



# YMCA Camp Cullen



## 2008 Winter Camp- December 28<sup>th</sup> - January 1<sup>st</sup>

460 Cullen Loop, Ste. A Trinity, TX 75862

Houston Line - 713 758 9275 Phone - 936 594 2274 Fax - 713 758 9278

### Fax or Mail Application and \$100 Deposit

(Please print in ink)

Camper's Name:

First MI Last

Home Address:

City State Zip

Home Phone: ( )

Male  Female

Age at Camp: Date of Birth: / /

Grade School Currently Attending

Attended Camp Cullen before? Yes or No

If possible, Same Cabin as (2 person maximum):

1. 2.

Camper lives with: Parents Mother  
Father Other

Family Email Address:

(This is the main contact)

Mother/Guardian:

Work/Day Phone:

Cell Phone:

Pager:

Home Phone (If different):

Place of Employment:

Position:

Drivers License #: / /

Father/Guardian:

Work/Day Phone:

Cell Phone:

Pager:

Home Phone (If different):

Place of Employment:

Position:

Drivers License #:

*I Hereby Request . . . that my child be accepted to attend YMCA Camp Cullen. I understand and I am aware that my child will be participating in many physical activities and the potential for accidents does exist. In consideration of acceptance to Cullen:*

I indemnify and hold harmless **Camp Cullen**, the YMCA of Greater Houston and/or its staff from any and all liability claims, damage, injury or illness sustained.

I grant permission for **Camp Cullen** to provide or obtain medical attention for my child in the event of sickness or injury. I understand that accident insurance is not included in the camp cost during the camp session and parents/guardians shall bear the expenses.

I understand that **Camp Cullen** will not refund the registration fee. I further understand that no refunds will be issued within three (3) weeks of camp, early departure and/or discipline problems.

We (parent/guardian and camper) both agree to follow the responsibilities described in the Application/Admission form and the Parent Information Packet.

Parent Signature: \_\_\_\_\_

Camper Signature: \_\_\_\_\_

### Arrival and Departure Method

**Arrival - Friday, December 28<sup>th</sup> at 1:00pm**

\_\_\_\_\_ E.A. Smith YMCA\* (Bus Departs for Camp @ 10:30am)  
\_\_\_\_\_ South County YMCA (Bus departs for camp @ 11:45 pm)  
\_\_\_\_\_ Car via Parent  
\_\_\_\_\_ Car via Other than Parent **\$60 round trip**

**Departure - Tuesday, January 1<sup>st</sup> at 1:00pm (NEW TIME)**

\_\_\_\_\_ E.A. Smith YMCA\* (Bus arrives at the Y @ 3:30 a.m.)  
\_\_\_\_\_ South County YMCA (Bus arrives at the Y @ 2:15 p.m.)  
\_\_\_\_\_ Car via Parent  
\_\_\_\_\_ Car via Other than Parent **\$60 round trip**  
(If so, whom? \_\_\_\_\_)

*Please select one:*

\_\_\_\_\_ **Horsemanship Specialty**  
\_\_\_\_\_ **Ropes Course Specialty**  
\_\_\_\_\_ **Regular Camp Specialty**

**How to register:** Mail or fax this form along with your deposit to the above address. A **\$100 per session non-refundable deposit must accompany EACH child's registration. Registration for Winter Camp is \$300.00. Cost of Bus transportation either one way or round trip is \$60.00 per camper.** Additional information will be sent to you after the office receives this form. You may pay by check, money order or credit card. You must pay by credit card if faxing or e mailing this form. If faxing, please keep your original, include credit card information and call to confirm that we received your fax.

VISA/MASTERCARD/DISCOVER Acct.#: \_\_\_\_\_ Expires(mo/yr): / \_\_\_\_\_ Amt: \$ \_\_\_\_\_

AMERICAN EXPRESS Acct#: \_\_\_\_\_ Expires(mo/yr): / \_\_\_\_\_ Amt: \$ \_\_\_\_\_

CHECK OR MONEY ORDER. Drivers License #: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

PLEASE CHARGE MY ACCOUNT 21 DAYS PRIOR TO THE START OF THE SESSION.