



Bluegrass Camp Food and Lodging Sign ups at YMCA CAMP HARRISON April 23 - 27, 2023

- Number of years at Bluegrass Camp? _____
- Yes, I have registered for Pete Wernick's Bluegrass Camp.

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Check-In: Sunday, April 23th at 4 pm – First meal Sunday Dinner
Check-out: Thursday, April 27th by 4 pm – Last meal Thursday Lunch

****Bluegrass Camp Registration with Pete includes all lunches & snacks****

- Cabin Package:** **\$300.00 – Lodging, breakfasts, dinners**
- RV Package:** **\$202.00 - RV Parking, breakfasts, dinners**
(No hook-ups. Includes Access to Shower House)
- Tent Package:** **\$165.00 - Tent Site, breakfasts, dinners**
(Includes Access to Shower House)
- Meal Package:** **\$108.00 – Breakfasts and Dinners**
- Individual Meals:** **Breakfast \$12.00 Dinner \$15.00**

Cabin Requests:

If possible we would like to be housed with roommate: _____

Check all preferences that apply: Male _____ Female _____ Light Sleeper _____ Snorer _____
Prefer Cooler Sleeping Room _____ Prefer Warmer Sleeping Room _____

Special Dietary Needs/Allergies _____

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

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)

Cabin Package \$300	_____
RV Package \$202	_____
Tent Package \$165	_____
Meal Package \$108	_____
Individual Meals #12/\$15	_____
Total Enclosed	_____
Full Payment Due with Registration	

PLEASE SEND REGISTRATION TO:

**YMCA CAMP HARRISON
7901 South NC Highway 18
Boomer, NC 28606**

(704) 716 4330

E-mail: campharrison@ymcacharlotte.org

Fax: 336-921-7069

Refunds/Changes & Cancellations:

All fees expected to be paid in full upon registration. Registrations without full payment will not be processed. Please keep a copy of your payments made. 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:

As a participant I understand that YMCA Camp Harrison assumes no responsibility for injuries or illnesses which my child or I may sustain as a result of a physical condition or resulting from 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, its agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage suffered as a result of participation in these activities.

While YMCA Camp Harrison will make every attempt to provide reasonable accommodations for participants with mental and physical challenges, the camp will not accept participants 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 participants to enjoy camp programs. Any of the above reasons will be grounds for dismissal from camp. Special conditions or circumstances must be discussed with the director prior to registration so that the appropriate program determinations can be reached.

I hereby give permission, if I am not able to do myself, 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. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child or myself.

Pets may not be brought to or housed on camp grounds or in camp facilities; with exception of service animals. Service animals must be kept on leash at all times and if housed in building must be in crate. Please be a responsible pet owner and clean up after your pet. Certain exceptions apply and must be discussed with Camp Harrison representative before event.

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 or 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. As a participant I give my consent for myself or 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. Participants under the age of 18 must be accompanied by a guardian or designated chaperone who is at least 21 years of age. We do not allow the use of tobacco, alcohol, illegal drugs, or weapons. 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.

Responsible Party Signature

Date