



2009 TRACK OUT Camper Application

Complete and return to:

KANATA, 13524 Camp Kanata Rd., Wake Forest, NC 27587-8078
Phone (919)556-2661 • Fax (919)556-9459
Campkanata@ymcatriangle.org • www.campkanata.org

OFFICE USE ONLY
Date Rec: \_\_\_\_\_
Sessions: \_\_\_\_\_

Print or Type Returning Kanata Camper [ ] Yes [ ] No How many years? \_\_\_\_\_

Please complete this application in its entirety.
Send a separate application for each camper.

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

Name Called \_\_\_\_\_ Birth Date \_\_\_\_\_ Age (at camp) \_\_\_\_\_ Sex \_\_\_\_\_

Person to be Billed \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact-other than parents: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Camper's School \_\_\_\_\_ Present Grade \_\_\_\_\_

Check Sessions Attending

Sessions run Sunday through Friday

- Parent Relationship: [ ] Married [ ] Divorced [ ] Separated
[ ] Single [ ] Remarried [ ] Widowed
Camper Lives With: [ ] Mother [ ] Father Other \_\_\_\_\_

[ ] Everybody Do the Dinosaur ..... May 17-22

[ ] Rev It Up ..... August 23-28

[ ] Walk the Plank ..... August 30-Sept. 4

Fees

# of Sessions X \$600.00 = \_\_\_\_\_
Horseback Riding # of weeks X \$150.00 = \_\_\_\_\_
GRAND TOTAL = \_\_\_\_\_

Are you registering the camper's Brother/Sister? [ ] Yes [ ] No

Name \_\_\_\_\_ Session \_\_\_\_\_

Is either parent a Kanata Alumnus? [ ] Yes [ ] No [ ] Camper [ ] Staff

Deposit may be paid by credit/debit card (below) or by check (attach). Credit/debit cards will not be automatically charged for balance due.

CHARGE: [ ] MASTER CARD [ ] VISA [ ] AMEX ACCOUNT # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

PRINT CARD HOLDER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Financial aid is available on a limited basis to those in need. If applying for financial aid, this camper application must accompany a completed financial aid application and a \$25 non-refundable deposit. Call the camp office (919-556-2661) so we can send you a financial aid application.

COMPLETE REVERSE SIDE, NEW 2009 INFORMATION



We build strong kids, strong families,  
strong communities.



- ▲ **Recommendation:** If faxing application, call for confirmation five to ten minutes after sending. Kanata cannot be responsible for faxes that are not received. Likewise for emails, if you do not receive a response, chances are Kanata did not receive your application.
- ▲ I am enclosing a deposit of \$150.00 per week representing a reservation fee of \$100.00 and a processing fee of \$50.00. This fee is applied to the total tuition.
- ▲ **NEW:** I will pay the remaining balance of camp fees on or before April 1, 2009. I understand that if I do not pay the remaining balance, my child's registration will be cancelled for non-payment.
- ▲ **NEW:** I understand that in the event of cancellation prior to April 1, 2009 Camp Kanata will refund all fees except the \$50.00 processing fee.
- ▲ **NEW:** I understand that in the event of cancellation between April 1, 2009 and three weeks before scheduled arrival at camp, Camp Kanata will refund all fees except the \$150.00 deposit.
- ▲ I understand in the event of cancellation less than three weeks before scheduled arrival at camp or if I fail to bring my child to their scheduled session, Camp Kanata will not refund any fees.
- ▲ **NEW Payment Plan Option:** If interested, please contact the camp office to work out a payment plan. All fees must be paid in full by April 1, 2009 even with the payment plan.
- ▲ I agree to have my child examined by a licensed physician and to present a completed Kanata Health Examination form signed by the physician to the camp prior to the camper's arrival.
- ▲ In the event of an emergency in which the parent cannot be contacted, emergency medical staff and Camp Kanata staff may take appropriate action in the best interest of my child.
- ▲ I permit the YMCA to use pictures of my child as a program participant in promotional literature, promotional videos & the YMCA Web site, which are published and used by the YMCA. I understand that my child's photo or likeness may appear in news media. I understand that my child's name will not be published or broadcast.
- ▲ I understand that Kanata is not responsible for articles of clothing or personal belongings lost or damaged at camp.
- ▲ I understand that Kanata offers some activities that could put my child at physical risk including but not limited to High Ropes, Horseback Riding, and Target Sports (such as archery and riflery). If eligible, I allow my child to participate in such activities and I release Camp Kanata from responsibility for injuries or illnesses, which my child may sustain from participation in these activities, or if I do not want my child to participate I will alert the camp.
- ▲ I give consent for my child to leave camp to participate in authorized camp trips and to be transported in Camp Kanata vehicles.
- ▲ I understand that Camp Kanata assumes no responsibility for injuries or illnesses, which my child may sustain as a result of his/her physical condition or resulting from his/her participation in camp activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge Camp Kanata, its agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in camp activities.
- ▲ I understand that while Camp Kanata will make every attempt to provide reasonable accommodations for every applicant, the camp reserves the right to decline the application of, or send home, any child who according to the Director's discretion is detrimental to the general welfare of camp and other campers. I understand that in such a situation tuition is not refundable.

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

What prompted your final decision to choose Kanata?  Brochure  Video  Advertisement  Camp Fair  Website

Friend (Name) \_\_\_\_\_  Camp Night (Host) \_\_\_\_\_  Other \_\_\_\_\_

Names and addresses of other families you recommend to receive information about Kanata! \_\_\_\_\_

AT THIS TIME, PLEASE DO NOT LIST CABIN MATE PREFERENCES.

THIS WILL BE REQUESTED ON A SPECIAL FORM INCLUDED WITH YOUR BILLING STATEMENT.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.