

Labor Day Family Camp



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP COLLINS

3001 SE Oxbow Parkway, Gresham, OR 97080

PH: 503.663.5813 campcollins@ymcacw.org

www.ymcacw.org/locations/ymca-camp-collins

Over Labor Day weekend, YMCA Camp Collins offers a fun camp experience for the whole family. The weekend is designed to allow families to play together in a beautiful outdoor environment. Families can participate in some or all of the scheduled events, or just enjoy time on their own.

Activities may include:

- Rock Climbing
- Sandy River Rafting
- Campfires
- Horseback Riding
- Arts & Crafts
- Challenge Course
- Singing
- Hiking
- Swimming Pool
- Biking
- And much more

Families have the opportunity to make new friends by sharing a cabin with another family. Delicious and healthy meals are provided (just think, no dishes!). There is a salad bar at both lunch and dinner, snacks always available and vegetarian options at every meal.

To register, complete the second page of this form, include a 10% deposit and either mail or fax to YMCA Camp Collins. For more information and links to online registration visit <http://www.ymcacw.org/locations/ymca-camp-collins/family-camp>.

We hope you can join us for a fun-filled weekend!



YMCA Camp Collins Labor Day Family Camp

For Office Use Only

September 5—7, 2015 - Registration Form

Please print carefully and return to: YMCA Camp Collins Registrar:

3001 SE Oxbow Parkway, Gresham OR 97080. Ph: 503.663.5813, Fax: 503.663.2323, Email: campcollins@ymcacw.org

Family Name: Last _____ Home Phone: _____

Address: (include City, State, Zip) _____

Contact Person: _____ Daytime Phone: _____

Email: _____ How did you hear about Family Camp? _____

All families share a cabin with one or more families. Request your cabin mates: _____

If you do not have a specific request, we will do our best to match you with a family with children of similar ages.

Family Campers Information - "Adult" is fine for parents' ages

First _____ Last _____ Age _____ Male Female

First _____ Last _____ Age _____ Male Female

First _____ Last _____ Age _____ Male Female

First _____ Last _____ Age _____ Male Female

First _____ Last _____ Age _____ Male Female

First _____ Last _____ Age _____ Male Female

Participation and Cancellation Agreement: Included herewith is the required deposit of 10% of the total cost of camp for the family. I understand that 75% of the deposit is refundable on or before June 1, 2015. Deposits are non-refundable after June 1st. I agree to pay the balance of camp fee no later than August 1, 2015. Camp will not hold a space past August 1st without full payment. I understand that 50% of the total camp fee is refundable 2 weeks prior to the start of Family Camp. I understand that no refunds are given if a family cancels within 2 weeks of the start date. leaves early for any reason, or does not show on the first day of camp. **Parent/Guardian Signature** _____

Photo Release: I authorize the YMCA to have & use photographs, slides, and/or video tapes of the participants as may be needed for its public relations programs. **Parent/Guardian Initials** _____

WAIVER/RELEASE: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in YMCA Camp Collins program areas or activities. I hereby express release, discharge and hold harmless from any liability, losses, causes of action, expenses and/or claims for damages whatsoever the YMCA of Columbia-Willamette, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Columbia-Willamette, except for injuries caused intentionally or by willful misconduct by such parties. I certify that I am familiar with the contents of this release, that I have read and understand the same, and it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand the risks involved in participation of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and I and/or my dependent children are physically able to participate in all the program areas offered at YMCA Camp Collins. I understand that I am responsible to pay my own medical and emergency expenses in the event of accident or illness regardless of whether I have authorized such expense. Furthermore, I am fully aware that the risks, known and unknown, can cause injury, property damage, illness, mental or emotional trauma, disability or death. This waiver and release will be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be modified or deleted to the minimum extent necessary to make them enforceable, and shall not effect the enforceability of any other provisions. I HAVE READ THIS AGREEMENT AND RELEASE, I UNDERSTAND IT AND I SIGN IT VOLUNTARILY.

Parent/Guardian Signature _____ **Date** _____

Fees

of Adults (Ages 18 & up) _____ x \$159 = \$ _____

of Youth (Ages 13-17) _____ x \$128 = \$ _____

of Youth (Ages 4-12) _____ x \$99 = \$ _____

Under 4 is free Total = \$ _____

Total \$ _____ x .10 = \$ _____ Deposit

_____ Check enclosed. Check # _____

_____ Charge the \$ _____ deposit to my credit card now and charge the balance of \$ _____ to the same card on August 1st, 2015.

_____ Charge the full fee of \$ _____ to my credit card now.

Visa MasterCard Discover Exp. Date _____

Name on Card _____

Signature _____

Card # _____ CVD _____

Adult Health History Form

YMCA Camp Collins

YMCA Camp Collins
3001 SE Oxbow Parkway
Gresham, OR 97080

PERSONAL INFORMATION OF ADULT CAMPER

Name _____ Gender: (circle one) **Male**
Last First Middle Init.
Home address _____ Birthdate _____
City _____ State _____ Zip _____ Home Phone () _____
Email Address _____ Daytime Phone () _____

EMERGENCY CONTACT

Whom should we notify in case of a medical emergency?
Name _____ Relationship _____
Address _____ Phone () _____
City _____ State _____ Zip _____ Work/Other phone _____

HEALTH CONDITIONS:

Do you have any current or on going health conditions: (asthma, Diabetes, Epilepsy) _____

Any known allergies? _____ Yes _____ No
Allergies to medications: _____
Food allergies: _____
Other Allergies : _____

List any **dietary restrictions**: _____

Date of Last Tetanus Shot _____ Blood Type _____ (if known)

Do you have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment? **Yes No**

If yes, please explain: _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med#1 _____ Dosage _____ Med#3 _____ Dosage _____
Med#2 _____ Dosage _____ Med#4 _____ Dosage _____

Attach additional pages for more medications.

INSURANCE & PHYSICIAN

Insurance Co. _____ Phone () _____
Policy _____ Name of Insured _____
Name of family physician _____ Phone () _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

In signing this form I hereby certify that this information is correct. In case of medical emergency I understand that every effort will be made to contact the emergency contact listed above. In the event they cannot be reached I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment including hospitalization and to provide or arrange necessary related transportation for me. I understand that YMCA Camp Collins does not maintain accidental medical/dental insurance and that costs related to such treatment or transportation is my responsibility.

Signature of adult participant _____ Date _____