



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# RELAX & REFRESH

## Women's Wellness Weekend YMCA CAMP COLLINS

Are you yearning for some time to relax and recharge? The Women's Wellness Weekend at YMCA Camp Collins is the perfect escape. Enjoy a weekend of creative exploration, outdoor recreation, fitness classes, and relaxation.

Fitness & Yoga Classes, Nutrition, Arts & Crafts  
Hiking, Mountain biking, Climbing tower, Archery  
Zip line, Giant Swing, Low Ropes  
Massage (additional charge for this service)

Make the weekend your own by choosing your own schedule. Join in with scheduled activities, indulge in a little solitude, or curl up for a nap. Discover a natural haven just outside of Portland that helps to nurture your spirit, mind, and body.

### ACCOMMODATIONS

Our modern cabins sleep 14 people in bunk style beds. Each cabin features a half bath inside each cabin, carpeted radiant floor heat, and 5 inch mattresses.

### INCLUSIVE MEALS

Meals are served buffet style starting with Saturday breakfast through a light lunch on Sunday. Our trained kitchen staff is available to provide tasty home cooking. Vegetarian options are available at every meal. Special dietary needs may be met with advanced notification.

**April 5- April 7, 2019**

The Weekend begins Friday evening at 7 PM and concludes Sunday at 12 PM.

\$140 per person. Women 18 and older and chaperoned young ladies, grade 9 and up are welcome to attend.

### HOW TO REGISTER

Register online by going to <https://www.ymcacw.org/events/womens-wellness-weekend> click on the "Register Now" button.

**Register by April 1, 2019**

YMCA Camp Collins  
3001 SE Oxbow Parkway  
Gresham, OR 97080  
P: 503-663-5813  
F: 503-663-2323  
[campcollins@ymcacw.org](mailto:campcollins@ymcacw.org)



# TAKE ONE!

REGISTRATION IS ON THE BACK



# Women's Wellness Weekend REFRESH AND RENEW April 5-7, 2019

## YMCA CAMP COLLINS

3001 SE Oxbow Parkway  
Gresham, OR 97080  
Phone: 503.663.5813  
Fax: 503.663.2323  
[campcollins@ymcacw.org](mailto:campcollins@ymcacw.org)

Participant Name: First \_\_\_\_\_ Last \_\_\_\_\_ Adult Participant? (18 or over) ☐ Yes ☐ No  
If No – What grade is participant? \_\_\_\_\_  
(Only chaperones high schoolers, 10<sup>th</sup> 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 |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Hiking            | <input type="checkbox"/> Zip Tour (Participants | charge to be paid to                         |
| <input type="checkbox"/> Climbing Tower  | <input type="checkbox"/> Mountain Biking   | must weigh between 60-250 lbs.)                 | masseuse at time of service.)                |
| <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 April 1, 2019. Deposit is nonrefundable. 75% of total fee is refundable through April 1, 2019. 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 (25% deposit is required to hold your spot, final payments are due on April 1, 2019)

|  |  |
|--|--|
| <b>Fees: \$140.00</b><br><br><b>\$140.00 X .25= Deposit: \$35.00</b> | ____ Check enclosed. Check # _____   |
|  | ____ Charge the \$ _____ deposit to my credit card now and charge the balance of \$ _____ to the same card on April 2nd, 2018. |
|  | ____ Charge the full fee of \$ _____ to my credit card now.  |
|  | <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover Exp. Date _____                     |
|  | Name on Card _____   |
|  | Signature _____  |
|  | Card # _____ CVD _____   |