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 17– April 19, 2020

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

$150 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 13, 2020



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

TAKE ONE!

REGISTRATION IS ON THE BACK

Women's Wellness Weekend
REFRESH AND RENEW
April 17-19, 2020

YMCA CAMP COLLINS
3001 SE Oxbow Parkway
Gresham, OR 97080
Phone: 503.663.5813
Fax: 503.663.2323
campcollins@ymcacw.org

Participant Name: First _____ Last _____ Adult Participant? (18 or over) ☐ Yes ☐ No
If No – What grade is participant? _____
(Only chaperoned 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.

☐ Archery
☐ Arts and Crafts
☐ Climbing Tower
☐ Fitness Classes
☐ Giant Swing
☐ Hiking
☐ Mountain Biking
☐ Nutrition Classes
☐ Yoga Classes
☐ Zip Tour (Participants must weigh between 60-250 lbs.)
☐ Massage (Additional charge to be paid to masseuse at time of service.)

CANCELLATION POLICY

A $50 deposit must be included with your registration to hold your place. Final Payment for camp due by April 13, 2020. Deposit is nonrefundable. 75% of total fee is refundable through April 13, 2020. 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 ($50deposit is required to hold your spot, final payments are due on April 13, 2020)

Fees: $150.00

Deposit: $50

____ Check enclosed. Check #_____
____ Charge the $_____ deposit to my credit card now and charge the balance of $ _____to the same card on April 14, 2020.
____Charge the full fee of $_____to my credit card now.
O Visa O MasterCard O Discover Exp. Date _____
Name on Card_____

Signature_____
Card # _____ CVD _____