



OUR OWN FAMILY CAMP

YMCA Camp Oakes Registration Form

Friday, December 26, 3 pm — Sunday, December 28, 2014, 10 am



Name (contact person): _____

(financially responsible party must sign below)

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone (home): _____

Phone (cell): _____

REGISTRATION ENDS FRIDAY DECEMBER 19th

# participants		First & last name of each participant (and ages if not adults)	
Adults	<input type="checkbox"/>	X \$120 = \$	
Teens (13 - 17)	<input type="checkbox"/>	X \$114 = \$	
Youth (7 - 12)	<input type="checkbox"/>	X \$ 98 = \$	
Youth (4 - 6)	<input type="checkbox"/>	X \$ 58 = \$	
Youth (0 - 3)	<input type="checkbox"/>	X Free = \$ 0	
Subtotal: _____		Subtotal: \$	
Donation to scholarship fund		\$	
Total Fee		\$	
Deposit 25% due now		\$	
Balance due by 12/19		\$	

Our Own Family Camp Housing

There are 8 dorms that sleep up to 20 people each with indoor bathrooms, heating, and electricity. Housing, unless you have a large family, will be shared with others.

Please indicate other family's name (if you have a preference) to share your housing: _____

Payment for Our Own Family Camp

Indicate Method:

☐ Check (payable to YMCA of Greater Long Beach)

Charge Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Name as it appears on card: _____

I authorize a charge in the amount of \$_____ to my credit card and the balance (if any) to be charged on 12/19/14.

Card #: _____ Exp: _____

SIGNATURE _____

Participation Agreement: I approve this application and certify that the applicant(s) is/are capable of such an experience. I agree to pay the balance of the camp fee at least 7 days before the beginning of the camp session (reserved space cannot be held past that date). I understand that camp fees are not refunded if a family or family member leaves early and that camp fees are only refundable when written authorization from a doctor for medical reason is received. Under no circumstances are deposits refunded. The YMCA or Own Own Family Camp are not responsible for lost, stolen or damaged personal articles. I hereby, give the YMCA of Greater Long Beach/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/Our Own Family Camp website or in YMCA/Our Own Family Camp printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the (continued)

YMCA of Greater Long Beach/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/Our Own Family Camp and its members and volunteers for injuries or damages that may result from the conduct of other participants in their programs. For Family Campers - 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/Our Own Family Camp have my authorization to obtain such medical attention, at my expense, as deemed necessary for the individuals included in this registration.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY..... PAYMENT INFORMATION

Fee: *Receipt:* *Deposit:*

Staff Initials: *Balance Due:*

Balance Paid: ☐ Check ☐ Visa ☐ MasterCard
☐ Discover ☐ AMEX

Email directly to: Karen.Young@LBYMCA.org with a copy to OurOwnFamilyCamp@aol.com

or mail to: Karen Young Long Beach YMCA P.O. Box 452, Big Bear City, CA 92314
with a copy to Our Own Family Camp c/o Linda Potter 529 W. Puente St. #1 Covina, CA 91722

For more information call Camp Oakes 909 585.2020 or Marissa Little 626 252.0106 (cell) or 909 596.8238