



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

YMCA Camp Winona
898 Camp Winona Rd.
DeLeon Springs, FL 32130
(386) 985-4544
campwinona@vfymca.org

FAMILY CAMP REGISTRATION

Memorial Day Weekend

May 22-25, 2020

Adult 13 & up \$99 | Youth 4-12 \$75 |

Child 3 & under Free

Fall Family Weekend

October 9 – 11, 2020

Adult 13 & up \$75 | Youth 4-12 \$60 |

Child 3 & under Free

CIRCLE ONE: New/Returning

Number of Years at YMCA Camp Winona? _____

PARENT(S) OR LEGAL GUARDIAN(S):

NAME	MI	LAST NAME	AGE	DOB	GENDER	ATTENDING?
STREET ADDRESS						APT
CITY			STATE		ZIP	
HOME PHONE		CELL PHONE		EMAIL		

PARTICIPATING FAMILY MEMBERS:

NAME	AGE	DOB	NAME	AGE	DOB
NAME	AGE	DOB	NAME	AGE	DOB
NAME	AGE	DOB	NAME	AGE	DOB
NAME	AGE	DOB	NAME	AGE	DOB

EMERGENCY CONTACT PERSON(S):

I give permission to YMCA staff to administer first aid and, in the event of an emergency, to secure a physician for any emergency treatment needed for my child. In the event of an emergency the following person(s) should be contacted if for some reason the custodial parent or legal guardian cannot be reached. Child will be released only to the custodial parent or legal guardian and the people listed below.

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
PHYSICIAN'S NAME	PHONE	
INSURANCE COMPANY	PHONE	POLICY #

ARE THERE ANY MEDICAL CONDITIONS SUCH AS FOOD ALLERGIES, SEIZURES, AUTISM, INSULIN-DEPENDENT DIABETES, CEREBRAL PALSY, SEVER HYPERTENSION, HEART PROBLEM, OR ASTHMA? PLEASE PROVIDE ANY INFORMATION THAT YOU WANT THE STAFF TO BE AWARE OF. PLEASE LET US KNOW IF YOU HAVE ANY FOOD ALLERGIES OR DIETARY RESTRICTIONS.

NAME & MEDICAL CONDITIONS: _____

NAME & DIETARY NEEDS: _____

NAME & ALLERGIES: _____

NAME & OTHER REQUESTS: _____

OTHER INFORMATION:

IF POSSIBLE WE WOULD LIKE TO BE HOUSED WITH THE FOLLOWING FAMILY: _____

I understand that whoever completes / signs the registration form will be held responsible for all payments to be made regarding Family Camp Weekend. 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.

CHECK – payable to YMCA CAMP WINONA
 MONEY ORDER – payable to YMCA CAMP WINONA
 CREDIT/DEBIT CARD

ACCOUNT NUMBER _____

EXP. DATE _____ CVC # _____

CAMP PAYMENT \$ _____ CAMP DONATION \$ _____

CAMP TOTAL \$ _____

TOTAL AMOUNT CHARGED TODAY \$ _____

SIGNATURE _____

NAME AS IT APPEARS ON CARD _____

CVC# is the security number located on the back of the card.
 The YMCA processes all checks as electronic funds transfers (EFT) transactions.

Family Representative Signature _____

Date _____

MEMORIAL DAY FAMILY CAMP WEEKEND PER PERSON PRICING (Includes 8 meals, lodging & programs):

MAY 2020	STANDARD RATE	UPGRADED RATE	DELUXE RATES			ECONOMIC RATE			# OF GUESTS	SUBTOTALS	
	Minimum 4 paying Guests per Cabin Required	Minimum 4 paying Guests per Cabin Required (Limited Spaces)	Minimum 5 paying Guests per Cabin Required (Limited Space Available)			Tent/RV Space Bring Your Own					
Please indicate your 1 st , 2 nd , and 3 rd choices	Single-room Cabin Shared Bathhouse	Single-room Cabin With Bathroom	Health Center 1 Shower 3 Restroom 3 Bedroom Kitchenette	VanDerBeek Cabin 2 Bathroom 2 Bedroom Kitchenette	Cornwall Cabin 2 Bathroom 2 Bedroom Kitchenette	Tent/RV Space No Septic No Water No Electricity	Tent/RV Space No Septic With Water With Electricity	Tent/RV Space With Septic With Water With Electric			
	12 cabins available Cabin Request:	4 cabins available Cabin Request:	1 cabin available	1 cabin available	1 cabin available	Multiple areas	Multiple Standard 110 Outlets	1 – 30 AMP Outlet 1 – 30 AMP & Standard 110 Outlets 1 – Standard 110 Outlet			
	<i>*Might not be available</i>	<i>*Might not be available</i>									
ADULTS 13 & up	\$99 each	\$105 each	\$115 each	\$115 each	\$120 each	\$80 each	\$85 each	\$90 each			
YOUTH 4 – 12	\$75 each	\$80 each	\$90 each	\$90 each	\$95 each	\$60 each	\$65 each	\$70 each			
CHILD Birth – 3	FREE	FREE	FREE	FREE	FREE	FREE	FREE	FREE			
PAINTBALL	\$20 each Paintball participant – Ages 8 and up only										
									TOTAL:		

FALL FAMILY CAMP WEEKEND PER PERSON PRICING (Includes 5 meals, lodging & programs):

OCT 2020	STANDARD RATE	UPGRADED RATE	DELUXE RATES			ECONOMIC RATE			# OF GUESTS	SUBTOTALS	
	Minimum 4 paying Guests per Cabin Required	Minimum 4 paying Guests per Cabin Required (Limited Spaces)	Minimum 5 paying Guests per Cabin Required (Limited Space Available)			Tent/RV Space Bring Your Own					
Please indicate your 1 st , 2 nd , and 3 rd choices	Single-room Cabin Shared Bathhouse	Single-room Cabin With Bathroom	Health Center 1 Shower 3 Restroom 3 Bedroom Kitchenette	VanDerBeek Cabin 2 Bathroom 2 Bedroom Kitchenette	Cornwall Cabin 2 Bathroom 2 Bedroom Kitchenette	Tent/RV Space No Septic No Water No Electricity	Tent/RV Space No Septic With Water With Electricity	Tent/RV Space With Septic With Water With Electric			
	12 cabins available Cabin Request:	4 cabins available Cabin Request:	1 cabin available	1 cabin available	1 cabin available	Multiple areas	Multiple Standard 110 Outlets	1 – 30 AMP Outlet 1 – 30 AMP & Standard 110 Outlets 1 – Standard 110 Outlet			
	<i>*Might not be available</i>	<i>*Might not be available</i>									
ADULTS 13 & up	\$75 each	\$80 each	\$85 each	\$90 each	\$95 each	\$60 each	\$65 each	\$70 each			
YOUTH 4 – 12	\$60 each	\$65 each	\$70 each	\$75 each	\$80 each	\$45 each	\$50 each	\$55 each			
CHILD Birth – 3	FREE	FREE	FREE	FREE	FREE	FREE	FREE	FREE			
PAINTBALL	\$20 each Paintball participant – Ages 8 and up only										
									TOTAL:		

**VOLUSIA FLAGLER FAMILY YMCA
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

The undersigned is aware of the different types of activities, equipment, and facilities offered by the YMCA and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned gives permission to the Volusia Flagler Family YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include the undersigned's and such participating children's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

____/____/____
Date 1st Adult Member/Participant's Signature

____/____/____
Date 2nd Adult Member/Participant's Signature

Name of Child: _____

Name of Child: _____

Name of Child: _____

I HAVE READ THIS RELEASE

____/____/____
Date Parent's or Guardian's Signature
(if participant is legally a minor)

Name of Child: _____

Name of Child: _____

Name of Child: _____