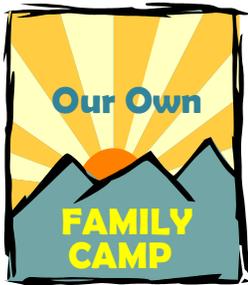


2018 Registration Form



Send to "Our Own Family Camp" c/o Linda Potter 529 #1 W. Puente St. Covina, CA 91722

or email to OurOwnFamilyCamp@aol.com Questions: Marissa 626 252.0106

Friday evening, August 31, through Monday morning, September 3, 2018

Family Last Name:

Name of Contact Person:

Address:

City:

Zip:

Home Phone: ()

Cell Phone: ()

Other Phone: ()

E-mail:

@

Housing Preference: please indicate 1st, 2nd, 3rd choice:

 Dorm

Dorm

 Adirondack Cabin

Adirondack Cabin

 Your Own Tent or RV

Your Own Tent or RV
(if RV, size?)

Dorm:

Share a dorm with other families. Each dorm sleeps up to 20 people. Each has indoor bathrooms and electricity

Adirondack Cabin:

3-sided cabin with roof. They house up to 10 people each with nearby bathrooms & showers – no electricity (*10% discount)

Your own Tent/RV:

Various sites around Camp Oaks with bathroom & shower nearby. No hook ups available. (*10% discount)

If possible, we would like to share housing with:

Number of campers in other family:

Note: To ensure sharing housing, please submit your registrations together.

Family Camp Fees:

of participants

Adults

\$148

X

=

\$

Teens 13 – 17

\$138

X

=

\$

Youth 8 - 12

\$123

X

=

\$

Youth 4 – 7

\$82

X

=

\$

Youth 0 – 3

Free

X

=

- 0 -

Total Registration

NOTE: REGISTRATION CLOSSES Thursday, August 16.

DISCOUNT: Individual touched by Down syndrome free if submitted by July 1 (scholarship funds permitting)

NOTE: If scholarship assistance is requested, please contact us via email us (OurOwnFamilyCamp@aol.com) or call 626 967.2299 for an application form as soon as possible. (Funds are very limited.)

Subtotal

*Less a 10% discount for those in Adirondack housing or using their own tent or RV

Our Family Camp Committee has established a scholarship fund to help families who may not otherwise be able attend Camp. Would you like to help?

Yes, we'd like to help

No, not at this time

Total Family Camp Fee

less

25% deposit =

Balance Due by August 2

Indicate Payment Method: Check (payable to YMCA of Greater Long Beach)

Visa

MasterCard

Discover

AMEX

Charge Card #

Amount to be charged: \$

3-digit Code (back of card):

Expiration Date:

Cardholder's Name (as it appears on card):

I authorize this charge to my account, AND the balance owed to be charged to the same card on 8/2/18 (cardholder to sign):

Date:

Office Use Only: Rec'd by:

Sent to YMCA:

Total Fee:

Deposit:

Balance Due:

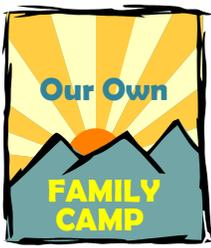
Date:

Date:

via: email US Mail

Balance Paid:

YMCA Staff Initials:



2018 Registration Form

Friday evening, August 31, through
Monday morning, September 3, 2018



Family Last Name:

Name of
Contact Person:

If this is your first time to join us, how did you hear about "Our Own Family Camp"? _____

Participation and Use of Camp Oakes Agreement:

- I approve this application and certify that the applicants are capable of such an experience.
- I agree to follow all camp rules and instructions given by YMCA staff members and/or Our Own Family Camp (OOF)C volunteers.
- I agree to pay the balance of my Camp fees by August 2, 2018 (reserved space cannot be held past that date).

I understand that:

- Camp fees include housing, meals, and activities.
- Camp fees cannot be pro-rated or refunded if a family or family member leaves early.
- Camp fees are only refundable when written verification from a doctor for a valid medical reason for non-attendance is received.
- **Under no circumstances are deposits refunded.**
- The YMCA and the organizers of Our Own Family Camp are not responsible for lost, stolen, or damaged personal articles.
- The YMCA and the organizers of Our Own Family Camp are not responsible for my transportation to or from Camp Oakes.

I have read the Use of Camp Oakes Agreement and further agree that no oral representations, statements, or inducements apart from the foregoing have been made. I agree to the conditions of participation listed above. I hereby give the YMCA of Greater Long Beach and the organizers of Our Own Family Camp permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken to use, publish, and republish in the same, in whole or in part, on the YMCA or OOF)C website or in YMCA and/or OOF)C printed materials, separately or in conjunction with other photographs or recordings for all members of my party. I release and discharge the YMCA of Greater Long Beach and the organizers/volunteers of OOF)C from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings.

I agree to waive any claims against the YMCA and its members and volunteers and/or OOF)C volunteers for injuries or damages that may result from the conduct of other participants in YMCA/OOF)C programs. I agree to take full responsibility for any risk in using YMCA Camp Oakes and to provide supervision and take responsibility for my children and/or other members in my party. I agree to enforce camp rules and all legal regulations for members of my party.

Rifle Range:

Safety and supervision is the YMCA's number one priority. If you agree to allow your child to participate in the Rifle Range, please indicate their name and age on the following line. California Penal Code Section 12552 prohibits furnishing firearms to minors without the express or implied permission of the parent/guardian of the minor. Understanding this, I give my permission for my child to use a firearm at Camp Oakes while supervised at the Rifle Range.

Name & age of
each child:

Parent's signature:

Authorization and Consent to Treatment of a Minor:

Camp Oakes does not carry a health and/or accident policy on Family Campers. Consequently we need to have health insurance information on file for each person in your party. For **ALL** participants, in case of emergency, the YMCA has my authorization to obtain such medical attention, at my expense, as deemed necessary for the individuals included in this registration. YMCA and its delegated leaders and directors to consent to medical and hospital care for my children (which may include but is not limited to, x-rays, anesthesia, surgery and dental work) to be rendered upon the advice of a licensed physician or licensed dentist. This authorization is given pursuant to the provisions of Section 69.10 of the Family Code of California. It is understood that if time and circumstances reasonably permit, the YMCA and/or OOF)C volunteers will endeavor, but are not required to communicate with me prior to treatment. The undersigned further agrees that the YMCA and/or OOF)C and their designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment is given to the YMCA and/or OOF)C in conjunction with any authorized event.

Registrant's Signature** _____ Date _____

**Each adult needs to sign the following page and include their family's health insurance information.



2018 Registration Form

Friday evening, August 31, through
Monday morning, September 3, 2018



Family Last Name:

Please complete one box for **each insurance carrier** in your party. **All Adults must sign.**

We, the campers and/or parents/guardians of the participant(s) named below, agree to submit to our insurance carrier and/or personally pay for any medical fees incurred.			
Last name (print):		Adult Names (print):	
First names & ages of children: <i>(circle name of anyone touched by Down syndrome)</i>		Adult Signatures:	
Medical Insurance Carrier:	Policy #		

We, the campers and/or parents/guardians of the participant(s) named below, agree to submit to our insurance carrier and/or personally pay for any medical fees incurred.			
Last name (print):		Adult Names (print):	
First names & ages of children: <i>(circle name of anyone touched by Down syndrome)</i>		Adult Signatures:	
Medical Insurance Carrier:	Policy #		

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Last name (print):		Adult Names (print):	
First names & ages of children: <i>(circle name of anyone touched by Down syndrome)</i>		Adult Signatures:	
Medical Insurance Carrier:	Policy #		

We, the campers and/or parents/guardians of the participant(s) named below, agree to submit to our insurance carrier and/or personally pay for any medical fees incurred.			
Last name (print):		Adult Names (print):	
First names & ages of children: <i>(circle name of anyone touched by Down syndrome)</i>		Adult Signatures:	
Medical Insurance Carrier:	Policy #		