



# ALUMNI WEEKEND REGISTRATION FORM - 2017

## 1.0 Family Contact Information

Family Name: \_\_\_\_\_ Total Number Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

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

## 2.0 Participant Information

*Please list individually those who will attend: I agree to take full responsibility for my children while at this family program.*

Name(s)	Gender	DOB mm/dd/yy	Name(s)	Gender	DOB mm/dd/yy
	M F			M F	
	M F			M F	
	M F			M F	
	M F			M F	
	M F			M F	

**Registration** - include 2 nights lodging, 6 meals, and participation in activities

**Each household in the party should complete their own registration form.**

**Children 4 and under are free, but DO count toward the number of people in a cabin or room.**

<input type="checkbox"/> Individual Registration - \$127 <input type="checkbox"/> Assign me to a bunk room with others of the same gender - \$97	We want to share a room or cabin with the people listed below. They are completing their own registration form.
<input type="checkbox"/> 2 or 3 people sharing a cabin or room- \$ 117 each	
<input type="checkbox"/> 4 or 5 people sharing a cabin or room - \$ 107 each	
<input type="checkbox"/> 6 or more people sharing a cabin or room - \$ 97 each	

## 4.0 Food Service Information:

Are you or any of your family members a **vegetarian**?  YES  NO If so, how many? \_\_\_\_\_

Are there any **food allergies** we should be aware of?  YES  NO If yes, please explain: \_\_\_\_\_

**5.0 Housing Request:** Housing requests are accepted and assignments made on a first-registered, first-served basis. **Specific village/lodge requests cannot be guaranteed, but will be considered whenever possible. Please list more than one choice.**

### CHIMNEY CORNERS CAMP

- THE MANOR LODGE       JUNIOR UNIT  
 INA GIBSON LODGE       SENIOR UNIT

### CAMP BECKET

- IROQUOIS VILLAGE       FRONTIER VILLAGE  
 GIBSON HALL               RANGER VILLAGE  
     PIONEER VILLAGE

## 6.0 Emergency Contact

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

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

### 7.0 Medical Information:

Are there any **health concerns** you feel Becket-Chimney Corners YMCA should be aware of? *(Attach additional sheet if necessary)*

\_\_\_\_\_

\_\_\_\_\_

### 8.0 Insurance Information:

Medical Insurance Policy No. \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

Is everyone attending camp with you on this policy?  YES  NO (If not please attach insurance information for those not covered)

### 9.0 Demographics - Please indicate the number of people in the party who identify as the following:

Is the participant of Hispanic or Latino origin?  Yes # \_\_\_\_\_  No # \_\_\_\_\_

#### What is the participant's ethnicity?

# \_\_\_\_\_ Black or African American # \_\_\_\_\_ Caucasian or White  
# \_\_\_\_\_ Pacific Islander # \_\_\_\_\_ Asian  
# \_\_\_\_\_ Native American or American Indian  
# \_\_\_\_\_ Other \_\_\_\_\_ # \_\_\_\_\_ Prefer Not to Answer

#### What is the participant's religion?

# \_\_\_\_\_ Protestant # \_\_\_\_\_ Catholic  
# \_\_\_\_\_ Unitarian Universalist # \_\_\_\_\_ Muslim  
# \_\_\_\_\_ Hindu # \_\_\_\_\_ Buddhist  
# \_\_\_\_\_ None # \_\_\_\_\_ Jewish  
# \_\_\_\_\_ Other \_\_\_\_\_ # \_\_\_\_\_ Prefer Not to Answer

### 10.0 Emergency Treatment Authorization

I/we hereby grant Becket-Chimney Corners YMCA and its agents full authority to take whatever action they deem necessary regarding any member of my family's health in the case of an emergency where I/we are not able to make the decision. I/we fully release Becket-Chimney Corners YMCA and its agents from any liability in connection with those decisions. I/we grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of the family member involved and will be reported to me/us as soon as possible. I understand that first aid and medical care is the primary responsibility of the Participant.

### 11.0 Liability Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of Becket-Chimney Corners YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Becket-Chimney Corners YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Becket-Chimney Corners YMCA or the use of any equipment at Becket-Chimney Corners YMCA.

### 12.0 Image Release

I/we give my/our consent for the use of any photographs, slides, or videotapes which may include any member of my/our family participating, to be used in Becket-Chimney Corners YMCA promotional materials.

### 13.0 Payment Information *The entire program fee for Alumni Weekend must accompany this registration*

I would like to pay by:  Check (Enclosed)  Credit Card (see below)

Card Type:  Visa  Mastercard  American Express Cardholder's Name \_\_\_\_\_

Card Number: \_\_\_\_\_ Address: \_\_\_\_\_

Expiry: \_\_\_\_\_

### 14.0 Reservation and Cancellation Policy:

- Reservations are taken on a first-come, first-served basis with a complete registration form and program fees paid in full.
- Refunds are available or additional charges may apply if the number of people in a party changes.
- The program fee enclosed with this form is fully refundable up to 10 days prior to the program.
- The BCCYMCA will **not pro-rate the fees** if we are unable to attend the entire program.

### 15.0 Declaration

I declare that all information presented herein is correct and complete, and conditions outlined by BCCYMCA are accepted by me. My signature stands to that effect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date