



Winter Thunderland Family Camp

YMCA Camp Thunderbird - December 13 - 15, 2019

Registration Form

Family Contact Information:

Family Representative Name: _____ Best Phone: _____
 Mailing Address: _____ State: _____ Zip: _____
 City: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____
 Email: _____ Best Phone: _____

Registration Instructions:

Below are outlined the options for lodging, meals, and activities. On the following page, please choose 1 lodging option per family. Then select 1 Meal Plan and 1 Activity Access per person.

Lodging Options (make selection on Page 2)

Single Family Occupancy	\$255/ family	Cabin price includes:	• 2 Nights Lodging
Double Family Occupancy	\$127.50/ family		• Private Restrooms and Showers
Triple Family Occupancy	\$85/ family		• Climate Control

Meal and Activity Plan Overview (Choose one of each, per person, on Page 2)

Meal Plans include 5 meals (Saturday breakfast - Sunday lunch)

Standard Meal Plan (ages 6+) \$55/person
 Child Meal Plan (ages 2-5) \$30/person
 Children <2 Free

Activity Access Passes

"Gold Tinsel" Access includes: all staffed Adventure Activities (zip line, Canoeing, etc.), non-staffed Recreation Activities, and Evening Programs \$30/person
 "Silver Bell" Access includes: only non-staffed Recreation Activities (basketball, scavenger hunt, fishing, etc.) and Evening Programs \$10/person

Registration Details:

1) Lodging Options (Please Choose 1)

- \$255/ family **Single Family Occupancy**
- \$127.50/ family **Double Family Occupancy**
Sharing with _____ Family
- \$85/ family **Triple Family Occupancy**
Sharing with _____ and _____ Families

2) Including yourself, please list those you are paying for on this registration. Please select a meal plan and activity access option for all participants ages 2+.

	Meal Plan: (1 per person)	Activity Access: (1 per person)	Subtotal:
Name: _____	Standard (\$55) Child (\$30)	Gold Tinsel (\$30) Silver Bells (\$10)	_____
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Changes and Cancellations:

Please submit, in writing, any needed changes to this registration.
Cancellations after December 7th will be refunded 50% of total payment.

Participant Subtotal: _____
Lodging Subtotal: _____

Total Amount Due: _____

PAYMENT OPTIONS:

- Please find my check payment enclosed.
- Please call me at the number provided above so that I can pay by credit card.

*To comply with current legislation, we do not take written forms of credit card information.

SEND COMPLETED REGISTRATION AND RELEASE FORMS TO:

bj.york@ymcacharlotte.org, OR

Winter Thunderland Family Camp, One Thunderbird Lane, Lake Wylie, SC 29710

I acknowledge that, by signing below, I am at least 21 years old and an authorized representative of my family. To maximize the enjoyment of the event for all attendees, I will hold my family accountable to the policies of Family Camp, YMCA Camp Thunderbird, and the YMCA of Greater Charlotte.

Family Representative Signature

Date

YMCA of Greater Charlotte
Release and Waiver of Liability

and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM. Entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, 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.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releasees from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-up.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Family Representative Signature _____

Printed Name _____