

**OUR OWN FAMILY CAMP**  
**YMCA OF GREATER LONG BEACH – USE OF CAMP OAKES AGREEMENT**  
**(to be signed by all adults in your party)**

In consideration of being permitted to enter Camp Oakes for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

1. I/we agree TO FOLLOW ALL CAMP RULES AND INSTRUCTIONS given by Y staff members.
2. I/we UNDERSTANDS THAT SOME CAMP PROGRAM AREAS INVOLVE PHYSICAL ACTIVITY, that hazard and risks may be present in the camp environment, and agrees to exercise caution and not attempt activities beyond their physical capabilities.
3. I/we AGREE TO SUPERVISE THE CHILDREN IN MY PARTY AND enforce camp rules and all legal regulations.
4. As a condition of participation in family camp, all adults (18 or older) MUST READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.
5. I/we, hereby, give the YMCA of Greater Long Beach permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child to use, publish, and republish in the same, in whole or in part, on the YMCA website or in YMCA printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the YMCA of Greater Long Beach from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings.

I/we have read the Use of Camp Oakes Agreement and further agree that no oral representations, statements or inducement apart from the foregoing have been made. I agree to the conditions of participation listed above.

**AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR**

I hereby certify that the individual on this application are in good health and capable of participating in and using the camp program equipment and facilities. I/we give my consent for the use of my or my children's comments and pictures to be used in promotional materials for the YMCA of Greater Long Beach/OOFC.

The undersigned, as parent or legal guardian of the children registered on this form, hereby authorize the YMCA and it's delegated leaders and directors to consent to any medical and hospital care for my children, (which may include but not limited to X-rays, anesthesia, surgery, and dental work), to be rendered upon the advice of a licensed physician or 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 will endeavor, but is not required, to communicate with me prior to treatment. The undersigned further agrees that the YMCA and its 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 in conjunction with any authorized event.

**Rifle Range**

Safety and supervision is the Y's number one priority. If you agree to allow your child to participate please initial below. 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.

\_\_\_\_\_ Parent/Guardian Initial

**INSURANCE INFORMATION – Camp Oakes does not carry a health and accident policy on Family Campers. Consequently we need to have your insurance information on file.**

**PLEASE COMPLETE NAMES AND HAVE ADULTS SIGN THIS FORM FOR EACH INSURANCE CARRIER IN YOUR PARTY.**

Please complete one box for each family in your registered group and circle the name of your camper affected by Down Syndrome:

Printed Last Name \_\_\_\_\_ Adult Signature: \_\_\_\_\_

First Name(s) & ages (if children): \_\_\_\_\_

Family medical/hospital insurance – Carrier: \_\_\_\_\_ Policy or group # \_\_\_\_\_

We, the campers and/or parents or guardians of the above named participant, agree to submit to our insurance company, and or personally pay any medical fees not paid for by the camp medical insurance carrier.

(continued...)

Printed Last Name \_\_\_\_\_ Adult Signature: \_\_\_\_\_

First Name(s) & ages (if children): \_\_\_\_\_

Family medical/hospital insurance – Carrier: \_\_\_\_\_ Policy or group # \_\_\_\_\_

We, the campers and/or parents or guardians of the above named participant, agree to submit to our insurance company, and or personally pay any medical fees not paid for by the camp medical insurance carrier.

Printed Last Name \_\_\_\_\_ Adult Signature: \_\_\_\_\_

First Name(s) & ages (if children): \_\_\_\_\_

Family medical/hospital insurance – Carrier: \_\_\_\_\_ Policy or group # \_\_\_\_\_

We, the campers and/or parents or guardians of the above named participant, agree to submit to our insurance company, and or personally pay any medical fees not paid for by the camp medical insurance carrier.

Printed Last Name \_\_\_\_\_ Adult Signature: \_\_\_\_\_

First Name(s) & ages (if children): \_\_\_\_\_

Family medical/hospital insurance – Carrier: \_\_\_\_\_ Policy or group # \_\_\_\_\_

We, the campers and/or parents or guardians of the above named participant, agree to submit to our insurance company, and or personally pay any medical fees not paid for by the camp medical insurance carrier.

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