

**YMCA Camp Warren Family Camp
Registration Form 2009**

One family per address per registration form please.



Family Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Business Phone _____ Email address _____
Emergency Contact _____ Emergency contact phone _____
Health Insurance Carrier _____ Policy Number _____

Session Information

13 years and up \$170
2-12 years \$85
Children under 2 are free

Private Cabin \$690 for up to 4 people. (additional person(s) pay fees above)

Memorial Day Weekend, May 22-25, 2009

_____ Private Cabin
_____ Camp may place us in a cabin with another family
_____ Share cabin with _____ (family name)

Labor Day Weekend, September 4-7, 2009

_____ Private Cabin
_____ Camp may place us in a cabin with another family
_____ Share cabin with _____ (family name)

Payment Information

— Enclosed is our \$100 non-refundable deposit to hold our reservation for Family Camp at Camp Warren
Check made payable to YMCA Camp Warren.

Please bill my: Visa Mastercard Discover Card American Express

_____ Please charge the deposit only and the remaining balance on:
May 4, 2009 (for Memorial Day Weekend) August 14 (for Labor Day Weekend)

_____ Please charge the full fee

Card # _____

Expiration Date _____

Signature _____

More information required on back side

Please Return this Form to:

YMCA Camp Warren, YMCA Business Center Suite 100, 2125 E Hennepin Ave Minneapolis, MN 55413 **Fax:** 612.465-0559

Family Member Information

Full Name _____

M F Age at camp _____ Date of Birth ____/____/____

Dietary restrictions and/or allergies _____

Full Name _____

M F Age at camp _____ Date of Birth ____/____/____

Dietary restrictions and/or allergies _____

Full Name _____

M F Age at camp _____ Date of Birth ____/____/____

Dietary restrictions and/or allergies _____

Full Name _____

M F Age at camp _____ Date of Birth ____/____/____

Dietary restrictions and/or allergies _____

Full Name _____

M F Age at camp _____ Date of Birth ____/____/____

Dietary restrictions and/or allergies _____

Full Name _____

M F Age at camp _____ Date of Birth ____/____/____

Dietary restrictions and/or allergies _____

**Please attach additional pages if needed*

Waiver and Release of Liability and Acknowledgement of Risk

The YMCA Camp Warren Experience

Camp Warren attempts to prevent injuries by supervising most activities and educating participants that it is their responsibility to understand the risk and proper conduct associated with the activities. For parents, it is important for them to understand that it is their responsibility to oversee their children and one another to prevent accidents from occurring. Camp Warren is a wonderful experience in a rugged wilderness setting; it has inherent risk and dangers in its own right, and certain activities carry their own risks and dangers that need to be assumed by the participant. These activities may include strenuous activities such as hiking, running, backpacking, canoeing, portaging, swimming and related water activities, fishing, cooking over an open fire, use of saunas, aerobic type workouts and will involve inherent risks arising out of these activities.

Acknowledgement of Risk and Release of Liability

I hereby acknowledge that I am voluntarily participating in the YMCA Camp Warren experience with knowledge that it involves some inherent risk and danger including, but not limited to, being in and around wooded areas, swimming and related water activities, use of saunas, lakes, hiking paths, forces of nature and other sources outside the control of Camp Warren. These risks include, but are not limited to, overexertion, fatigue, dizziness, hyperventilation, exhaustion, drowning, injuries to muscles, bones or joints, stroke, and heart attack.

I hereby acknowledge these risks, and expressly assume all risk of injury arising out of or resulting from my participation in the physical activities and Camp Warren experience. By signing this agreement, I represent that I do not have any mental, physical or any other condition or disability that would create a hazard for myself or for other participants at Camp Warren.

Further, by my signature below (or signature of a parent or legal guardian for participants under the age of 18), I hereby release and forever discharge the YMCA of Metropolitan Minneapolis and Camp Warren, its officers, directors, employees, volunteers, agents, successors and assigns, (hereinafter collectively referred to as "ASSOCIATES"), from all liability, any and all past, present or future claims, demands, obligations, actions, causes of actions, rights, damages, expenses of any nature whatsoever, either at law or in equity, whether statutory or in contract or in tort including but not limited to bodily injury, wrongful death, property damage, damage to, including theft of property, or any other damages arising out of, or resulting from, my participation in the Camp Warren experience. I do further agree that I shall not bring any claims, demands, legal actions and causes of action against Camp Warren and the YMCA of Metropolitan Minneapolis and its ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damaged sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of Camp Warren and the YMCA of Metropolitan Minneapolis.

Photography Release

I hereby release all pictures of myself and my children taken by the YMCA for promotional purposes and programming materials including the YMCA Web site.

Yes No Initials _____

WAIVER

We/I have read and understand the above information and agree to assume all risks for myself and the minors in my/our care.

Signature

Date

Signature

Date