



CAMP OLSON YMCA Family Camp 2017



Registration Form

Return to: Camp Olson YMCA
4160 Little Boy Rd NE
Longville, MN 56655
218-363-2207
www.campolson.org
info@campolson.org

- () FAMILY CAMP (A) AUGUST 6-12, 2017
- () FAMILY CAMP (B) AUGUST 13-19, 2017

Cabin Preference (1) _____
(2) _____

We will be staying in our own TENT/TRAILER []
Size of Trailer _____

FAMILY NAME: _____
FATHER'S NAME: _____
MOTHER'S NAME: _____
OTHER ADULTS ATTENDING: _____

2ND FAMILY NAME: _____
FATHER'S NAME: _____
MOTHER'S NAME: _____
OTHER ADULTS ATTENDING: _____

CHILD (RENS') NAMES:
(First & Last Names)
_____ DOB ____/____/____
_____ DOB ____/____/____
_____ DOB ____/____/____
_____ DOB ____/____/____
_____ DOB ____/____/____

CHILD (RENS') NAMES:
(First & Last Names)
_____ DOB ____/____/____
_____ DOB ____/____/____
_____ DOB ____/____/____
_____ DOB ____/____/____
_____ DOB ____/____/____

HOME ADDRESS:

(street) (city) (st) (zip)

2ND Family HOME ADDRESS:

(street) (city) (st) (zip)

HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____

HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____

A \$700.00 **NON-REFUNDABLE** deposit is due with this registration. 50% of your remaining camp fee is due by February 1, 2017. The balance of your camp fee is due by June 1, 2017. BILLING STATEMENTS WILL BE SENT PRIOR TO THE DATE THAT THESE PAYMENTS ARE DUE.

CANCELLATIONS: PRIOR to February 1, all but your deposit will be refunded.
FEBRUARY 1-JUNE 1, 50% of Camp fees (less deposit) will be refunded.
AFTER JUNE 1, NO REFUNDS WILL BE ISSUED unless we can rebook your assigned cabin.

EARLY DEPARTURES: **There will be no pro-rated fees for early departures.**

I HEREBY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED ABOVE _____
(signature) (date)

We wish to pay by: [] check (enclosed) [] CC # _____ Exp. Date ____/____

Amount to be charged at this time: \$ _____

Automatically charge my credit card on February 1 for \$ _____ and on June 1 for \$ _____

CAMP OLSON YMCA

Family Camp 2017

FEE SCHEDULE 2017

FAMILY CAMP FEES

Number in Family	Cabin	Tent/ Trailer Site
2	\$2,240	\$1,740
3	\$2,415	\$1,915
4	\$2,590	\$2,090
5	\$2,765	\$2,265
6	\$2,940	\$2,440
7-10	\$175 per person	\$175 per person

*****Health Lodge \$300 extra per session**

Children age 2 and under are not counted in your family total. If two or more families are sharing a cabin, count yourselves as one family. Guests will be expected to register and pay \$75. each per 24 hr day includes one overnight and 3 meals. Fees include all activities as indicated in the family camp description. Some craft items will be extra.

We welcome you and your family!
Sharing the Spirit of the Northwood's since 1954.



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Family Camp Waiver

In consideration for me and/or my family's attendance and being allowed the use of equipment and the facility at Camp Olson YMCA, I hereby covenant and agree to release, discharge and waive any rights of action, demands or claims I may have on behalf of myself or my family members for any and every incident or accident which might arise during the use of the equipment and facility at Camp Olson YMCA. I hereby assume all risks inherent in the use of equipment including horseback riding. I furthermore agree to indemnify, defend, and hold harmless Camp Olson YMCA and its officers, directors, partners, agents, members and employees from and against any and all demands, claims, damages to persons or property, losses and liabilities, including reasonable attorney's fees arising out of or caused by my attendance at Camp Olson YMCA or my negligence in connection with the use of the equipment. I approve this participation waiver and certify that I and my family members are capable of participating in the program experiences at Camp Olson YMCA. In case of accident or illness, I authorize Camp Olson YMCA to provide emergency medical treatment. I understand the related expenses for this medical attention are my responsibility. Camp Olson YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the Camp Olson YMCA to have and use photographs, slides, video and audio of the participants named on this registration as needed for promotional purposes. I agree to waive any claims against Camp Olson YMCA and its employees and volunteers for injuries or damages that may result from the conduct of other participants.

Print Name: _____

Signature: _____ Date: _____