



OUR OWN FAMILY CAMP

YMCA Camp Oakes Registration Form

Friday 3p, September 4th—Monday morning, September 7th, 2015



Name _____ EMAIL ADDRESS: _____
 (Financially Responsible party must sign below)

Address _____ City _____

State _____ Zip _____ Home Number () _____
 Cell Number () _____
 Other Number () _____

REGISTER SOON!! If your registration is received or postmarked prior to July 15th, your family member with Down syndrome will be free!! Please note: This is subject to scholarship fund availability.

REGISTRATION ENDS FRIDAY AUGUST 21

Family Camp Fees

Number of Participants

Adults \$140 x _____ = \$ _____
 Teens (13 - 17) \$130 x _____ = \$ _____
 Youth (7 - 12) \$115 x _____ = \$ _____
 Youth (4 - 6) \$ 75 x _____ = \$ _____
 Youth (0 - 3) Free x _____ = \$ _____
 10% Discount for RV/tent/adirondacks - \$ _____
SubTotal: \$ _____
 DONATE to Our Own Family Camp \$ _____
 Scholarship for a family in need: \$ _____
TOTAL FEE: \$ _____
 25% Deposit due now \$ _____
 BALANCE DUE 8/10/15: \$ _____

If you need financial assistance please contact Marissa at 626-252-0106

Family Camp Housing

Housing, unless you have a very large family, will be shared with others. Please indicate if you would like to share with a particular family:

Family(s) to share: _____
 (Please provide name of family you wish to share housing)

CHOOSE HOUSING BELOW:

- _____ Dorms: Large room with 20 beds including restrooms/electricity
- _____ Adirondacks: 3 sided cabins with restrooms/showers in walking distance (10% discount)
- _____ Bring your RV or Tent: restrooms/showers in walking distance (10% discount)

PLEASE NOTE ANY SPECIAL DIETARY NEEDS: _____

Payment Info (the same card will be charged for both deposit & balance unless otherwise noted)

Indicate Method: _____ Check _____ Credit Card: Visa/Master/Discover/Amex

NAME AS IT APPEARS ON CARD: _____

Payment by Credit Card: Charge the following amount \$ _____

to my credit card #: _____ Exp: _____

CARDHOLDER SIGNATURE: _____

Participation Agreement: I approve this application and certify that the applicant(s) is/are capable of such an experience. I agree to pay the balance of the camp fee by the above BALANCE DUE date (reserved space cannot be held past that date). I understand that camp fees are not refunded if a family or family member leaves early and that camp fees are only refundable when written authorization from a doctor for medical reason is received. **Under no circumstances are deposits refunded.** The YMCA or Own Own Family Camp are not responsible for lost, stolen or damaged personal articles. I, hereby, give the YMCA of Greater Long Beach/ 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/Our Own Family Camp website or in YMCA/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/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/Our Own Family Camp and its members and volunteers for injuries or damages that may result from the conduct of other participants in their programs. For Family Campers - 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/Our Own Family Camp have my authorization to obtain such medical attention, at my expense, as deemed necessary for the individuals included in this registration.

Parent/Guardian Signature X _____ Date _____

SEND DIRECTLY TO: Karen.Young@LBmca.org
 P.O. Box 452, Big Bear City, CA 92314
 For More information Call 909-585-2020

QUESTIONS CONTACT:
 Marissa 626-252-0106
 OurOwnFamilyCamp@aol.com



OFFICE USE ONLY..... PAYMENT INFORMATION

Fee \$ _____
 Receipt _____
 Staff Initials _____

Deposit \$ _____
 Balance Due \$ _____