



# 2010 Catholic Youth Camp Registration

Please complete one form per camper

Registrations accepted until camp sessions fill. Register early to ensure your first choice.

## Camper Profile

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Birthdate: \_\_\_\_\_ Gender:  Male  
Month/Day/Year  Female

Grade Completed in June 2010: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State Zip Code

School: \_\_\_\_\_  
(Name and City)

Church: \_\_\_\_\_  
(Name and City)

Religion: (circle one) Campers of all faiths and denominations are welcome!  
Catholic Lutheran Baptist Episcopal/Anglican  
Methodist Christian-Other Other None

MN Diocese: (circle one)  
Minneapolis/St. Paul Duluth New Ulm  
St. Cloud Crookston Winona Other

First time at CYC? YES NO

Referred by:  
 Sibling/Parent Alumni  Friends  
 School/Church  Online Camp Directory  
 CYC Presentation/Video  Print Camp Directory  
 Other  None

T-shirt size: (circle one)  
Child: Small (6-8) Medium (10-12) Large (14-16)  
Adult: Small Medium Large XLarge

**Invoice Details**  
Send invoice to: (circle one)  
PARENT 1 PARENT 2

## Parent/Guardian Profiles

**Parent/Guardian 1**  
Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Relationship to Camper: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian 2**  
Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Relationship to Camper: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_

With whom does the camper reside? (circle one)  
Both Parents Mother Father Guardian(s)  
Other (please specify) \_\_\_\_\_

Family Status: (circle one)  
Married Divorced Separated Single Mother  
Single Father Other \_\_\_\_\_

<p><b>Emergency Information</b></p> <p>Doctor's Name: _____</p> <p>Doctor's Phone: (____) _____</p> <p>Health Insurance Company: _____</p> <p>Health Insurance Number: _____</p> <p><b><u>Emergency Contact if Parents/Guardians are Unavailable:</u></b></p> <p>Name: _____</p> <p>Relationship to Camper: _____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Work Phone: (____) _____</p>	<p><b>Additional Camper Information</b></p> <p>Activity Restrictions: _____</p> <p>_____</p> <p>_____</p> <p><b>Behavior Information:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Other Helpful things to know about your camper:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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## 2010 CYC Programs

**Regular camp sessions begin on Sunday and end on Friday.** These sessions are offered for children who have completed grades 1-9 in June 2010. Each 2010 CYC session differs by age and theme. Check the box that corresponds with the session under the "Register Here!" column on the following page. More information about themes can be found on our website at [www.cycamp.org](http://www.cycamp.org). You may also contact the CYC office at 651-636-1645 or e-mail [office@cycamp.org](mailto:office@cycamp.org) with questions.

**Rise to the challenge of Leaders-in-Training (LIT) and Counselors-in-Training (CIT) and discover the leadership qualities in you!** CYC offers two-week LIT programs for students who have completed grades 10-12 by June 2010. These programs run 2 consecutive weeks. LIT/CIT's return home on the weekend in-between. Two weeks of camp for the price of one! **CIT participants must have completed LIT.**

**Upon Registration, you will receive:**

- ***Registration confirmation and materials will be sent via e-mail.***

To include:

- Parent Survival Handbook
- Camper Forms, including a Health Exam (to be completed by a physician within 24 months of attending camp)

**\*\*\*Please complete and return all required forms by May 15, 2010 so we can finish processing your registration.\*\*\***

Please initial here if you prefer to receive the camp materials via US Mail: \_\_\_\_\_

## Buddy Requests

If your child has a friend(s) of the same age (grades 1-3, 4-6, or 7-9) and same sex attending camp during the same session, they may request to room in the same cabin. If applicable, list your child's friends below.

Buddy Request 1: \_\_\_\_\_ Buddy Request 2: \_\_\_\_\_

## 2010 CYC Registration

Session	Dates	Theme	Grade Completed	Price*	Indicate 1st, 2nd choices
Undecided	June 14-August 21	Undecided	1st - 12th grades	\$420	
1	June 20-25	"Pirates & Ninjas @ CYC"	1st - 9th grades	\$420	
2	June 27-July 2	"Hawaiian Week"	1st - 9th grades	\$420	
CIT	June 20- 25 & June 27- July 2	CIT (2nd Year LITs)	11th - 12th grades	\$420	
Sampler	July 6-9	"Camper Sampler"	1st—9th grades	\$255	
3	July 11-16	"Walk of Fame" week	4th-9th grades	\$420	
4	July 18-23	"Halloween in the Summer"	1st - 6th grades	\$420	
LIT 1A	July 18-23 & July 25-30	1st Year LIT Option A	10th - 12th grades	\$420	
5	July 25-30	"Art & Science Extravaganza"	4th - 9th grades	\$420	
6	August 1-6	"Operation Purple"-Open to dependents active duty military	Register at <a href="http://www.nmfa.org">www.nmfa.org</a>		
7	August 8-13	"Superheroes"	1st - 6th grades	\$420	
8	August 15-20	"CYC Olympics"	4th - 9th grades	\$420	
LIT 1B	August 8-13 & August 15-20	1st Year LIT Option B	10th - 12th grades	\$420	

**\*\*DISCOUNTS - (Sampler sessions do NOT qualify for any discounts)**

**\*Early Bird Registration Discounts**

Register by this date...	... get this price if paid in full...	...Get this price if \$100 non-refundable deposit is placed.
October 31, 2009 <b>(Earliest Bird Discount!)</b>	<b>\$355 (2009 early bird rate!)</b>	<b>\$405 (2009 rate!)</b>
January 31, 2010 <b>(Earlier Bird Discount!)</b>	<b>\$370</b>	<b>\$410</b>
March 31, 2010 <b>(Early Bird Discount!)</b>	<b>\$395</b>	<b>\$415</b>

**\*Family/Multi-Session Discount** - All families registering for more than one session (either for siblings or the same child more than once!) are eligible for the "multi-session discount" of \$40 off the 2nd and subsequent registrations. **This may be used in combination with the Early Bird discount.**

## FINANCIAL AID

**Camper Assistance Fund** - CYC offers a limited amount of financial aid each year, on a sliding scale, up to 50% of camp fees. Camper Assistance Fund applications are available online or by mail starting January 1, 2010. The application deadline is April 30, 2010. \$100 per camper is due upon submission of the aid application.

## ADD-ONS

**Camp Store Deposit - Campers are asked not to bring cash to camp.** Money should be deposited prior to arrival at camp, either via check mailed to the office or credit card. Deposits vary from \$5-50, depending on family. Available items will be shown on the website in late spring. Camp store balances in excess of \$10 after camp can be refunded if requested in writing (email is acceptable) no later than October 31, 2010. Unclaimed funds or balances of less than \$10 are donated to our CYC Camper Assistance Fund.

**Bussing** - Bus transportation is available to and from camp in Roseville and Cambridge, MN. Each one-way trip costs \$35, roundtrip is \$70. You must pre-register for the bus. Walk-ups are not accepted.

## REGISTRATION, CANCELLATION & PAYMENT POLICIES

**Registration incurs a \$100 nonrefundable fee per camper.** If cancellation is made prior to 10 calendar days of the start date of camp, the balance of camp fees paid (not including the \$100 deposit) will be refunded in the manner paid (credit card, check, etc.). Cancellation of camp or bus within 10 days of the start of camp will not yield a refund. You may change sessions up to 10 days prior to the start of your session without penalty, as space permits. If a camper does not attend due to a **Director-approved** illness, injury or other situation, the family may choose another 2010 session. If the camper is unable to select another week, the balance of the fees (not including the \$100 deposit) will be returned. All camper fees must be paid in full by May 15, 2010. Campers who are not paid in full or do not have payment arrangements established by May 15, 2010 may lose their camp spots. Please contact the office to establish payment arrangements. All fees must be paid in full prior to the start of camp.

## FEE WORKSHEET

Description	Add	Amount
Program Fee (deposit will be applied to the total)	X	+\$420
Sampler Program Fee (not eligible for discounts)		+\$255
Bus to camp from Roseville - Sunday (\$35)		+
Bus to camp from Cambridge - Sunday (\$35)		+
Bus from camp to Roseville - Friday (\$35)		+
Bus from camp to Cambridge - Friday (\$35)		+
Camp Store Deposit		+
Early Bird Discount (see chart - page 3)		—
Family/Multi-Session Discount (if qualifying -\$40 for 2nd and subsequent registrations)		—
Donation to Camper Assistance Fund*		+
<b>TOTAL</b>		=
<b>TOTAL ENCLOSED (at least \$100 required PER CAMPER to process registration)</b>		

\*All donations to the CYC Camper Assistance Fund help children with financial need attend camp.

## METHOD OF PAYMENT

**Check/Money Order** made payable to **Catholic Youth Camp** (*enclosed*)

**Credit Card** (circle one):    **Visa**    **Mastercard**    **Discover**  
**Card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_  
**Name on Card** (please print): \_\_\_\_\_  
**Amount to be Charged:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**PERMISSION-** I give permission for my child to attend Catholic Youth Camp (CYC) and to participate in all activities unless otherwise specified on the Health History and/or Health Exam Forms. I have read all materials, agree to submit all forms and will meet my financial obligations. I grant permission for medical treatment and hospitalization for my child in an emergency. I agree that likenesses taken of my child may be used to promote CYC and that my child may be transported for off-site trips. I understand that CYC does not furnish accident insurance and that any medical bills and prescription drugs will be my responsibility. I am the legal parent/guardian and am authorized to give consent for my child. I have read the above paragraph and understand it. (Materials available in Spanish upon request).

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

\_\_\_\_\_  
(Parent/Guardian Name) PLEASE PRINT

\_\_\_\_\_  
(Date)

**Send to: Catholic Youth Camp, 2131 Fairview Ave. N, Roseville, MN 55113 or Fax (651) 628-9323**