



# EARLY BIRD YMCA CAMP COLLINS 2015 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 2015 \_\_\_\_\_  Male  Female

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

Home Phone \_\_\_\_\_ Child's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (on July 1, 2015) \_\_\_\_\_

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 2015 \_\_\_\_\_ Parent or Guardian Alumni of Camp Collins?  Yes  No Years Attended \_\_\_\_\_

**Camper Commitment:** (signature required) I want to become a camper at YMCA Camp Collins. I understand I may not possess or use tobacco products, alcoholic beverages, weapons of any kind, or non-prescription drugs while at camp. I will do my best to follow instructions, remain in designated areas and keep others and myself safe. I will do my best to make this a good experience for my fellow campers and myself. I understand that failure to live up to this promise might result in my dismissal from camp without a refund.

Camper Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 understand and support the commitment that the camper has made above. I am aware that failure to adhere to camp policies is cause for camper's dismissal from camp with no 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 (Please see Handbook for greater detail). Included here is the required \$50 deposit; I understand that 75% of the deposit is refundable before April 1, 2015, after which it is nonrefundable. I agree to pay the remaining balance of the camp fee in full no later than June 1, 2015. A space will not be held past June 1 without full payment. 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 Initials \_\_\_\_\_

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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, 2015 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, 2015 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 of Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_

**CONTINUE ON  
OTHER SIDE**

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.



# YMCA Camp Collins 2015 Early Bird Registration Form

Please take a moment to look at the Flexible Fee descriptions below and choose the rate that your family is willing and able to pay for your child's camp experience. The rates featured in the boxes are example rates, prices will differ based on the specific camp your child is registered for. Select your child's camp by marking both the price that is appropriate for your family and the camp session dates below. The camp experience is the same whether you choose rate one, two or three. Additional financial assistance is available to those who qualify. For Financial Assistance Application visit [ymcacw.org](http://ymcacw.org) or contact the Camp Collins Office.

<p><b>Rate 1</b></p> <p>Based on the actual cost of camp for one child to participate. Includes expenses for staff, maintenance, food, and supplies</p> <p>Example Rates: <input type="radio"/> \$599 <input type="radio"/> \$549 <input type="radio"/> \$499</p>	<p><b>Rate 2</b></p> <p>Our partially subsidized fee for those families who can pay a little more, but still can't afford the actual cost of camp.</p> <p>Example Rates: <input type="radio"/> \$599 <input type="radio"/> \$549 <input type="radio"/> \$499</p>	<p><b>Rate 3</b></p> <p>Our standard subsidized fee. This rate does not reflect the true cost of operating summer camp programs.</p> <p>Example Rates: <input type="radio"/> \$599 <input type="radio"/> \$549 <input type="radio"/> \$499</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:  \$599  \$549  \$499

Choose Your Session (s)

- Sess. 1 • June. 28- July 4
- Sess. 2 • July 5 - July 11
- Sess. 3 • July 12- July 18
- Sess. 4 • July 19 - July 25
- Sess. 5 • July 26 - Aug. 1
- Sess. 6 • Aug. 2 - Aug. 8
- Sess. 7 • Aug. 9 - Aug. 15
- Sess. 8 • Aug. 16 - Aug. 22

## Pioneer Mini Camp

Entering Grades 2-4

Choose Your Rate:  \$389  \$359  \$329

Choose Your Session (s)

- Sess. 3a • July 12 - July 15
- Sess. 3b • July 15 - July 18
- Sess. 6a • Aug. 2 - Aug. 5
- Sess. 6b • Aug. 5 - Aug. 8

## Summer Day Camp

Entering Grades 1-6

Choose Your Rate:  \$329  \$299  \$269

Choose Your Session (s)

- Sess. 2 • July 6 - July 10
- Sess. 3 • July 13- July 17
- Sess. 4 • July 20 - July 24
- Sess. 5 • July 27 - July 31
- Sess. 6 • Aug. 3 - Aug. 7
- Sess. 7 • Aug. 10 - Aug. 14
- Sess. 8 • Aug. 17 - Aug. 21
- Sess. 9 • Aug. 24 - Aug. 28

DAY CAMP ONLY - Select one daily transportation site:

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

## Questor Unit

(Entering Grades 7-9)

Choose Your Rate:  \$619  \$569  \$519

Choose Your Session (s)

- Sess. 1 • June. 28- July 4
- Sess. 2 • July 5 - July 11
- Sess. 3 • July 12- July 18
- Sess. 4 • July 19 - July 25
- Sess. 5 • July 26 - Aug. 1
- Sess. 6 • Aug. 2 - Aug. 8
- Sess. 7 • Aug. 9 - Aug. 15
- Sess. 8 • Aug. 16 - Aug. 22

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
- Drama (sessions 1,3,5,7)
- Mountain Biking (sessions 1,3,5,7)
- Rock Climbing (sessions 2,4,6,8)
- Wilderness Living Skills (sessions 2,4,6,8)

Visit [ymcacw.org](http://ymcacw.org) and search Camp Collins for information including Online Registration, schedules, activities, and our 2015 Memorial and Labor Day Family Camps.

Facebook.com/CampCollins

YMCACampCollins

YCampCollins

Youtube.com/YMCACW



## Teen Camp

Entering Grades 9-11

Choose Your Rate:  \$999  \$949  \$899

Choose Your Session (s)

- Sess. 1 • June 28 - July 11
- Sess. 2 • July 12 - July 25
- Sess. 3 • July 26 - Aug. 8
- Sess. 4 • Aug. 9 - Aug. 22

## Counselor In Training (CIT)

Entering Grades 11 -12

Three Week Sessions\*

Choose Your Rate:  \$984  \$934  \$884

- Sess. 1 • June 28 - July 18
- Sess. 2 • July 19 - Aug. 8

Two Week Session\*

Choose Your Rate:  \$749  \$699  \$649

- Sess. 3 • Aug 9- Aug 22

\*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](http://www.ymcacw.org), search Camp Collins or call 503.663.5813.

*A number of One Week Teen Trip Camps are currently in the planning stages. More information will be sent out as programs are finalized.*

## GIFT OF CAMP 2014

Register for Summer 2015 before December 8, 2014 and you will receive a Gift from Camp Collins during the holidays.

This gift includes a \$15 gift certificate to the Camp Store and some surprise Camp Collins Merchandise!

EARLY BIRD RATES good through Monday, February 2, 2015.

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

Revised 10/2014

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)
  - Asthma
  - Headaches
  - Sleepwalking
  - Diabetes
  - Menstrual Cramps
  - Frequent Ear Infections
  - Frequent Colds
  - Bedwetting
  - Seizure Disorder
  - Surgical History
  - Fainting
  - 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.**

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

**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?	Please give dates of last immunizations
_____ Measles	_____ DTP (Diphtheria, Tetanus, Pertussis)
_____ Mumps	_____ Td (Tetanus booster)
_____ Chicken pox	_____ MMR (Mumps, Measles, Rubella)
_____ Hepatitis	_____ IPV/OPV (Polio)
_____ German Measles	_____ Hepatitis B
_____ Date of last TB Mantoux test Result _____	_____ Varicella (Chicken Pox)
	_____ Haemophilus Influenza B (Flu)

**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	<b>ALL OKAY</b> _____ (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 \_\_\_\_\_