



YMCA Camp Greenville

2010 Healing Challenge Application December 3-5 In Partnership with Winyah Community Hospice

Group Information:

Registrant's Last Name, First Name

Mailing Address

City State Zip Code

Email Address

Phone Number

How did you hear about Healing Challenge?

Please list others attending with group below:

Last Name, First Name Birth date

Last Name, First Name Birth date

Last Name, First Name Birth date

Last Name, First Name Birth date

Last Name, First Name Birth date

Other groups you would like to be near/Cabin Requests

Please tell us more about your family:

Name of Person for whom you are grieving Relationship to Family Date of Death

Please list anything else that you would like to tell us below:

*Please contact Jeff Grant of Winyah Hospice at (864) 888-7372 if you have anything further to say, or if you would prefer to not list it here.

Arrival and Departure:

Arrival Date and Time Departure Date and Time

Please note Arrival and Departure time for each session. Check-in is from 4-6PM on Friday, December 3rd, and check-out is from 1-2PM on Sunday, December 5th.

Cabin and Cabin Information:

- Ridgetop Cabins have indoor toilets and showers. Ridgetop Cabins have large porches for sitting. This group includes Gilpin-Cuthbertson, Crymes, and Mac's Cabin.
- Children under the age of three on the first day of the session may attend Healing Challenge at no additional charge.
- Please see the attached Healing Challenge Brochure for more information on lodging, activities and sessions. You may also contact the Group Camping Coordinator at the (864) 836-3291 ext. 108. Please call anytime!

Office use:

	Date	Submitted	Returned	EOM
Application Received				
Deposit Received				

Payment:

* •Children under the age of three on the first day of the session may attend Healing Challenge at no additional charge.

Payment Information	# People/Cabins	Cost (Ridgetop/Lakeside)	Subtotal
Healing Challenge (includes up to 3 people)	___ Cabins	X \$225 =	
Number of Additional People	___ People	X \$75 =	
Number of Additional People (under three)	___ People	X \$0 =	
Total Cost			
Refundable up to sixty days prior to the start of the session.	Minus Enclosed \$150 Deposit		
Balance Due Upon Arrival to Camp Greenville			
Please make check payable and mail with registration to: YMCA Camp Greenville Healing Challenge Registration P.O. Box 390 Cedar Mountain, NC 28718		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Amount to be charged: \$ _____ Sec Code: _____ Name as it appears on card: _____ Card Number: _____ Exp: _____ Signature: _____	
A \$150.00 deposit by check or credit card must accompany this application.			
<input type="checkbox"/> Please check this box if you are paying with a credit card, and you would like us to charge the balance on the first day of Healing Challenge.			

*50% of the cost of the weekend is underwritten by community contributors.

Medical/Consent:

*Please note pertinent information for each group member

_____	_____	_____	_____	_____
Family Physician Name	Office Phone Number	Insurance Company	Policy Number	Medications (Parents shall be responsible for all administration)
_____	_____	_____	_____	_____
Dietary needs	Allergies (Food, Insects, etc.)	Recent Illnesses/Activity Restrictions	Dates of Last Tetanus Shots	
_____	_____	_____	_____	_____
Emergency Contact	Relationship	Cell Phone Number	Home Phone Number	
*This information is to be used by Camp Greenville staff only in the event of an actual injury or illness. They may not review this information unless such need arises.				

Mailing List, Photo Release

I give my permission for any photos or videos taken of my family or me during the outing at YMCA Camp Greenville to be used for public relations. I give my permission for YMCA Camp Greenville to add me to their mailing list.

Liability

I hereby release YMCA Camp Greenville and the Greater Greenville YMCA and their employees, volunteers, and chaperones, from any financial or legal responsibility that may result from this outing. To insure prompt attention in case of serious accident or illness, I hereby authorize the persons responsible to incur expense deemed necessary and agree to pay for the same. Should the need arise; I give permission to the YMCA Camp Greenville to take me or other registrants on this form to a doctor or hospital for medical treatment. I also authorize an agency chaperone to execute any or all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

Medical Authorization and Release

Should I sustain or incur an accident or illness while attending YMCA Camp Greenville, I hereby authorize an agency official to execute any and all documents in my behalf, including necessary releases, which may be required by a medical facility to perform emergency care.

Minor Release

I certify that the participants named in this document are in good physical condition and that the information provided is accurate to the best of my knowledge. I, _____, give permission for my child(ren), _____, to participate in activities at YMCA Camp Greenville in Cedar Mountain, NC at Family Camp.

_____	_____	_____
Signing Parent Name	Signature	Date

Thanks for signing up for Healing Challenge! You will receive a registration packet 3-4 weeks prior to the first day of camp. If you have further questions please feel free to contact the Group Camping Coordinator at 864-836-3291 ext.108.

