



YMCA CAMP COLLINS 2016 Registration Form

Please print carefully and return to YMCA Camp Collins Registrar
3001 SE Oxbow Parkway, Gresham, Oregon 97080
Phone: 503.663.5813 • Fax: 503.663.2323
campcollins@ymcacw.org

OFFICE USE ONLY

Child's Name: First _____ Last _____ Grade in Sept 2016 _____ Male Female

Address _____ City _____ State _____ Zip _____

Home Phone _____ Child's Birthdate ____/____/____ Age (on July 1, 2016) _____

Cabin Mate Request _____ (For the benefit of the cabin group, please request only one camper. Cabin mates must be within one year of age and in the same unit.)

T-Shirt Size Youth Small Youth Med. Youth Large Adult Small Adult Med Adult Large Adult XL Adult XXL Adult XXXL

First Parent or Guardian Name _____ Relationship _____ Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Cell / Pager _____ Email _____

Second Parent or Guardian Name _____ Relationship _____ Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Cell / Pager _____ Email _____

Name and Age of Siblings _____

How did you hear about Camp Collins? A friend Internet Search Returning Camper Picked up a Brochure from the YMCA Other: _____

District and School Attending in Sept 2016 _____ Parent or Guardian Alumni of Camp Collins? Yes No Year(s) Attended _____

Parent / Guardian Commitment and Cancellation Agreement: I understand it is the camper's responsibility to participate in the whole camp program, including work, play, values sharing and living together. I have discussed with my camper that he or she may not possess or use tobacco products, alcoholic beverages, weapons of any kind, or non-prescription drugs while at camp. He or she will follow instructions, remain in designated areas, keep others and themselves safe., as well as do his or her best to make this a good experience for fellow campers and themselves. I understand that failure to live up to this promise might result in my camper's dismissal from camp without a refund of fees. Camp registration and cabin placement is on a first come-first serve basis and placement in a cabin is not guaranteed. Camp Collins strives to provide a camp opportunity to as many campers as possible and in so doing Explorer or Questor campers may be placed in one of our overflow yurts based on latest registration date (See Handbook for greater detail). Included here is the required \$50 deposit; I understand that the deposit is nonrefundable. I agree to pay the remaining balance of the camp fee in full no later than June 1, 2016 . A space will not be held past June 1 without full payment. If I register after June 1, 2016 I understand that payment in full is required to complete my camper's registration. I understand that after June 1, 50% of the total camp fee is refundable 3 weeks prior to the start of my child's session. Transferring my child to another session of camp is allowed provided space is available and a written request is received at least 3 weeks prior to the start of their original session. I understand that no refunds are given if a child leaves camp early for any reason, drops within 3 weeks of their session start date, or does not show up on the first day of camp.

Parent or Guardian Signature _____ Date ____/____/____

Photo Release: I authorize the YMCA to take, possess and use photographs, slides, and/or video of the applicant as may be needed for its public relations programs (This includes cabin group photographs.)

Parent or Guardian Initials _____

Release and Waiver of Liability and Hold Harmless Agreement: In consideration for being permitted to participate in YMCA Camp Collins programmed activities, I agree to the following: 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 expressly 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 am, 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 or Guardian Signature _____ Date ____/____/____

Full Payment for camp is due by June 1st, 2016.
(All registrations submitted after June 1 require payment in full to complete a registration and hold camper's spot.)

Payment Information

A \$50 deposit is required at time of registration for each session.

- Check enclosed with form. Check # _____
- Charge the \$50 deposit to my credit card now and charge the remaining balance of \$_____ on June 1st, 2016 to the same card.
- Charge the \$50 deposit to my credit card now and charge the balance of \$_____ evenly over the next _____ months to the same card on the 1st of each month. Any payments remaining on June 1, 2016 will be charged in full to the same card.
- Charge the full fee of \$_____ to my credit card now.
- I want to deposit a camp store credit of \$_____

Name on Card _____

Signature _____ Date ____/____/____

Email Address _____

Visa MasterCard Discover

Card Number _____ Exp. Date ____/____/____ 3-Digit CVD* _____

*Credit card information can be given over the phone if you choose not to provide it here. A camper will not be registered for camp without a completed registration form and the minimum \$50 deposit. If it is after June 1st full payment is due at the time of registration.

YMCA Camp Collins 2016 Registration Form

Realizing that families have different abilities to pay, we have a voluntary three-tier fee program. You may choose the rate most suited for your family. This program is voluntary and in no way influences the experience children receive. There are no questions asked and no documentation needed. Rate 1 reflects the actual operating cost of camp while Rate 2 and 3 are subsidized. Additional financial assistance is available to those who qualify. For Financial Assistance Application visit ymcacw.org or contact the Camp Collins Office. 503.663.5813

<p>Rate 1</p> <p>Reflects the full cost of sending a camper to the program selected.</p> <p>Example Rates: <input type="radio"/> \$682 <input type="radio"/> \$632 <input type="radio"/> \$582</p>	<p>Rate 2</p> <p>Our partially subsidized rate is ideal for families who need a small discount to attend camp.</p> <p>Example Rates: \$682 <input type="radio"/> \$632 <input type="radio"/> \$582</p>	<p>Rate 3</p> <p>Our standard subsidized rate provides additional flexibility to families who need support to make camp a reality.</p> <p>Example Rates: \$682 <input type="radio"/> \$632 <input type="radio"/> \$582</p>
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Pioneer & Explorer Units

Check your child's age group:

- Pioneer - Entering grades 2 - 4
- Explorer - Entering grades 5 - 6

Choose Your Rate: \$682 \$632 \$582

Choose Your Session(s)

- 1 • June 26 - July 2
- 2 • July 3 - July 9
- 3 • July 10 - July 16
- 4 • July 17 - July 23
- 5 • July 24 - July 30
- 6 • July 31 - Aug. 6
- 7 • Aug. 7 - Aug. 13
- 8 • Aug. 14 - Aug. 20

Pioneer Mini Camp

Entering Grades 2-4

Choose Your Rate: \$405 \$375 \$345

Choose Your Session(s)

- 3a • July 10 - July 13
- 3b • July 13 - July 16
- 6a • July 31 - Aug. 3
- 6b • Aug. 3 - Aug. 6

Summer Day Camp

Entering Grades 1-6

Choose Your Rate: \$354 \$324 \$294

Choose Your Session(s) Monday—Friday

- 3 • July 11 - July 15
- 4 • July 18 - July 22
- 5 • July 25 - July 29
- 6 • Aug. 1 - Aug. 5
- 7 • Aug. 8 - Aug. 12
- 8 • Aug. 15 - Aug. 19
- 9 • Aug. 22 - Aug. 26

Session 2 • July 5 - July 8 (Tuesday-Friday)

Choose Your Rate: \$303 \$273 \$243

DAY CAMP ONLY - Select one daily transportation site:

- Pick up/drop off at Camp Collins
- NE Portland - Alameda Elementary
- Sunnyside Elementary School
- Gresham United Methodist Church

Questor Unit

(Entering Grades 7-9)

Choose Your Rate: \$702 \$652 \$602

Choose Your Session(s)

- 1 • June 26 - July 2
- 2 • July 3 - July 9
- 3 • July 10 - July 16
- 4 • July 17 - July 23
- 5 • July 24 - July 30
- 6 • July 31 - Aug. 6
- 7 • Aug. 7 - Aug. 13
- 8 • Aug. 14 - Aug. 20

QUESTORS ONLY - Choose two specialties (label #1 and #2 in order of preference):

Specialties are offered all sessions unless otherwise indicated.

- Aquatics
- Challenge Course
- Horses
- Archery (sessions 2,4,6,8)
- Mountain Biking (sessions 1,3,5,7)
- Performing Arts (sessions 1,3,5,7)
- Wilderness Living Skills (sessions 2,4,6,8)

Visit ymcacw.org and search Camp Collins for information including Online Registration (Opens in October), schedules, activities, our 2016 Memorial and Labor Day Family Camps, Women's Wellness Weekend and Dad and Me Camp.

 [Facebook.com/CampCollins](https://www.facebook.com/CampCollins)

 YMCACW

 YMCACW

 [Youtube.com/YMCACW](https://www.youtube.com/YMCACW)



Teen Camp

Entering Grades 9-11

Choose Your Rate: \$1091 \$1041 \$991

Choose Your Session(s)

- 1 • June 26 - July 9
- 2 • July 10 - July 23
- 3 • July 24 - Aug. 6
- 4 • Aug. 7 - Aug. 20

Counselor In Training (CIT)

Entering Grades 11-12

Three-Week Sessions*

Choose Your Rate: \$1044 \$994 \$944

- 1 • June 26 - July 16
- 2 • July 17 - Aug. 6

Two-Week Session*

Choose Your Rate: \$844 \$794 \$744

- 3 • Aug 7- Aug 20

*Visit the website for program details.

A CIT application and interview are required for acceptance to the CIT program.

Download the form at www.ymcacw.org, search Camp Collins or call 503.663.5813.

Teen Expedition Camps

Entering Grades 9-12

Rafting Expedition

Choose Rate: \$898 \$848 \$798

- July 10—July 16
- July 31—Aug. 6

Oregon Coast Expedition

Choose Rate: \$698 \$648 \$598

- July 17—July 23

Rock Climbing Expedition

Choose Rate: \$798 \$748 \$698

- July 24—July 30

Sea Kayaking Expedition

Choose Rate: \$698 \$648 \$598

- Aug. 7—Aug. 13

YMCA Camp Collins Health History Form - *Please submit with Registration*

Revised 9/2015

Child's full name _____ Age at camp _____ Birthdate _____ Gender: M F

Emergency Contact Information (If parent cannot be reached)

Emergency Contact Name 1: _____ Relationship: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Emergency Contact Name 2: _____ Relationship: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Insurance Information - Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Policy# _____

Name of policy holder _____ Relationship to participant _____

Phone number of carrier _____ Birthdate of policy holder _____

Health History - The following information must be filled out by the parent/guardian or adult staff member. We use this data to provide healthcare personnel with background information on the camper/staff and to educate counseling staff on camper needs.

Behavioral, Social, Developmental or other considerations: _____

Allergies: Please check all that apply to the participant.

This participant has no known allergies.

This participant has an allergy to the following foods: _____ Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

This participant is allergic to the following medications: _____ Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

This participant is allergic to the following substances: _____ Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

Diet: Please check all those that apply to participant. We can work with some medically prescribed diets but cannot cater to individual food preferences. Contact the [Camp Office](#) at 503.663.5813 if you have questions regarding the participant's diet while at camp.

Participant eats a regular, varied diet and is prepared to eat a wide range of foods.

Participant is gluten intolerant.

Participant is lactose intolerant.

Participant is a vegetarian.

Type: _____

Participant is a vegan.

Other, please describe: _____

Parent/Guardian Authorization for Health Care: This health history is correct, and the person described has permission to participate in all camp activities except as noted by me on the backside of this form and/or a physician. I attest that all immunizations required for school are up to date. I give permission to the medical personnel selected by YMCA Camp Collins to release any records necessary for insurance purposes and provide or arrange necessary related transportation for myself/my child in the case of a medical emergency. If I cannot be reached in an emergency, I give permission to the physician to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied. I understand that information about my child's health may be shared on a "need to know" basis with other camp staff.

Signature of custodial parent/guardian or adult staff

Date

I, _____ understand and agree to abide with any health related restrictions placed on my camp activities.

Camper Name

Signature of minor participant or adult staff

Date

Chronic Concerns

- This participant has no chronic health concerns and is capable of full participation in this program.
- This participant has the following chronic health concerns: (Check all that apply)

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Surgical History | <input type="checkbox"/> Fainting | |
| <input type="checkbox"/> Other, please describe: _____ | | | |

Please provide information about supportive health care needed for each checked item above: _____

General Health Questions – Please explain “yes” answers in the space provided below.

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Ever had a head injury within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Ever had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has high or low blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Ever have back problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had problems with joints (ex. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have an orthodontic appliance at camp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any skin problems (ex. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Any current physical, mental or psychological conditions requiring professional treatment or additional consideration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain “yes” answers and please note the question number.

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Which of the following Diseases has the participant had?	Immunization Verification
<p>_____ Measles _____ Mumps</p> <p>_____ Chicken pox _____ Hepatitis</p> <p>_____ German Measles</p> <p>_____ Date of last TB Mantoux test if taken. Result: _____</p>	<p>My child received his/her last Tetanus shot (DTP or Booster) on _____ / _____ (This information is required in case of medical emergency)</p> <p style="text-align: center;"><small>*Month/ Year</small></p> <p><input type="checkbox"/> I verify that my child is up-to-date on ALL immunizations required for school.</p> <p><input type="checkbox"/> My child is Exempt from immunizations due to Medical, Religious, or other reasons.</p> <p>Parent Signature _____</p>

Medications – You will be asked to complete a “Medications Being Taken” card on the first day of camp if your child is to take medications during their stay at camp. Medications (both prescription and over-the-counter) will only be accepted and dispensed by the Health Officer if provided in their **original container** and with **current prescription** labeling. Please check medication labels and expiration dates prior to your arrival at camp. **The following medications, stocked in the Camp Health House, are used to manage illness or injury and dispensed as directed by our medical protocols. Please check the box next to those medications your camper SHOULD NOT be given:**

_____ Acetaminophen (Tylenol)	_____ Cough Medicine	_____ Night Time Cold Formula	_____ Tinactin (Anti-Fungal)
_____ Aloe	_____ Generic Cough Drops	_____ Pepto Bismol Tablets	_____ Triple Antibiotic Cream
_____ Allergy Medication	_____ Ibuprofen	_____ Pseudoephedrine (Sinus)	
_____ Benadryl	_____ Kaopectate (Anti-Diarrheal)	_____ Sore Throat Drops/Spray	ALL OKAY _____ (initial)

Are there any camp activities from which this participant should be exempt for health reasons? If so, please list.

Is there any other information which has an impact upon the participant’s ability to fully participate in our program? If so, please list.

For Staff Use Only: Information Verification and Health Screening completed by:

Staff Name (print please) _____ Date _____