



# YMCA-YWCA Camp Y 2012 Family Camp Registration Form

## Friday, August 3 - Monday, August 6, 2012

Adults (\$130 + GST) Youth 13 - 17 (\$90 + GST) Child 3 - 12 yrs (\$55 + GST) Infants 0 - 2 yrs (No charge)

Participant's Name: _____		Male	Female
Birth Date: Day: _____	Month: _____	Year: _____	T-Shirt Size: YS YM YL YXL S M L XL
First	Last	Please circle one	

Participant's Name: _____		Male	Female
Birth Date: Day: _____	Month: _____	Year: _____	T-Shirt Size: YS YM YL YXL S M L XL
First	Last	Please circle one	

Participant's Name: _____		Male	Female
Birth Date: Day: _____	Month: _____	Year: _____	T-Shirt Size: YS YM YL YXL S M L XL
First	Last	Please circle one	

Participant's Name: _____		Male	Female
Birth Date: Day: _____	Month: _____	Year: _____	T-Shirt Size: YS YM YL YXL S M L XL
First	Last	Please circle one	

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_ Family Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Does your family require transportation to Camp Y on the 1st day of camp? YES NO

Does your family require transportation to Winnipeg on the last day of camp? YES NO

Are there any health concerns we need to be aware of: \_\_\_\_\_

Are there any special dietary requests: \_\_\_\_\_

**PHOTOGRAPHY**

Photographs taken at camp may be used for public displays and/or other promotional projects about the YMCA-YWCA of Winnipeg. *All photos are the property of the YMCA-YWCA of Winnipeg and may or may not be used. To request for your child to be excluded from pictures please send a written request to the attention of the Camp Director.*

**AUTHORIZATION**

I/We, the undersigned, permit my family to participate in the full range of camp activities and authorize the Camp Director and their appointee, in the event of an accident or illness affecting any of the above, to authorize on my/our behalf all procedures, including admission to the hospital and necessary treatment therein, as they may deem essential for the care and well-being of my/our family. I/We agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance.

**ASSUMPTION OF RISK AND RELEASE**

While YMCA-YWCA staff and instructors will make every reasonable effort to minimize exposure to known risks, I understand that in registering my child in a YMCA-YMCA Camp Y program, my child will be involved in physical activities and that with any physical activity, there is a risk of injury. I do hereby release the YMCA-YWCA of Winnipeg, and its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from all liability for damages sustained in consequence of loss, injury or damage to myself or my child, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property including myself or my child arising out of or connected with preparation for, or participation in YMCA-YWCA programs or activities.

**FINANCIAL POLICIES**

**Cancellation/Refunds** - Requests in writing will be accepted less a \$50.00 plus GST cancellation fee up to June 15, 2012. After June 15 will be given for medical reasons only (medical certificate must be provided). If applicable, we will issue a refund less a \$5.00 plus GST service charge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY POLICY**-The Young Men's and Young Women's Christian Association of Winnipeg (the YMCA-YWCA) respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the YMCA-YWCA, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at (204) 889-8052 or via e-mail at [privacy@ymcaywca.mb.ca](mailto:privacy@ymcaywca.mb.ca), and we will gladly accommodate your request.

**PAYMENT OPTIONS for \_\_\_\_\_ (Family's Name)**

Full Payment Cash Visa Mastercard American Express Cheque (payable to YMCA-YWCA of Winnipeg)

Extended Payment (Please see chart below for program costs).

MasterCard, American Express).

Pay \$100 deposit at time of registration. Balance due June 15, 2012

Pay \$100 deposit at time of registration. Extended equal payments on the 15<sup>th</sup> day of each month ending June 15, 2012

I am applying to the Campership Fund (funding is limited, please apply as soon as possible!)

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

I hereby authorize the YMCA-YWCA of Winnipeg to deduct monthly camp fees from my Credit Card

Credit Card Holder's Name: \_\_\_\_\_

Signature (Payer only) \_\_\_\_\_ Date \_\_\_\_\_