



# YMCA CAMP HARRISON 2012 Registration Form Women's Wellness Weekend



**Information:** New or Returning (circle one) This is my \_\_\_\_\_ experience at Camp Harrison (1<sup>st</sup>, 2<sup>nd</sup>, etc)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Main Y Branch: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Daughter Information: Required ONLY if attending May 11-13 weekend with your daughter:**

Daughter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daughter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daughter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which number should we call first in the event of an emergency? \_\_\_\_\_

Email: \_\_\_\_\_

**Other Information:**

I would like to be placed in the (*group name*) \_\_\_\_\_ cabin.

Dietary Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other requests: \_\_\_\_\_

**I understand that whoever completes/signs the registration form will be held responsible for all payments to be made regarding Women's Wellness Weekends. Also, no party, other than the participant will be permitted to alter any information in this registration. Any changes that need to be made will be made in writing and submitted directly to the camp office personnel by the participant.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

Please send a packet to the following who might be interested in Camp Harrison events or summer camp (please give full name and address):

\_\_\_\_\_

**Office Use Only:**

## YMCA CAMP HARRISON Women's Wellness Weekend

SESSION DATES	Ages	YMCA Member	NON Member
<input type="checkbox"/> March 23 - 25	16 +	\$150	\$200
<input type="checkbox"/> April 20 - 22	16 +	\$150	\$200
<input type="checkbox"/> May 11 - 13 (Mother)	6 +	\$150	\$200
<input type="checkbox"/> May 11 - 13 (Daughter)	6 +	\$99 each	\$99 each
<input type="checkbox"/> September 14 - 16	16 +	\$150	\$200
<input type="checkbox"/> October 26-28	16 +	\$150	\$200

### Experience Something More

<input type="checkbox"/> Massage Therapy	\$55	\$55
<input type="checkbox"/> Bus Transportation*	\$40	\$40
<input type="checkbox"/> Horseback Riding**	FREE	FREE

\*Transportation to and from YMCA Camp Harrison from a Charlotte Y based on demand.

\*\*Reminder to pack appropriate riding boots and pants.

### PAYMENT OPTIONS:

- I would like to have my credit card charged for the full amount of \_\_\_\_\_.
- I have enclosed a check for the full amount of \_\_\_\_\_.

Name on Card: \_\_\_\_\_

Card Type:     *American Express*     *Discover*     *Master Card*     *Visa*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Credit cards will be charged when the registration is processed)**

### Camp Scholarship Contribution (All gifts are Tax Deductible)

When you help **Send a Kid to Camp**, you are not only giving a child a chance to enjoy all the thrills of Harrison, but you are also providing them with a character building experience that will last a lifetime.

Y Membership Number:	
Session Fee	
Additional Fees	
Send a Kid to Camp Contribution	
Total Enclosed	
<b><i>Full Payment Due with Registration</i></b>	

**CAMP HARRISON SEEKS TO PROVIDE  
FINANCIAL ASSISTANCE TO THOSE  
IN NEED WHENEVER POSSIBLE.  
*(All Gifts are Tax Deductible)***

**PLEASE SEND REGISTRATION TO:  
YMCA CAMP HARRISON  
7901 South NC Highway 18  
Boomer, NC 28606  
336-921-7067 / 800-514-1417  
E-mail: [campharrison@ymcacharlotte.org](mailto:campharrison@ymcacharlotte.org)  
Fax: 336-921-7069**

## **Refunds/Changes & Cancellations**

All fees are expected to be paid in full upon registration. Massage Therapy and/or Bus fees are non refundable. Registrations without full payment will not be processed. Please keep a copy of your payments made. All cancellations will forfeit \$50 per session if Camp Harrison is notified 2 weeks prior to your scheduled session. All cancellations after 2 weeks prior to your scheduled session will forfeit your entire payment. **All changes and cancellations must be made *IN WRITING*.**

### **PLEASE READ THE FOLLOWING YMCA CAMP HARRISON REGULATIONS:**

I understand that YMCA Camp Harrison assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in these activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge YMCA Camp Harrison, YMCA of Greater Charlotte, it's agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

While YMCA Camp Harrison will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the camp will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy camp programs. Any of the above reasons will be grounds for dismissal from camp. A parent/guardian must discuss with the director any special condition or circumstances involving their child. This discussion must take place prior to registration so that appropriate program determinations can be reached.

I agree to have my child examined within a reasonable time period prior to the opening of camp by the family physician stating he/she is free from communicable disease and has not been exposed to such. (Health forms will be mailed to campers in sufficient time or you may download from our website).

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine test, treatment; to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.

I understand that no medical insurance is provided by YMCA Camp Harrison.

I give permission to YMCA Camp Harrison, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting YMCA Camp Harrison programs and release the camp from any claim or liability to that use.

I give my consent for my child to leave the campsite, participate in authorized camp trips, and to ride in authorized vehicles for the purpose of transportation in connection with YMCA Camp Harrison.

Admission as a YMCA Camp Harrison camper carries many privileges and responsibilities. We expect campers to participate in the total life of camp to work, play, worship, and live together. We do not allow the use of tobacco, alcohol, illegal drugs, weapons, telephones, or any such device with access to the web. Application signifies understanding and acceptance of these responsibilities – violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect our work with other campers or their enjoyment of YMCA Camp Harrison, the Director reserves the right to dismiss those campers responsible, without refund.

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Responsible Party Signature

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Date

**YMCA Mission:** To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

*Camp Harrison at Herring Ridge is a branch of The YMCA of Greater Charlotte.*