

## YMCA Camp Hanes 2019 Family Camp

*One family per form. Please feel free to make copies of this registration form.*

Family's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Father's Business \_\_\_\_\_ Mother's Business \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Family E-mail Address \_\_\_\_\_ Cabin mate Preferred (Must be mutual) \_\_\_\_\_  
 Emergency Contact (other than family at camp) **REQUIRED** \_\_\_\_\_ Phone Number \_\_\_\_\_  
 How did you hear about Camp Hanes? \_\_\_\_\_  
 Parents: Did you attend Camp Hanes as a camper or staff?  Yes  No If yes what years? \_\_\_\_\_  
 Does the camper have any special needs?  Yes  No e.g. Asthma, ADD/HD, physical impairments. Please describe: \_\_\_\_\_

### HOW TO REGISTER

Complete both sides of the registration form and mail or fax it to the Camp Hanes Office. Be sure to list all family members and cabin choice.

A \$10.00 non-refundable deposit (except for accident or illness) per person, which is part of the total camp fee, is required for this registration form to be processed and to have your spot reserved.

If you have any questions feel free to give us call during regular business hours (8:00am-5:00pm Monday-Friday)

**P 336 983 3131**  
**F 336 983 4624**

### **Family Camp 2019 : Circle weekend of attendance**

**May 10<sup>th</sup> - 12<sup>th</sup>, 2019**

**August 30<sup>th</sup> - Sept 1<sup>st</sup>, 2019**

#### **Family Members Attending:**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M / F  
 Name: \_\_\_\_\_ Birthday : \_\_\_\_\_ M / F  
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 Name: \_\_\_\_\_ Birthday : \_\_\_\_\_ M / F

Number Attending at \$120 a person = \_\_\_\_\_

Do you know of any other families who might be interested in Camp Hanes?   
 Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a member of the YMCA?  Yes  No

Association: \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Member Since: \_\_\_\_\_

**FAMILY AGREEMENT – Please read and sign**

The Program Director reserves the right to decline the application of any participant, or send home any participant who, according to the Director’s discretion, is not a desirable associate for the other campers, or puts him/herself or others at risk.

Photographs will occasionally be taken of the participant members during the Program. I, the undersigned, consent to the use of pictures for displays, brochures, and promotional materials with no compensation to my child or me.

I, the undersigned, give my permission the participant to leave the Camp Grounds with authorized Branch staff for scheduled trips and outings.

**Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities, which the participant will engage in during the program. In consideration of the Branch allowing the camper to participate in the Program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of respective officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that the participant may suffer from in YMCA activities, field trips or the above described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

**Certification of Ability to Participate and Medical Authorization.** I, the undersigned, hereby certify that to the best of my knowledge, the campers are able to safely participate in the Program activities for which he or she has been registered.


I, the undersigned, understand that in the case of illness or injury the participant the Branch will try to notify me or the emergency contact listed on the Program Registration form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my participant’s caregiver, as applicable, to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Parent/Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian/Participant Name: \_\_\_\_\_

Payment Method			
Check (Please make payable to YMCA Camp Hanes)			
Master Card	Visa	Discover	
Card #			Code:
Name on Card			
Amount to be charged	\$	/ /	Exp Date.
Signature:			

Computation Area	
Fees for Camp _ x \$120 a person	\$
Partner with Youth Donation (Help send a child to camp)	\$
Total Fee:	\$
Payment	\$
Balance Due	\$



**the**  
YMCA

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA Camp Hanes**  
**1225 Camp Hanes Road**  
**King, NC 27021**  
**P 336 983 3131**  
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**www.camphanes.org**

