



2011 YMCA Adoptive Family Weekend



YMCA Camp Minikani • 875 Amy Belle Road • Hubertus, WI 53033
 Phone: 262-251-9080 • Fax: 262-628-4051 • Email: minikani@ymcamke.org
(All forms and final fees are due by 5/20/11)

| FAMILY INFORMATION | | |
|------------------------------------|--------------------|------|
| Family Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home phone (including area code) : | | |
| Cell phone (including area code) : | | for: |
| Email Address: | | for: |
| YMCA Member # _____ | YMCA Center: _____ | |

| Please list all family member who will be attending this event | | | | | |
|--|------|-----------|------------------------|-----------------------|------------------------|
| First Name | M.I. | Last Name | Birth date mm/dd/yy | Age, date of event | Gender: ____M ____F |
| | | | | | ____M ____F |
| | | | | | ____M ____F |
| | | | | | ____M ____F |
| | | | | | ____M ____F |
| | | | | | ____M ____F |

| Adoption Information | | |
|----------------------|----------------------|--|
| Name of Adoptee | Domestic Adoptee? | International Adoptee? If yes list country adopted from |
| | | |
| | | |
| | | |
| | | |



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PAYMENT INFORMATION (\$100 Deposit will apply toward the total camp fees.
Deposit or payment in-full due with registration)

Note: All registrations submitted must be paid in full by 5/20/11. There will be a \$25 late charge if balance of fees is not received prior to 5/20/11.

Master Card Visa Card # _____
Exp. Date ____ / ____ Sec. Code _____
Card Holder's Name _____
Amount to be charged \$ _____
 Check enclosed. (Please make check payable to YMCA Camp Minikani)
Deposit or Total Fees \$ _____
I would like to contribute \$ _____ to **Strong Kids Campaign.**

Total \$ _____

Referred by _____

FEES: \$330-Family of Four (\$30 dollars per additional person over the age of 3)
Individual Rate-\$85 per person
\$5 children 3 and under

Financial Assistance is available. For more information please contact our camp office at 262 251-9080 or via email at minikani@ymcamke.org.

By signing, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents or injury. I agree to pay the balance of the camp fees no later than May 20 and understand the YMCA cannot hold reserved space beyond that date without full payment. If my camp fees are not paid in full two weeks before the start of the session then I authorize the YMCA to charge my credit card on file the remainder of the camp fees, I understand that all late payments will result in a \$25 late fee if a payment plan is not set up for my account. I grant permission for the applicant to participate in all planned camp activities including participation in high adventure elements, swimming, canoeing, hiking, skateboarding or horseback riding. The YMCA is not responsible for lost, stolen or damaged articles. I also authorize the YMCA to have and use photographs, slides and videotapes of the person named in this application as may be needed for its public relations programs. I give permission for the child named to attend traveling field trips supervised by the YMCA staff members at all times, to and from camp by van, hired bus company or by foot or bike. I agree to waive claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

Parent/Guardian Signature _____ Date _____