



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Storer Camps

### Ranch Rough Riders Application

Name: \_\_\_\_\_ Date of Application: \_\_/\_\_/\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone :(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade Entering Next Fall \_\_\_\_ Date of Birth \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_ Home/Cell Ph :(\_\_\_\_) \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_ Home/Cell Ph :(\_\_\_\_) \_\_\_\_\_

How many years have you been riding? \_\_\_\_\_ Do you prefer English or Western? \_\_\_\_\_

Please list your camper experience **at** YMCA Storer Camps, including program(s) and year(s) attended.

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Please list your camper experience at any camp **other than** YMCA Storer Camps, including program(s) and year(s) attended.

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Describe how an event or person at YMCA Storer Camps or elsewhere had a positive influence on you and why. \_\_\_\_\_

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Describe in detail your riding experience, including discipline, where and from whom. Include any show experience, trail riding or 4-H involvement. Please use a separate sheet of paper, if necessary.

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Explain what this quote means to you: "The outside of a horse, is good for the inside of a person."

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Why do you want to participate in the Ranch Rough Riders? \_\_\_\_\_

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What positive qualities, talents or interest will you bring the program? \_\_\_\_\_

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What are your expectations and goals for your experience with the Ranch Rough Riders?

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Please list names of three individuals who can give references to your character. Use teachers, trainers, coaches, supervisors, pastors, school counselors, youth group leaders. Do not use friends and relatives.

Name: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

The Ranch Rough Riders program is for advanced riders and I understand that acceptance into the program is dependant upon interview, riding experience and personal references. Submission of my application does not guarantee a spot in the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application, registration form along with a \$150.00 deposit. Deposit is refundable if application is not approved.

**Forms may be mailed to:** YMCA Storer Camps  
Ranch Rough Riders  
6941 Stony Lake Road  
Jackson, MI 49201

**Or Email to:** [llewis@ymcastorer camps.org](mailto:llewis@ymcastorer camps.org)  
**Or fax to:** 517-536-4922

*Thank you for your interest in the Ranch Rough Riders!*

**YMCA STORER CAMPS**

**Traditional Summer Camp | The Storer Outdoor School | Specialty Programs & Group Retreats**

6941 Stony Lake Rd, Jackson MI 49201

**P** 517 536 8607 **F** 517 536 4922 [ymcastorer camps.org](http://ymcastorer camps.org)

# YMCA Storer Camps Summer Camp Registration

Child's Full Name		Gender <input type="radio"/> M <input type="radio"/> F
Child's Birth Date	Grade	Parent Email
Address		
City, State, Zip		Phone #
Parent/Guardian Full Name		Primary Phone #
		Secondary #
Parent/Guardian Full Name		Primary Phone #
		Secondary #
<b>Payment</b>		
Method of Payment: Check included: _____ or Please charge my account: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Name on the Card:	Fee to be charged:	\$ _____
Account Number: _____ - _____ - _____ Exp Date: _____ CVT Code: _____		
Cabin Mate Request (Please write only one child's name as a request) _____		
How did you learn about YMCA Storer Camps: _____		
<p>Guardian and camper agreement: Should my child be required to leave a trip or session, there will be no refund of fees. The camper's guardian is responsible for transportation to pick the camper up early. I give permission for out of camp travel as part of the program or to secure medical attention. I authorize the use of my address for post camp communication. I do hereby authorize and request the camp health supervisor or director to provide routine, non-surgical medical care and to secure necessary emergency medical and surgical treatment for my child, should the need arise. The person signing this registration accepts full responsibility for all incurred camp fees and expenses. Signature required before registration will be processed.</p>		
Parent/Guardian Signature: _____		Date: _____