



Stevens Point Area YMCA
2010 FAMILY CAMP – Registration/Health Form



Fully complete and return this registration/health form along with the required payment(s) to:
Stevens Point Area YMCA – Family Camp Registration, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980 ext. 308

Friday, August 20 – Sunday, August 22
Starting at 5:00pm and Ending at 1:00pm

A Family Camp Get-A-Way at Camp Glacier Hollow in Nelsonville, WI. Fee includes snacks on Friday, 3 meals on Saturday and brunch on Sunday, lodging in non-heated cabins and traditional camp programs and activities (swimming, canoeing, kayaking, archery, hiking, fishing, environmental education programs and singing around the campfire with yummy SMORES). Register early as cabins fill quickly.

FEES: Family of Five (kids 4 and under are free)

Add a additional person in the same cabin

\$285 – YMCA Family Membership + \$50/person x \_\_\_ extra people = \$\_\_\_ Total

\$335 – General Public + \$50/person x \_\_\_ extra people = \$\_\_\_ Total

We will be sharing a cabin with the \_\_\_ Family.
Please reduce our family fee by \$50.

We will be bringing our own # \_\_\_ tent(s) to rough it in the outdoors ☺.
Please reduce our family fee by \$50.

A \$100 cancellation fee applies. Total camp fee is non-refundable after July 16, 2010.

Check Enclosed \$ \_\_\_ Please Charge My: Visa MasterCard Amount: \$ \_\_\_

Card #: \_\_\_\_\_

Card I.D. #: \_\_\_\_\_
(I.D. # is last three digits on signature stripe)

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

REGISTRATION & HEALTH INFORMATION (MUST BE FULLY COMPLETED):

First Adult/Parent Name: \_\_\_\_\_ # of Adults \_\_\_ # of Children (age 4-17) \_\_\_ (3 & Under) \_\_\_

Address \_\_\_\_\_
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Family Emergency Contact Name & Relationship \_\_\_\_\_

Phone(s) \_\_\_\_\_ Other Emergency Info \_\_\_\_\_

Family Insurance Information: Is your family covered by medical/hospital insurance? \_\_\_ YES \_\_\_ NO

Carrier or Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address & Phone # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Social Security # or Insurance ID # \_\_\_\_\_

Camp Information:

Has a family member ever attended a Camp Glacier Hollow Camp Program? Y N What program? \_\_\_\_\_

Are there any children attending camp with your family who are not your own wards? Y N

If so, we need a special form for each child (please contact the YMCA).

**COMPLETE FOR ALL FAMILY MEMBERS:**

\_\_\_\_\_  
*Participant #1 - First and Last Name*                                                                                                          M or F                                                                Regular or Vegetarian  
*Birth Date*                      *Age*                      *Gender*                      *Relationship*                      *Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_  
\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_  
\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Participant #2 - First and Last Name*                                                                                                          M or F                                                                Regular or Vegetarian  
*Birth Date*                      *Age*                      *Gender*                      *Relationship*                      *Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_  
\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_  
\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Participant #3 - First and Last Name*                                                                                                          M or F                                                                Regular or Vegetarian  
*Birth Date*                      *Age*                      *Gender*                      *Relationship*                      *Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_  
\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_  
\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Participant #4 - First and Last Name*                                                                                                          M or F                                                                Regular or Vegetarian  
*Birth Date*                      *Age*                      *Gender*                      *Relationship*                      *Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_  
\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_  
\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE FOR ALL FAMILY MEMBERS:**

\_\_\_\_\_  
*Participant #5 - First and Last Name*                      *Birth Date*                      *Age*                      M or F                      \_\_\_\_\_  
*Gender*                      *Relationship*                      Regular or Vegetarian  
*Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_

\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_

\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Participant #6 - First and Last Name*                      *Birth Date*                      *Age*                      M or F                      \_\_\_\_\_  
*Gender*                      *Relationship*                      Regular or Vegetarian  
*Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_

\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_

\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Participant #7 - First and Last Name*                      *Birth Date*                      *Age*                      M or F                      \_\_\_\_\_  
*Gender*                      *Relationship*                      Regular or Vegetarian  
*Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_

\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_

\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Participant #8 - First and Last Name*                      *Birth Date*                      *Age*                      M or F                      \_\_\_\_\_  
*Gender*                      *Relationship*                      Regular or Vegetarian  
*Food Service (Circle)*

List and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) \_\_\_\_\_

\_\_\_\_\_

Name any **Medications** taken by participant (Also describe reason for taking) \_\_\_\_\_

\_\_\_\_\_

List and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** \_\_\_\_\_

\_\_\_\_\_

## CONSENT and WAIVER & RELEASE OF LIABILITY

I hereby certify that my family is in good health and capable of safe participation, and can participate in YMCA Camp Glacier Hollow Family Camp. I am responsible for determining if my family is physically fit for the activities contemplated in these programs. It is always advisable, especially if family members are pregnant, disabled in any way, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any active recreational program.

\_\_\_\_\_ (Adult Initials)

**RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment and programs. I am aware of and accept all the risks inherent in the program. I agree that my families voluntary participation in Family Camp at Camp Glacier Hollow shall be undertaken at our sole risk, and that the YMCA, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or cause of action whatsoever, to me and my property, arising out of or connected to participation in Family Camp including but not limited to transportation services, camping, canoeing, kayaking, hiking, swimming, fishing and other camp activities. I agree to hold harmless and indemnify the YMCA, its directors, employees, volunteers and agents from any and all liabilities and claims resulting from participation in this program.

\_\_\_\_\_ (Adult Initials)

**EMERGENCY TREATMENT AUTHORIZATION:** In the event of an emergency, I authorize the YMCA staff to transport to and/or secure from any licensed hospital, physician and/or medical personnel any emergency treatment deemed necessary including hospitalization, to order injection, anesthesia or surgery for family or myself. I agree that I will responsible for the payment of any and all medical services rendered.

\_\_\_\_\_ (Adult Initials)

**PHOTOGRAPHIC/MEDIA RELEASE:** I give my permission for our family names and/or images to appear in media coverage approved by the YMCA and for the YMCA to use photographs, slides, and/or videotapes of myself for promotional purposes.

\_\_\_\_\_ (Adult Initials)

**REASONABLE ACCOMMODATIONS CLAUSE:** Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other participants in the program. I understand that if a family member requires an unusual amount of one to one attention, whether due to special needs or behavior, we may be denied or removed from the program.

\_\_\_\_\_ (Adult Initials)

**PARTICIPANT ENROLMENT ACCEPTANCE:** I hereby apply for a reservation for my family in Family Camp. I agree to pay the total camp fee on or before the payment due date. Failure to pay by the due date may forfeit the application. Furthermore, if any family member participant is forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available.

\_\_\_\_\_ (Adult Initials)

**ACCURATE/COMPLETE INFORMATION:** I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my registration and/or participation in this program.

\_\_\_\_\_ (Adult Initials)

**FAMILY CAMP CODE OF CONDUCT:** My family and I agree to abide by the Stevens Point Area YMCA Camp Glacier Hollow polices and guidelines. If we fail to follow these guidelines, I understand that we may be required to leave the program without refund. Our camp programs provide a safe and wholesome environment where all families can explore and learn about the natural world and other people without fear of physical or emotional harassment/harm. The Family Camp rules are:

- **To follow the YMCA Four Core Values of RESPECT, RESPONSIBILITY, CARING and HONESTY.**
- Be Caring – Respect each other, the environment, YMCA staff and facilities/equipment.
- Be Responsible - **Alcohol** is discouraged at Family Camp. **Smoking** is not allowed in our cabins/lodges; a designated smoking area will be identified for adults.
- Be Respectful – Loud **radios/stereos** will not be permitted.
- Be Responsible – **Weapons, explosives, firearms, illegal drugs** are not permitted at camp.
- Be Honest – Camp is not responsible for **lost or stolen items**. Please leave valuables at home.
- Be Responsible – Adults must **accompany children** on all activities except those designated for children only.
- Be Responsible – The **Camp Waterfront** will only be open during scheduled hours under guidance of YMCA staff. A public beach is available during off times.

**I have carefully read and fully understand the above warning of risk and consent and waiver & release of all claims sections. I fully understand that by signing this form I have given my consent on all sections contained within.**

\_\_\_\_\_  
Family Name - Please Print

\_\_\_\_\_  
Signature of Adult/Parent of Family

\_\_\_\_\_  
Date