



# Registration Form ...

Send to "Our Own Family Camp" c/o Linda Potter

529 #1 W. Puente St. Covina, CA 91722

Friday evening, August 29, through Monday morning, September 1, 2014

Family Last Name:

Name of  
Contact Person:

Address:

City:

Zip:

Home  
Phone:

( )

Cell  
Phone:

( )

Work  
Phone:

( )

E-mail:

@

Housing Preference: please indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice:

☐

Dorm

☐

Adirondack Cabin

☐

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 a nearby bathroom  
& shower – no electricity

**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

Participant names and ages: *(To help us schedule appropriate activities, please  
circle the name of your family member affected by Down syndrome.)*

Adults

\$140

X

=

\$

Teens 13 – 17

\$130

X

=

\$

Youth 8 - 12

\$115

X

=

\$

Youth 4 – 7

\$75

X

=

\$

Youth 0 – 3

Free

X

=

- 0 -

Less fee for individual with Down syndrome  
if deposit submitted by July 1, 2014

- \$

Subtotal

\$

**NOTE:** If scholarship assistance is requested, please contact us via email  
([OurOwnFamilyCamp@aol.com](mailto:OurOwnFamilyCamp@aol.com)) or mail (529 W. Puente #1 Covina, CA 91722)

\*Less a 10% discount for those 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**

\$

-

25% deposit

=

**Balance Due**  
by August 5

**Indicate Payment Method:**

☐

Check (payable to YMCA of Greater Long Beach)

☐

Visa

☐

or

☐

MasterCard

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 my account on 8/5/14 (cardholder to sign):

Date:



# Registration Form

*Friday evening, August 29, through Monday morning, September 1, 2014*

Family Last Name:

First Name of  
Contact Person:

How did you hear about "Our Own Family Camp"? \_\_\_\_\_

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## Participation Agreement:

- I approve this application and certify that the applicants are capable of such an experience.
- I agree to pay the balance of my Camp fees by August 5, 2014 (reserved space cannot be held past that date).

I understand that:

- Camp fees include housing, meals, and activities. There are no additional charges once you arrive.
- 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 is not responsible for lost, stolen, or damaged personal articles.

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 website or in YMCA and/or Our Own Family Camp printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the YMCA of Greater Long Beach and the organizers of Our Own Family Camp 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 for injuries or damages that may result from the conduct of other participants in YMCA 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.

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.

I understand that ALL adult participants will be asked to provide their health insurance information and sign a "Use of Camp Oaks Agreement" form when they arrive at Camp Oakes.

**Registrant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_