YMCA-YWCA Camp Y 2012 Women's Weekend Registration Form

All registrants MUST complete the form below

I have registered online	**Yes**	**No**
	Please circle one	

June 8 - 10, 2012

Cost: $160 + GST

Name: _____
First Last

Address: _____ **City:** _____ **Province:** _____

Postal Code:_____ **Phone #** _____ **Email** _____

Alternate Emergency Contact: _____ **Phone #** _____

Relationship: _____

Medical/Health # _____
Manitoba - 6 digit Manitoba - 9 digit

Please list any allergies you may have: _____

Please list any special dietary requests: _____

Do you require transportation to Camp Y on the 1st day of camp?	**YES**	**NO**
Do you require transportation to Winnipeg on the last day of camp?	**YES**	**NO**

Cabin Mate Request:

While YMCA-YWCA staff and instructors will make every reasonable effort to minimize exposure to known risks, I understand that in a YMCA-YMCA Camp Y program, I may 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 me, 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 arising out of or connected with preparation for, or participation in YMCA-YWCA programs or activities.

Date **Signature**

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.*

FINANCIAL POLICIES

Cancellation/Refunds - Requests in writing will be accepted less a $50.00 plus GST cancellation fee up to May 1, 2012. After May 1, requests will only be accepted for medical reasons (medical certificate must be provided). If applicable, we will issue a refund less a $5.00 plus GST service charge.

Returned Payments - A service charge of $5.00 + GST will be charged for each returned payment. Service may be suspended until the account is paid in full. The association reserves the right to cancel registrations with outstanding payment. Unpaid accounts will be sent to a collection agency.

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, and we will gladly accommodate your request.

PAYMENT OPTIONS for: _____ (participant'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).**

Requires $100 deposit paid by Visa, Mastercard, American Express and Pre Authorized Payments deducted from a Credit Card (Visa, MasterCard, American Express).

☐ Pay $100 deposit at time of registration. Balance due May 1, 2012

☐ Pay $100 deposit at time of registration. Extended equal payments on the 1st day of each month ending May 1, 2012

☐ I am applying for financial assistance (contact the camp office for an application)

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**

Payment options: Cheque Visa Mastercard American Express

Credit Card # _____ Expiry Date: _____

Credit Card Holders Name: _____ Credit Card Holders Signature: _____