



CAMP POTAWOTAMI SUMMER 2021 REGISTRATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camper's Name _____

Male Female Date of Birth _____ / _____ / _____

Age at Camp _____ This will be my child's _____ year attending Camp Potawotami.

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cabin Mate Request: _____ Campers must request each other and be within one year of age. Due to size of our cabins ONLY ONE REQUEST PER CAMPER CAN BE HONORED.

Parent 1 Guardian Name: _____ Cell Ph: _____

E-Mail: _____ Work Ph: _____

Parent 2 Guardian Name: _____ Cell Ph: _____

E-Mail: _____ Work Ph: _____

Are you YMCA members: Yes No If so, what branch? _____

YMCA CAMP POTAWOTAMI STATEMENT OF INCLUSION: The spirit of the YMCA mission is that everyone has the opportunity to participate as we build the character traits of caring, honesty, respect and responsibility.

The YMCA of Greater Fort Wayne gives equal opportunity to all people who participate in the YMCA through employment, program participation, membership, and volunteerism without regard to race, color, religion, gender, citizenship, genetic information, national origin, sexual orientation, economic status, age, disability or veteran status.

We recognize that the community is always changing and we are committed to providing a welcoming and safe experience at all times for all YMCA participants. We partner with families to determine how to best support individuals. Our Y camp is inclusive and welcomes all. Standards of age appropriate behavior are expected. Changing clothes and showering is done in private, and camp staff supervision is in place. Personal information is kept private and will not be shared without permission.

PARENT/GUARDIAN AGREEMENT: I approve this registration and certify that the proposed camper is in normal health and able to participate in camp activities. I understand the \$100 deposit will be applied to the camp fee and is not refundable under any circumstances. I agree to pay the balance of all fees by May 1, 2021 (when registering after May 1, 2021, please pay full amount). In case of early withdrawal due to accident, illness or emergency the camp fee will be prorated. I understand all requests for cancellation must be made in writing no later than three weeks prior to attendance. I agree that only one-half of the camp fee will be refundable if this registration is canceled less than three weeks prior to attendance. No refunds are given if a camper is removed from camp without the written consent of a health care specialist. I understand no refunds are given if the child leaves early due to homesickness or disruptive behavior.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2/Guardian Signature: _____ Date: _____

SUMMER CAMP REGISTRATION 2021

Please check the box for the session you would like to attend. White boxes indicate available weeks.
Grey indicates program not offered that session.

	Age At Camp	Price	Session 1 June 13-18	Session 2 June 20-25	Session 3 June 27-July 2	Session 4 July 4-9	Session 5 July 11-16	Session 6 July 18-23
Mini Camp (3 Day Camp)								
Mini Camp A	6-8	\$370	June 13-15			July 4-6		
Mini Camp B	6-8	\$370		June 16-18			July 7-9	
Youth Camp								
Youth Camp	8-14	\$705						
Specialty Youth Camps								
Ranch Camp	12-15	\$845						
Harry Potter	10-14	\$740						
Potawotami Einsteins	10-14	\$740						
Teen Camps								
Teen Adventure Voyagers	14-16	\$820						
Teen Beginning Leaders Blippers	15	\$725						
Teen Leadership Clippers	16	\$825						

Additional Options	Age At Camp	Price	Indicate Choice Below
Specialized Skills Classes			
Horseback Riding Skill Class	8-15	\$120	
SCUBA	12-15	\$92	
Snorkeling	8-15	\$72	
Riflery	12-15	\$32	

Campers enrolled for two consecutive sessions must depart camp at normal check-out time and return at the next scheduled check-in time.

Camp Fees: _____

Skill Class Extra Options Fee(s): _____

Discount: _____

TOTAL: _____

PAYMENT: Make check/money order payable to **YMCA Camp Potawotami**. We accept Visa, Mastercard and American Express.

I am enclosing Deposit only (\$100) Full fee \$ _____

Please check method of payment: Check enclosed Visa Mastercard American Express Gift Certificate

Credit Card Number: _____ Expiration Date: _____

3 Digit Security Code (Visa, MC) _____ 4 Digit Security Code (Am. Ex.) _____

Card Holder (Please print): _____ Signature _____

For up to date session availability please visit our website and click Register Online.

Enter your child's information to view available sessions. Mail completed registration and deposit to:

YMCA Camp Potawotami • P.O. Box 38 • South Milford, IN 46786 • fwycamp.org • (260) 351-2525 • fax (260) 351-3915