



YMCA Camp Queen Elizabeth Yoga Weekend Registration 2019

MAIN CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

HEALTH INFORMATION AND REQUESTS

MEDICAL CONCERNS AND/OR DIETARY RESTRICTIONS FOR REGISTRANT(S):

CABIN REQUESTS:

ADDITIONAL INFORMATION:

FEES AND PAYMENT

CAMP FEES

- SPRING YOGA WEEKEND 1 - YOGA AND MUSIC \$310
JUNE 7-9, 2019
- SPRING YOGA WEEKEND 2 - POWER AND FLOW YOGA \$310
JUNE 14-16, 2019
- FALL YOGA WEEKEND 1 - YOGA AND MEDITATION \$310
SEPTEMBER 6-8, 2019
- FALL YOGA WEEKEND 2 - YOGA AND HIKING \$310
SEPTEMBER 13-15, 2019

PAYMENT

CAMP FEES: _____

13% HST: _____

Donation to YMCA Strong Kids: _____

TOTAL: _____

- VISA
- MASTER CARD
- CASH

CC#: _____

NAME: _____

EXPIRY DATE: _____

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REGISTRATION PROCEDURES

Registrations are processed in the order of registration. This form can be mailed to:

YMCA Camp Queen Elizabeth

165 Elmwood Ave E., London, ON, N6C 0A8

Phone: 519-453-8858

Additional registration forms and/or online registration is available online at www.campqueenelizabeth.com, or at any YMCA of Southwestern Ontario Branch.

REFUNDS AND CANCELLATIONS

30 days or more prior to start of program: A full refund will be granted minus the non-refundable deposit of \$50/ person.

Less than 30 days from start of program: Refunds minus the non-refundable deposit of \$50 will be granted for medical reasons only. Written notice of the cancellation as well as a Medical Certificate must be approved by the Camp Director in order to qualify for a refund.

Refunds will not be issued in instances where the participant is dismissed from camp for contravention of camp guidelines or the camp code of conduct for behaviour.

A service charge of \$30 will apply to payments declined by the chosen financial institution.

YMCA Camp Queen Elizabeth reserves the right to cancel programs at any time due to inadequate registration.

AUTHORIZATION

1. I permit my family to participate in the full range of activities and authorize the Camp Director or his appointee, in the event of accident or illness affecting me or my family, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and wellbeing of the participant(s). Such action is to be taken only when immediate contact with the undersigned cannot be made.
 2. I understand that photographs, images or recordings containing my and my family's pictures may be used for promotion by the YMCA of Southwestern Ontario.
 3. I understand all the risks involved in my and my family's participation in YMCA Camp Queen Elizabeth programs, and accept full liability.
 4. I have read, understand and accept YMCA Camp Queen Elizabeth's Refund and Cancellation policy.
 5. I understand that information collected on this form may be used for YMCA promotions, mailings, newsletters and offerings. We will not collect, use, or disclose your personal information without your consent and will not lend or sell to third parties for any purpose.
- Check here if you do NOT wish the YMCA of Southwestern Ontario to contact you for any reason other than those reasons relating to this application.

Code of Conduct

The safety of each individual is of the utmost importance to the YMCA. I and my family recognize a personal responsibility to learn and follow at all times safety and other rules established by YMCA staff. I and my family understand that any behaviour that places me and/or my family, or others, at risk may result in immediate dismissal from the program. I agree to assume any expense(s) arising from program dismissal. I understand no refund will be granted for my or my family's dismissal or removal before the end of a camp session.

In order to ensure the safety and well-being of all participants, the YMCA reserves the right to alter the program at any time without compensation to participants, parents or guardians.

I have carefully read, understand, and accept the Refund and Cancellation policy, Authorization, and Code of Conduct information outlined above for attendance at YMCA Camp Queen Elizabeth, operated by the YMCA of Southwestern Ontario.

Signature: _____

Date: _____