



**Women's Wellness Weekend
REFRESH AND RENEW
March 13 – 15, 2015**

YMCA CAMP COLLINS
3001 SE Oxbow Parkway
Gresham, OR 97080
Phone: 503.663.5813
Fax: 503.633.2323
campcollins@ymcaw.org

Participant Name: First _____ Last _____ Adult Participant? (18 or over) Yes No
If No – What grade is participant? _____
(Only chaperones high schoolers, 10th grade and up may attend)

Where did you hear about this program? _____ Email Address _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

If minor participant:

Name of Parent/Legal Guardian _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Name of Parent/Legal Guardian _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Name of Adult Chaperone for the Weekend _____ Relationship _____

Group/Cabin Mate Request * _____
We will do our best to accommodate request

ACTIVITIES

You will have the opportunity to participate in a number of activities while on site. Please check off the activities you are interested in.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Giant Swing | <input type="checkbox"/> Yoga Classes | <input type="checkbox"/> Massage (Additional charge to be paid to masseuse at time of service.) |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Hiking | <input type="checkbox"/> Zip Tour (Participants must weigh between 60-250 lbs.) | |
| <input type="checkbox"/> Climbing Tower | <input type="checkbox"/> Mountain Biking | | |
| <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Nutrition Classes | | |

CANCELLATION POLICY

A 25% deposit must be included with your registration to hold your place. Final Payment for camp due by March 6, 2015. Deposit is nonrefundable. 75% of total fee is refundable through March 6, 2015. No refunds given after this date.

Participant/Legal 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.

Yes No Participant/Legal Guardian Signature _____ Date _____

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 affect the enforceability of any other provisions. I HAVE READ THIS AGREEMENT AND RELEASE, I UNDERSTAND IT, AND I SIGN IT VOLUNTARILY.

Participant/Legal Guardian Signature _____ Date _____

PAYMENT (Please mark appropriate payment option – 25% deposit is required to hold your spot, final payments are due on March 6, 2015)

- Check Enclosed: Check # _____
 Charge the 25% Deposit to my Credit Card Now, and charge the remaining balance on March 6th
 Charge the full fee to my credit card now
 I would like to make a Donation of _____ to the Camp Scholarship Fund to be charged with my registration fee.

Name on Card _____

Signature _____ Date _____

- 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.

Health History Form
Women's Wellness Weekend
YMCA Camp Collins

PERSONAL INFORMATION

Name _____ Weight: _____
Last First Middle Init.
Gender: (circle one) **Male** **Female** Birthdate _____

EMERGENCY CONTACT

Whom should we notify in case of a medical emergency?

Name _____ Relationship _____
Address _____ Phone () _____
City _____ State _____ Zip _____ Work/Other phone _____

HEALTH CONDITIONS:

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 any current or ongoing health conditions (e.g. chronic conditions like asthma, pregnancy, diabetes, epilepsy) 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 _____

Signature of parent (for minor participant) _____ Date _____