



CAMP SEA GULL

(Brother camp to Camp Seafarer for girls)

2010 Summer Application

Please complete and mail to:
Director, Camp Sea Gull
218 Sea Gull Landing
Arapahoe, NC 28510
(252) 249-1111

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

Camper's Name _____ (_____)
 (First) (Middle) (Last) **Name Called**

Previous Sea Gull camper YES NO **If Yes, how many sessions in:** Starter Camp? _____ Four Weeks? _____
 Mariners? _____ SAIL On? _____ S.E.A. Venture? _____
 Tee It Up? _____ Spring Camp? _____ Other _____

Date of Birth ____ / ____ / ____ Age at Camp: Years ____ Months ____ School Grade Completed by June 2010 ____

Mother's Name (Dr. Mrs. Ms.) _____ Home Phone (____) _____

Maiden Name _____ Cell Phone (____) _____

Former Camper Former Staff Business Phone (____) _____

Home Address _____

Street City State Zip Code

Occupation _____ Name of Business _____

Email Address _____

Father's Name (Dr. Mr.) _____ Home Phone (____) _____

Cell Phone (____) _____

Former Camper Former Staff Business Phone (____) _____

Home Address _____

Street City State Zip Code

Occupation _____ Name of Business _____

Email Address _____

(FOR OFFICE USE ONLY)
 Name Called: _____
 Camper # _____

Please indicate () with whom the camper lives: Mother Father Guardian Joint

Parents are: Married Separated Divorced Single Re-married Widowed

Name of Person to be Billed _____ Relationship to Camper _____

Address _____

Street City State Zip Code

Home Phone (____) _____ Fax Number (____) _____ Cell Phone (____) _____

Are you registering the camper's sister(s) at Camp Seafarer for 2010? Yes No

Sister's Name(s): _____ Session(s) _____

Are you registering the camper's brother(s) at Camp Sea Gull for 2010? Yes No

Brother's Name(s): _____ Session(s) _____

I agree that email from Camp Sea Gull may be sent to any of the email addresses I have supplied on this form.

Payment options: Check enclosed (payable to Camp Sea Gull)

Please charge my credit card: Amount to be charged;\$ _____ Visa Mastercard AmEX Exp. date: _____

Name of cardholder: _____ Card #: _____

When we process your camper's fee to your credit card, this will appear as "YMCA of the Triangle Area, Inc." on your credit card statement, which is our parent company. This is not a fraudulent charge. If you have questions, please call us at (252) 249-1111.

2010 RESIDENT CAMP PROGRAMS

To register, please check the box that indicates the session preference for your child and return this application with a deposit. To learn more about Camp Sea Gull's programs, please visit our website at www.seagull-seafarer.org.

ONE WEEK CAMP – STARTER CAMP

ages 6 to 9

Sunday, June 6 - Friday, June 11

\$850

Deposit \$200

Starter Camp is a great opportunity to introduce children to the joy of resident camping. Our program is designed to expose campers to a resident camp experience.

TWO WEEK CAMP – MARINERS

ages 7 to 11

July 11 - July 23 July 25 - August 6

\$2,050

Deposit \$300

Our two-week Mariners sessions have been designed as a transitional experience for children who are ready for more challenge and freedom than Starter Camp provides, but are not quite ready for our full four-week experience.

FOUR WEEK CAMP – FIRST SESSION

ages 7 to 16

Sunday, June 13 - Friday, July 9

\$3,600

Deposit \$450

Our full four-week sessions feature our premier seamanship program as well as a full compliment of land activities and have been designed to help campers build independence, self-confidence and a strong sense of self-worth.

My son is interested in applying to be a **Staff Trainee (ages 15 and 16)** during First Session. Please send him a separate Staff Trainee application. I understand that he must be registered as a camper for his Staff Trainee application to be considered.

FOUR WEEK CAMP – SECOND SESSION

ages 7 to 16

Sunday, July 11 - Friday, August 6

\$3,600

Deposit \$450

Our full four-week sessions feature our premier seamanship program as well as a full compliment of land activities and have been designed to help campers build independence, self-confidence and a strong sense of self-worth.

My son is interested in applying to be a **Staff Trainee (ages 15 and 16)** during Second Session. Please send him a separate Staff Trainee application. I understand that he must be registered as a camper for his Staff Trainee application to be considered.

- **I am enclosing a deposit that will be applied to the total tuition fee. Payment information is located on the first page of this application.**
- **I understand that \$150 of the four-week, \$100 of the two-week or \$75 of the one-week tuition represents a processing fee and is not refundable. A deposit refund of the remaining deposit will be made if Camp Sea Gull receives WRITTEN NOTIFICATION of cancellation prior to March 1, 2010. After March 1, 2010, deposits are not refundable.**
- **I will pay the remaining balance of camp fees before March 1, 2010. (Enrollment for campers who have unpaid fee balances after March 1, 2010 will be cancelled in order to enroll other campers.)**
- **I understand that the total deposit of an applicant on the waiting list is refundable if space does not become available.**
- **I agree to have my child examined by a licensed physician within one year of arrival at camp and, by March 1, 2010, to present a properly completed Camp Sea Gull Health Examination Form, documenting required immunizations and a copy of the front and back of your insurance card. (Health Examinations are required every two years for Starter Camp.)**
- **I give my permission for photos/video in which my child (or ward) appears as a camper to appear in brochures, video and other promotional media used by the camp.**
- **I understand that there are increased levels of risk with any adventure-based program. The program at Camp Sea Gull includes but is not limited to the zipline, giant swing, climbing wall, challenge course elements and off-site trips. My signature below gives my child permission to participate in these activities.**
- **I understand that Camp Sea Gull reserves the right to cancel any program as deemed necessary by the Camp Director.**

My child will need financial assistance in order to attend camp. Please send information. When applying for financial assistance, a non-refundable \$10 deposit is required with this application, instead of the standard deposit.

Signature of Parent/Guardian _____ Date _____

2010 ADVENTURE AND LEADERSHIP PROGRAMS

The following dates and fees are for our **Specialty Camps** that operate separately from our regular on-site sessions. Please check the box of the program or programs of interest to you. Return this application with a deposit to reserve your space. In some cases, final acceptance is based upon an additional application process which includes references and proven leadership experiences.

Because of the specialized nature of these programs, campers will be permitted to attend each program once. To learn more about Camp Sea Gull's adventure and leadership programs, please visit our website at www.seagull-seafarer.org.

SAIL On

Rising 9th - 12th grade boys

\$3,075 Deposit \$350

SAIL On is an intense leadership program in which campers will spend the entire two weeks living on board a 70' schooner learning advanced seamanship skills while participating in a physically and emotionally challenging program designed to teach teamwork and foster personal growth.

June 27 - July 9

July 11 - July 23

SEA VENTURE – Service Experiences Abroad (PERU)

Rising 10th - 12th grade CO-ED Leadership Program

June 29 - July 17

\$5,500 Deposit \$900

SEA Venture programs are well designed to allow older campers to expand their cultural awareness and personal limits. Earn service hours for school as you explore other cultures in depth and help make a difference in the lives of the communities we serve. Highlights of SEA Venture PERU include working with the Lima YMCA, cultural immersion, service learning projects in Lima and Cusco, and safe and challenging outdoor adventure programs including several nights in Machu Picchu, Puno, Vivencial Uros Floating Islands and much more! Upon receipt of the deposit for this program, we will send further program-specific information along with an additional application.

Financial assistance is not available for this program.

- I am enclosing a deposit which will be applied to the total tuition fee upon acceptance. Payment information is located on the first page of this application.
- I understand that \$150 represents a processing fee and is refundable only if my application is not accepted. Cancellation after March 1, 2010, will result in the forfeit of the full deposit amount.
- I will pay the remaining balance of camp fees before March 1, 2010.
- I understand the total deposit of an applicant on the waiting list is refundable if space does not become available.
- I give my permission for photos/video in which my child (or ward) appears as a camper to appear in brochures, video and other promotional media used by the camp.
- I understand that there are increased levels of risk with any adventure-based program. The program at Camp Sea Gull includes but is not limited to the zipline, giant swing, climbing wall, challenge course elements and off-site trips. My signature below gives my child permission to participate in these activities.
- I understand that Camp Sea Gull reserves the right to cancel any program as deemed necessary by the Camp Director.
- I agree to have my child examined by a licensed physician within one year of arrival at camp and, by March 1, 2010, to present a properly completed Camp Sea Gull Health Examination Form, documenting required immunizations and a copy of the front and back of your insurance card.

My child will need financial assistance in order to attend camp. Please send information. When applying for financial assistance, a non-refundable \$10 deposit is required with this application instead of the standard deposit. Financial Assistance is not available for S.E.A. Venture.

Signature of Parent/Guardian _____ Date _____

SPECIAL CIRCUMSTANCES

Camp Sea Gull is committed to providing children an opportunity for full and equal enjoyment of the camping experience. If your child appears to have any serious behavioral problems or special circumstances involving physical, medical or psychological concerns, the Director should be notified of this now so reasonable modification can be considered. Children cannot be accepted that do not have the promise of living cooperatively, compatibly and safely with other children. Camping is designed to be a strong influence in the lives of the children it serves and typical problems are usually overcome. Camp Sea Gull recognizes that most children's problems are quite normal and correctable through a program of high expectations and positive motivation. However, children with serious behavioral problems should have special guidance concerning their readiness before going to camp. These problems should be discussed with the Director and the advisability of accepting the child can be determined at this time.

The Director reserves the right to decline the application, rescind the enrollment at any time or send home any child who is not a desirable associate for the other campers. If a camper is dismissed due to behavioral/social issues, the tuition is not refundable and Camp Sea Gull reserves the right to not accept that camper in the future.

- It is understood that Camp Sea Gull is not responsible for articles of clothing or personal belongings damaged or missing in transit, loss or theft.
- It is the policy of Camp Sea Gull to consider its applications and operate its programs and facilities in a nondiscriminatory manner.
- Cabinmate request forms and additional information will be mailed at a later date.

How did you hear about Camp Sea Gull? _____

Why did you choose Camp Sea Gull for your son? _____

Have you attended a Sea Gull & Seafarer Camp Night in your area? Yes No If yes, in what city and state? _____

FOR ALUMS, CAMP FRIENDS AND FAMILY:

List other former Sea Gull or Seafarer counselors or campers:

counselor

camper

counselor

camper

Name _____

Name _____

Address _____

Address _____

City / State / Zip _____

City / State / Zip _____

Phone _____

Phone _____

Email address _____

Email address _____

Relationship to you _____

Relationship to you _____

Names/addresses of other families you wish to recommend to receive information about Camp Sea Gull programs.

Parent's Name: _____

Parent's Name: _____

Child's Name: _____

Child's Name: _____

Address: _____

Address: _____

City / State / Zip: _____

City / State / Zip: _____

Phone: _____

Phone: _____

Email address: _____

Email address: _____



YMCA
We build strong kids,
strong families,
strong communities.

Camp Sea Gull and Camp Seafarer are branches of
The YMCA of the Triangle Area, Inc.
www.seagull-seafarer.org