

Registration Form ...

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

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

Friday evening, August 30, through Monday morning, September 2, 2013

Family Last Name:

Name of Contact Person:

Address:

City:

Zip:

Home Phone:

Cell Phone:

Work Phone:

E-mail:

 @

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

Dorm

Adirondack Cabin

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

Dorm:

Dorms sleep up to 20 people each with 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 -nearby bathroom & shower 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	\$140	X	<input type="text"/>	=	\$ <input type="text"/>
Teens 13 – 17	\$130	X	<input type="text"/>	=	\$ <input type="text"/>
Youth 8 - 12	\$115	X	<input type="text"/>	=	\$ <input type="text"/>
Youth 4 – 7	\$75	X	<input type="text"/>	=	\$ <input type="text"/>
Youth 0 – 3	Free	X	<input type="text"/>	=	- 0 -

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

Less fee for individual with Down syndrome if deposit submitted by July 15, 2012

 - \$

Subtotal

 \$

NOTE: If scholarship assistance is requested, please contact us via email (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 10

Indicate Payment Method:

Check (payable to YMCA of Greater Long Beach)

Visa

MasterCard

Charge Card #

Amount to be charged: \$

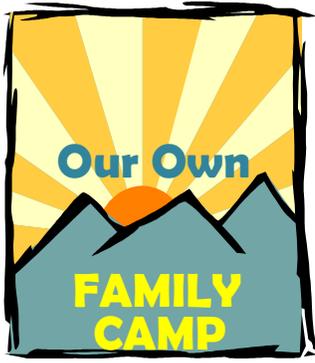
3-digit Code (back of card):

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 8/10/13 (cardholder to sign):

Date:



Registration Form

Friday evening, August 30, through Monday morning, September 2, 2013

Family Last Name:

First Name of
Contact Person:

How did you hear about "Our Own Family Camp"? _____

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 10, 2013 (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 Oakes Agreement" form when they arrive at Camp Oakes.

Registrant's Signature _____ **Date** _____