

Family Camp Registration 2010

Spring-May 29-31_____

Fall-Sept 4-6_____

Parent/guardian_____ Phone_____

Address_____ City_____ State_____ Zip_____

Email_____

Please List the names and age of all family members attending:

1. _____, 2. _____, 3. _____,

4. _____, 5. _____, 6. _____,

7. _____, 8. _____, 9. _____,

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

Has your family attended Family Camp at Camp Shaver?

Yes, _____, No (this is our 1st time) _____, if yes, how many years have you attended? Spring _____ Fall _____

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

Name_____ Phone_____ Relation_____

Check-in begins Saturday at 3:00 p.m. We plan on arriving: Date_____ Time_____

15 years old and up.....\$60.00x_____ = _____

5-14.....\$45.00x_____ = _____

Under 4.....FREE x_____

TOTAL....._____

Payment Method: Check_____ Credit Card_____

Credit Card type _____ Number _____ expiration date _____

Family camp fees cover meals (5) lodging (2 nights) and activities (see Schedule)

Please return/mail this form with payment to YMCA Camp Shaver: 1005 21st Street SE, Rio Rancho, NM 87124 Call Phil with any questions- (575)829-3572 or 480-7417 e-mail: phil@campshaver.org

Rules for family Camp: 1. There is no alcohol or drugs 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.

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 Albuquerque 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_____