ONE: TWO Day Option \_\_, THREE Day Option \_\_, FIVE Day Option (\$90 Total) \_\_

NO My child does not want to participate in horseback.

YES My child (age 11 and up) wants to participate in dirt-bike riding for an additional \$90 fee, per week. Please check one: \_\_ first time dirt-bike program participant at Camp Carson  
\_\_ returning dirt-bike program participant at Camp Carson

NO My child does not want to participate in dirt-bike riding.

Please list session # for additional Horseback or Dirt-bike riding: \_\_\_\_\_

YES My child (entering 7-9 grade) wants to participate in Robotics for an additional \$90 fee (Session 3 only)

First time applicant  YES or previous camper  How many years \_\_\_\_\_ Previously Attended? (Shoshone, LIT, etc.) \_\_\_\_\_

Camper's Name \_\_\_\_\_  
First Middle Last Name Called

Gender M  F  Grade Completed by June 2018 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at camp Yrs. \_\_\_\_\_ Months \_\_\_\_\_

Home Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Family e-mail \_\_\_\_\_

(Step) Father's Name (Dr., Mr.) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

(Step) Mother's Name (Dr., Mrs., Ms.) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Name(s) of parents or guardian(s) with whom camper lives \_\_\_\_\_

Parents are: Married Widowed Single Parent Divorced Separated Remarried

CAMPER NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

**PLEASE READ CAREFULLY and SIGN**

YMCA Camp Carson is committed to providing children with an opportunity for full and **equal enjoyment** of the camping experience. For this reason, we regret that children who do not have the promise of living cooperatively, compatibly and safely with other children cannot be accepted into the program.

If your child appears to have any serious behavioral problems or special circumstances involving physical, medical, or social concerns, the Director should be notified of this now, so that reasonable modification can be considered. Camping is designed to be a strong influence in the lives of the children it serves and YMCA Camp Carson realizes that typical problems are usually overcome through a program of high expectations and positive motivation. In the event that our program/facility is not a good match, we will do everything we can to help you locate a camp that would be more suited to serving your child's needs.

The Director reserves the right to decline the application of any child, or send home any child, who according to the Director's discretion is not a desirable associate for the other campers. If a camper is dismissed due to behavioral/social issues, the tuition is not refundable.

By making application, it is understood that permission is hereby given to use pictures in which my child as a camper may appear in the Camp brochure, DVD, web-site, or other promotional literature/posters used by the camp, YMCA of Southwestern Indiana Inc., American Camp Association, YMCA of the USA, or other camp affiliates. It is also understood that YMCA Camp Carson is not responsible for articles of clothing or personal belongings damaged or missing in transit, loss or theft.

- ◆ I understand that if YMCA Camp Carson receives WRITTEN NOTIFICATION of cancellation **prior to May 15, 2018**, I will receive a full refund less a \$75.00 processing fee. After this date the fees are non-refundable, unless a camper from the waitlist can accept the space.
- ◆ I agree to have this child examined by a licensed physician within one year of arrival at camp, and to present a properly completed **YMCA Camp Carson Health Examination Form** no later than one week prior to the registered session. Health Forms will be available to parents after the registration is received.
- ◆ I understand that there are increased levels of risk with any adventure-based program. At YMCA Camp Carson, these programs include Alpine Tower, Pamper Pole, Zip-lines, Giant Swing, The Blob, Lake/Waterfront activities, Archery, Riflery, Mtn. bikes/boards and off-site trips. My signature below gives my child permission to participate in these activities, assuming they meet the age criteria.
- ◆ I have read, understand, and agree to all the above.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

I wish to donate **\$10**  **\$25**  **\$50**  **\$75**  **\$100**  **other \$** \_\_\_\_\_ All donations are tax deductible. Your contribution will help sponsor other children to camp and also underwrite program costs and equipment repairs. Thank you for your consideration and support.

How did you FIRST hear about YMCA Camp Carson? \_\_\_\_\_

Are you making application for any siblings for any of the 2018 sessions? YES \_\_\_ NO \_\_\_

Are either or both parents former YMCA Camp Carson counselors or campers? YES \_\_\_ NO \_\_\_

Name \_\_\_\_\_ Dates at Camp: Camper \_\_\_\_\_ Staff \_\_\_\_\_

Name \_\_\_\_\_ Dates at Camp: Camper \_\_\_\_\_ Staff \_\_\_\_\_

Names/addresses of other families you recommend to receive information about **YMCA Camp Carson** (Use additional sheet if necessary):

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

YMCA Camp Carson is operated in accordance with the U.S. Department of Agriculture policy which does not permit discrimination because of race, color, sex, age, handicap, or national origin.