# Labor Day Family Camp



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

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:

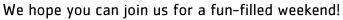
- Rock Climbing
- Sandy River Rafting
- Campfires
- Horseback Riding
- Arts & Crafts

- 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.













#### For Office Use Only

## YMCA Camp Collins Labor Day Family Camp

### September 5- 7, 2020- Registration Form

First Last Date of Birth Male Fema First Last Date of Birth Last And Pale Alexand First Date of Birth Last And Pale Alexand First Date of Birth Last And Pal	3001 SE Oxbow Parkway, Gresh	am OR 97080. Ph: 503.663.!	5813, Fax: 503.663.2323, Email: campcollins@ymcacw.org	
Contact Person:	Family Name: Last		Home Phone:	
Contact Person:	Address: (include City, State, Zip	)		
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 Fema	Contact Person:	Daytime Pl		
Family Campers Information - "Adult" is fine for parents' ages   Last	Email:		How did you hear about Family Camp?	
Family Campers Information - "Adult" is fine for parents' ages First Last Date of Birth Male Fema First Last Date of Birt		·		
First Last Date of Birth Male Fema First Date of Birth Male Fema 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 3, 2020. Camp will not hol space past August 3rd without full payment. I understand that 50% of the total camp fee is refundable 2 weeks prior to the start of Family 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 hidden that might arise directly or indirectly as a result of, and or participation in YMCA camp Collins program areas or activities. I hereby exprendase, discharge and hold harmless from any liability, losses, causes of action, expenses and/or claims for damages whatsoever the YMCA of Columbia-Williamette, the various branches and subdivisions thereof, and all employees and volumeters in their capset for injuries as seme, and is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. If will not all marries to one of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and I and or participation of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and	<u> </u>			
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# of Adults (Ages 18 & up) x \$176 = \$ Charge the \$ deposit to my credit card now and charge the balance of \$ to the same card on August 3rd, 2020 Charge the full fee of \$ to my credit card now.  # of Youth (Ages 4-12) x \$99 = \$ O Visa O MasterCard O Discover Exp. Date Name on Card Signature	relations programs. Parent/Guardia WAIVER/RELEASE: I hereby accept children that might arise directly or release, discharge and hold harmles Columbia-Willamette, the various br YMCA, expressly including, but not by willful misconduct by such partie is my intention by signing this relea understand the risks involved in par to me, and I and/or my dependent c that I am responsible to pay my ow such expense. Furthermore, I am ful trauma, disability or death. This wai under applicable law. Any provisions	an Initials  any and all responsibility for, an indirectly as a result of, and or is from any liability, losses, cause anches and subdivisions thereof limited to, the Board of Directors. I certify that I am familiar with se that the same be binding not ticipation of outdoor recreations hildren are physically able to part medical and emergency expensity aware that the risks, known a ver and release will be constructed found to be void or unenforcea	and assume the risk of any and all injury or damage to my person or departicipation in YMCA Camp Collins program areas or activities. I here es of action, expenses and/or claims for damages whatsoever the YMC f, and all employees and volunteers in their capacities as representatives of the YMCA of Columbia-Willamette, except for injuries caused into the contents of this release, that I have read and understand the sail only on me, but my heirs, administrators, executors, successors and a lal activities, and I am fully aware that there may be hazards and risks rticipate in all the program areas offered at YMCA Camp Collins. I understand the event of accident or illness regardless of whether I have auting unknown, can cause injury, property damage, illness, mental or emond broadly to provide a waiver and release to the maximum extent permable shall be modified or deleted to the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of the minimum extent necessary to read the said of	ependent by express CA of ves of the entionally o me, and it assigns. I unknown erstand chorized otional missible make them
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Under 4 is free			Name on Card	
Total \$x .10 = \$Deposit	Under 4 is free	Total = \$	Signature	
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