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

August 31– September 2, 2019– 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	_____	Date of Birth	_____	Male	Female
First	_____	Last	_____	Date of Birth	_____	Male	Female
First	_____	Last	_____	Date of Birth	_____	Male	Female
First	_____	Last	_____	Date of Birth	_____	Male	Female
First	_____	Last	_____	Date of Birth	_____	Male	Female
First	_____	Last	_____	Date of Birth	_____	Male	Female

Participation and Cancellation Agreement: (signature required) 10% of total cost of camp must be included with your registration to hold your place. I understand that this deposit is nonrefundable. I agree to pay the balance of the camp fee no later than August 1, 2019. 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 $166 = $ _____

# of Youth (Ages 13-17) _____ x $125 = $ _____

# 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, 2019.

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

O Visa O MasterCard O Discover Exp. Date _____

Name on Card _____

Signature _____

Card # _____ CVD _____