

# Family Camp Registration

Spring - May 27-29, 2017

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_

Please list the names of all family members attending, and ages of children:

1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_,

4. \_\_\_\_\_, 5. \_\_\_\_\_, 6. \_\_\_\_\_,

7. \_\_\_\_\_, 8. \_\_\_\_\_, 9. \_\_\_\_\_,

*The parent/guardian must be legal parent/guardian of all children under the age of 18 listed above.*

Has your family attended Family Camp at Camp Shaver before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many years have you attended? Spring \_\_\_\_\_ Fall \_\_\_\_\_

Please list a person from another household as an emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Check-in begins Saturday at 3:00 p.m. We plan on arriving: Date \_\_\_\_\_ Time \_\_\_\_\_

15 years and older.....\$68.00 x \_\_\_\_\_ = \_\_\_\_\_

5-14.....\$58.00 x \_\_\_\_\_ = \_\_\_\_\_

Under 4.....FREE x \_\_\_\_\_

TOTAL..... \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Credit Card type \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

**Family camp fees include 2 nights lodging, 5 meals, and all activities.**

Please return/mail this form with payment to YMCA Camp Shaver: 303 Roma NW, Ste. RB00A, Albuquerque, NM 87102. Call Phil with any questions at camp: (575)829-3572 or cell: (505)480-7417 or e-mail: pbeam@ymcacnm.org.

**Camp Policies:** 1. No alcohol or drug use allowed at camp at any time. 2. **NO PETS** are allowed at Camp Shaver during Family Camp. **NO EXCEPTIONS!** 3. Smoking in designated areas only. 4. Fires in fire pit designated by the camp director only. 5. No cutting down trees for firewood. 6. No firearms, weapons or fireworks of any type. 7. Children must be supervised by an adult or staff member at all times. 8. Fishing is allowed with a **current state fishing license**. 9. Participants are responsible for cleaning their own living areas while at camp. 10. Families are responsible for bringing their own toiletries and bedding (pillow, Blankets, Sleeping bag etc.).

I hereby request that my family be enrolled in YMCA Camp Shaver's Family camp. I understand and am aware that we will be participating in many physical activities and the potential for accidents does exist. In consideration for attendance to Camp Shaver:

- I indemnify and hold harmless Camp Shaver and the YMCA of Central New Mexico, its staff, volunteers, and representatives from any liability, claims, damage, injury or illness sustained by myself or my family members during any camp activity, on and off camp property and while in any camp vehicles.
- I grant permission for Camp Shaver to provide or obtain medical attention for myself and my family members in the event of sickness or injury.
- I agree that Camp Shaver staff or representatives may photograph or videotape me or my family members and use these images in promotional materials without compensation to myself or family members.
- I understand that family camp may be canceled due to low enrollment and I will receive a refund if Camp Shaver cancels.
- I understand that I will only receive a refund **if I cancel 2 weeks before the start of family camp** and I request a refund.
- I/we parent(s)/guardians(s) have read and understand the responsibilities described herein and the rules posted above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**www.campshaver.org**