

# YMCA-YWCA Camp Stephens 2010 Family Camp Registration Form

August 30 - September 3, 2010

Adults (\$230 + Tax) Youth 13 - 17 (\$155 + Tax) Child 3 - 12 yrs (\$90 + Tax) Infants 0 - 2 yrs (No charge)

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

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

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_ Family Email \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Does your family require transportation to Kenora 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** Please initial  
 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.

**AUTHORIZATION** Please initial  
 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 INDEMNIFYING RELEASE** Please initial  
 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 Stephens 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** Please initial  
 Refunds - Refunds will be issued no later than May 1, 2010. Requests must be made in writing. After May 1 refunds will be given for medical reasons only (medical certificate must be provided). If applicable, we will issue a refund of your camp fee less a \$5.00 + 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 April 15  
 Pay \$100 deposit at time of registration. Extended equal payments on the 15<sup>th</sup> day of each month ending April 15, 2010  
 Pay \$100 deposit at time of registration. Balance due June 15. **13% HST will apply**

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 I hereby authorize the YMCA-YWCA of Winnipeg to deduct monthly camp fees from my Bank/Financial Institution or Credit Card

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

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