



# CAMP TIMBERTOP

## REGISTRATION/APPLICATION INFORMATION

### August 2-7, 2026

Dear Applicant, Parent(s), and Teacher(s):

Thank you for your interest in Timbertop Camp. Timbertop is a special week of residential camp for youth with learning differences, ages 8-14. Timbertop combines traditional camp activities with extra reading practice and special group activities that focus on dealing with learning differences in a structured daily setting. Special attention is paid to peer relationships, building self-confidence, and learning new skills to share back at home.

Timbertop has been in operation since 1967! Camp Timbertop, Inc is a registered 501(c)3 Tax Exempt Organization operated by a volunteer board of directors dedicated to serving youth with learning disabilities. Our directors consist of Special Education Teachers, experienced Camp Directors, a Paramedic, and staff that have been working with youth at Timbertop for many years.

We are planning an exciting summer and hope that you will be able to join us. This letter and the enclosed application form will help you complete your registration. **Please see the brochure or visit our web site for fee and specific information. Scholarship assistance is available.**

#### REGISTRATION/APPLICATION PROCESS

1. Please complete and return the four-page application form including parental permission for school information along with a **\$100 non-refundable deposit**. After we receive your deposit and application form, a spot will be reserved for your child. If camp is full or your child is not accepted, your deposit and fee will be refunded. **Since enrollment is limited to 35 campers, it is important that you return these materials promptly as it takes a while for the schools to return the information that we request from them concerning applicants.**
2. We ask for school information so that we can determine as closely as possible whether your child has needs which we can meet. If he or she is already in a program for learning disabilities and does not require 1-1 support, it is likely that Timbertop Camp will be an ideal experience for your child. **We will notify you of your child's acceptance to camp as soon as we review the school information.**
3. After your child has been accepted, we will be sending you our Health Form, general information, arrival and departure times, a list of things to bring, directions, and information on camper medication.
4. We must receive the health history form at least **(6) six weeks** prior to Timbertop Camp. **It is required that we receive this health history written by the parents/guardians every year.** We also suggest that a physical be performed every 24 months prior to camp, please include a copy if available.
5. Your remaining balance is due **(6) six weeks prior to camp.** Scholarships are available to campers based on financial need and recommendation of school personnel. Please request scholarship information if needed. Choose the price tier you can best afford. We understand that different families have differing abilities to pay, so we have implemented three pricing levels to better accommodate all financial needs. Please consider selecting the highest tier you can afford to allow Timbertop Camp to best stretch our funding, provide scholarship assistance and continue to improve the quality of each camper's experience. **Price C:** is our historically subsidized rate, which does not represent the true cost of camp. **Price B:** is a partially subsidized rate, but more clearly reflects the actual cost of camp. **Price A:** most accurately reflects the actual cost of Timbertop Camp.
6. If Timbertop Camp were to cancel, a full refund will be given. If you cancel, Timbertop will return all but your deposit (if the cancellation is made eight weeks prior to camp). After eight weeks refunds will not be available. **If you need to cancel, please notify us immediately, so we can try to fill that reserved spot.**

Again, thank you for your interest in Timbertop Camp. We encourage you to register soon as camp fills quickly. If you have any questions regarding registration or other specific information about the program, please feel free to contact us.

Hope to see you this summer!

Sincerely,

#### Timbertop Camp Board of Directors:

Pete Matthai-Camp Administrator/Treasurer, Nancy Reuter-President/Chair, Adam Meshak-Vice President, Rhoda Brooks-Founder, Jamie Diestelhorst and Tammy Koskey



#### Camp Timbertop (Mailing Address)

P.O. Box 423 • Plover, WI 54467 • 715-869-6262 • [www.timbertopcamp.org](http://www.timbertopcamp.org) • [info@timbertopcamp.org](mailto:info@timbertopcamp.org)

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# CAMP TIMBERTOP

## 2026 Registration/Application



Fully complete and return this registration/application form along with the \$100 required deposit to:  
[info@timbertopcamp.org](mailto:info@timbertopcamp.org) or by mail to: Camp Timbertop, P.O. Box 423, Plover, WI 54467 (715) 869-6262

Please Print Clearly

Date of Application: \_\_\_\_\_

### I. CAMPER/PARTICIPANT INFORMATION

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_  M  F

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Email(s) for Camp Information Communication \_\_\_\_\_

### II. PARENT/GUARDIAN/FAMILY INFORMATION

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Phone #(s) \_\_\_\_\_ Contact Phone #(s) \_\_\_\_\_

Workplace \_\_\_\_\_ Workplace \_\_\_\_\_

Parents Marital Status:  Married  Single  Divorced  Separated  Spouse Deceased

Child resides with:  Mother  Father  Guardian

Please Indicate any Custody Issues \_\_\_\_\_

### III. SCHOOL INFORMATION (Clarification on the following information can be made by contacting your child's teacher.)

Name of school attending now \_\_\_\_\_ Grade at present time \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Name of regular class teacher \_\_\_\_\_ Name of special class teacher \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

In what special program(s) is your child enrolled? (i.e. OHI, ADHD, ADD, LD, SLD, ID/CD, ED, EBD, Title 1, or other...)

What type of service is child receiving? (i.e. Resource Room, Special class with integration, Self-contained, Supplemental help in mainstream, or other...) \_\_\_\_\_

About how much time per day is your child in a special program? (reading, math, language, other...) \_\_\_\_\_

**IV. ADDITIONAL INFORMATION**

- Has your child ever attended an overnight camp?  Yes  No  
 They are a returning Timbertop Camper. This is their \_\_\_\_\_ year at camp.

- If yes, list camp name, place & dates: \_\_\_\_\_

- What things would you like your child to do while at camp? \_\_\_\_\_

\_\_\_\_\_

- What do you hope your child will get out of camp? \_\_\_\_\_

\_\_\_\_\_

- What kinds of concerns do you have about your child? (i.e. self-image, independence, peer relations, behavior, confidence, bed-wetting, attitude towards others, etc...) Please be specific and descriptive. We need your candid input, so we can plan accordingly. \_\_\_\_\_

\_\_\_\_\_

- What are your child's strong points? \_\_\_\_\_

\_\_\_\_\_

- Will your child be attending camp with a friend?  NO  YES  
If yes, who: \_\_\_\_\_

- Does your child have any allergies we should be aware of? (food, medications, animals/insects, environments)  
Please describe: \_\_\_\_\_

\_\_\_\_\_

- If child is on medication, please indicate name(s) of medication(s), dosage, and reason for this medication:  
Medication Name                      Dosage(s)                      Reason for taking this medication.

Medication Name	Dosage(s)	Reason for taking this medication.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*All Medications should be continued while at camp.*

- Is there anything else you feel our staff should know about your child? (Learning strengths and weaknesses, family situation, toilet habits, fears, medical/physical/behavioral conditions, etc...) Please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **V. PARENTAL/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY**

**DIRECTIONS:** Carefully read and initial each parent/guardian consent section listed below, then sign and date on the "parent/guardian signature" line at the bottom of page.

### **WARNING OF RISK**

Camp Timbertop, Inc. referred to as "Timbertop" and the Stevens Point Area YMCA Camp Glacier Hollow referred to as "YMCA Camp Glacier Hollow" here in is committed to conducting its summer camp program in a safe manner and holds the safety of participants in high regard. However, participants and parents of children registering for any program must recognize that there are inherent risks of sickness and/or injury when choosing to participate in these recreational activities. Understandably, not all hazards and dangers can be foreseen. Certain risks and dangers associated with such things as, but not limited to, acts of God, inclement weather, slipping, falling, insect bites, and equipment failure do exist. In this regard, it must be recognized that it is impossible for Timbertop and YMCA Camp Glacier Hollow to guarantee absolute safety. Timbertop and YMCA Camp Glacier Hollow does, however, continually strive to reduce such risks through careful and proper preparation and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. **You are solely responsible for determining if you or your children are physically fit for the activities contemplated in these programs. It is always advisable, especially if you are pregnant, disabled in any way, or have recently suffered an illness, injury, and/or impairment, to consult a physician before undertaking any active recreational program.**

### **PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY**

\_\_\_\_\_ **Initial SECTION #1: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by Camp Timbertop, Inc. and the Stevens Point Area YMCA Camp Glacier Hollow in the operation of its facility, equipment, and programs. I am aware of and accept all the risks inherent in the program. I agree that my or my child's voluntary participation in Timbertop shall be undertaken at my and his/her sole risk, and that Timbertop and the Stevens Point Area YMCA Camp Glacier Hollow, its directors, staff, volunteers and agents shall not be liable for all costs and expenses, claims, injuries, damages, losses, diseases, death, actions or cause of action whatsoever, to me, my child and his/her property, arising out of or connected to participation in Timbertop, including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and any other sums which Timbertop and/or YMCA Camp Glacier Hollow, its staff, members, volunteers and YMCA Camp Glacier Hollow may pay or become obligated to pay, or from our actions or omissions and arising from any cause, including transportation services, medication dispensing, health treatment, camping, canoeing/kayaking, boating, hiking, swimming, low & high ropes courses, fishing, archery, and all other camp activities. I agree to hold harmless and indemnify Camp Timbertop and Stevens Point Area YMCA Camp Glacier Hollow, its directors, employees, volunteers, and agents, from all liabilities and claims resulting from participation in this program.

\_\_\_\_\_ **Initial SECTION #2: EMERGENCY TREATMENT AUTHORIZATION:** In the event that I cannot be reached in an emergency, I authorize Timbertop and YMCA Camp Glacier Hollow to transport to or secure emergency services for me or my child, and I give my consent for Timbertop to act on my behalf in granting permission for me or my child to receive any emergency treatment deemed necessary including, transportation, medication dispensing, hospitalization, injection, anesthesia or surgery. I agree that I will be responsible for the payment of all medical services rendered.

\_\_\_\_\_ **Initial SECTION #3: PHOTOGRAPHIC/MEDIA RELEASE:** I give permission for my child or I to appear in media coverage approved by Camp Timbertop and for Timbertop to use photographs and videos of my child or I for promotional purposes and social media.

\_\_\_\_\_ **Initial SECTION #4: REASONABLE ACCOMMODATIONS & BEHAVIOR CLAUSE:** Participants/children with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other participants/children in the program. I understand that if my child or I require an unusual amount of one-on-one attention, whether due to special needs or behavior, I or my child may be denied or removed from the program. Participants are expected to follow guidelines and instructions from volunteers/staff and act in a responsible, caring, honest and respectful manner. Failure to follow guidelines will result in dismissal from camp without refund.

\_\_\_\_\_ **Initial SECTION #5: MEDICATION/SUNSCREEN/REPELLANT:** I give permission to the Camp Volunteers/Staff to give my child or I over-the-counter medications supplied by camp in the event of minor pain/ailment (i.e. headache, stomach ache, body aches, insect bites, sun protection, etc...) unless otherwise indicated on the participants Health Form. I give permission to the Camp Volunteers/Staff to give my child or I parent/guardian provided over-the-counter and prescription medications (as directed). I give permission for my child or I to use sunscreen and insect repellent and receive assistance as needed, unless otherwise noted on the Health Form.

\_\_\_\_\_ **Initial SECTION #6: PARTICIPANT ACCEPTANCE, FEES & FORMS:** I hereby apply for a reservation for my child as a program participant. I understand and agree that failure to submit the total fee payment and fully completed: school information form, IEP, application forms including the health form by 6 weeks in advance I will forfeit my application, deposit, and total fee. Furthermore, refunds of fees will not be provided if my child or I are forced to leave the program due to illness, injury, inappropriate behavior, or failure to comply with payment, health form, requested school information, COVID tracing documentation.

\_\_\_\_\_ **Initial SECTION #7: ACCURATE/COMPLETE INFORMATION:** I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to Timbertop. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's or my registration and/or participation in this program and a refund will not be provided.

**I have carefully read, initialed and fully understand the above warning of risk and parent/guardian consent and waiver & release sections. I fully understand that by signing this form I have given my parent/guardian consent on all sections contained within.**

\_\_\_\_\_  
Participant Name - Please Print

\_\_\_\_\_  
Parent/Guardian Name - Please Print

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**VI. SCHOOL RELEASE FORM and FEE INFORMATION**

A copy of this Release Form will be sent to your child's school as described. Complete Fully & Clearly.

**RELEASE OF SCHOOL INFORMATION FORM**

Complete Name of School \_\_\_\_\_

Full Name of Principal \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

I give permission for the above School and its staff to share information and provide copies of psycho-educational information, IEPs, and other reports of the named student to Timbertop. I also give permission for Timbertop to send reports to my child's school at the conclusion of the camp.

Print Parent/Guardian Name \_\_\_\_\_

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

Fully complete and return this registration/application form along with the required deposit to:

[info@timbertopcamp.org](mailto:info@timbertopcamp.org) or by mail to: Camp Timbertop

P.O. Box 423, Plover, WI 54467

(715) 869-6262 www.timbertopcamp.org

**2026 FEE INFORMATION Full Payment or a minimum \$100 deposit is required to complete registration/application.**

*For information on Fee Tiers and Scholarships see registration info page, brochure, or web site.*

Indicate the Tier Price Option you intend to pay:  A: \$655  B: \$595 or  C: \$495

Scholarship Beyond Tier Price Requested  (Scholarship Application Form Required)

Full Payment is due 6 weeks prior to camp. Payable to: Camp Timbertop

CHECK Payment Included with this form \$ \_\_\_\_\_ Check # \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

INVOICE me via PAYPAL (i.e. Credit Card) \*An additional charge of 3% for each transaction will be applied to cover the processing fee. PayPal invoices are sent via email and must be paid upon receipt to complete registration/application.

Amount to Invoice upon receiving this form \$ \_\_\_\_\_ \*+3% processing fee \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

Email to send PayPal Invoice to \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

**OFFICE USE ONLY**

Date Deposit Received \_\_\_\_\_ \$ \_\_\_\_\_ Application Received \_\_\_\_\_

PayPal Invoice Date \_\_\_\_\_ \$ \_\_\_\_\_ School Info Request Sent \_\_\_\_\_

Date Received \_\_\_\_\_ \$ \_\_\_\_\_ School Info Received \_\_\_\_\_

PayPal Invoice Date \_\_\_\_\_ \$ \_\_\_\_\_ Confirmation/Decline Sent \_\_\_\_\_

Date Received \_\_\_\_\_ \$ \_\_\_\_\_ Final Mailing Sent \_\_\_\_\_

Date Paid in Full \_\_\_\_\_ \$ \_\_\_\_\_ Health Form Received \_\_\_\_\_