

PAYMENT

Payment Information	Cost	Subtotal
Women's Wellness: May 18-20	\$170	
Women's Wellness: May 18-20 (YMCA of Greenville Members)	\$150	
Massage: May 18-20	\$25	
Horseback Riding: May 18-20	\$35	
Cooking Class: May 18-20	\$5	
Women's Wellness: October 12-14	\$170	
Women's Wellness: October 12-14 (YMCA of Greenville Members)	\$150	
Massage: October 12-14	\$25	
Horseback Riding: October 12-14	\$35	
Cooking Class: October 12-14	\$5	
Subtotal		
Total Cost		

Payment is refundable, minus \$25 administration fee, up to 4 weeks prior to the first day of the session.

***Receive \$20 for each registration of a friend who's never attended before. Have them reference your name upon registration. Payout will be a voucher either towards a camp experience within 6 months or for a check to be sent after **BOTH** of you attend Women's Wellness. Total payment will not exceed your full registration amount.

Checks or credit cards are accepted. Please make checks payable to YMCA Camp Greenville. You may mail, email or fax your registration.

Women's Wellness Registration
100 YMCA Camp Rd
Cleveland, SC 29635
rjames@ymcagreenville.org
F 864 836 3140

Visa MasterCard Discover American Express

Name as it appears on card

Expiration

Card Number

Security Code

Signature

MEDICAL/CONSENT

Family Physician Name

Office Phone Number

Insurance Company

Policy Number

Medications

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 Greenville staff only in the event of an actual injury or illness. They will not review this information unless such need arises.

Mailing List, Photo Release

I give my permission for any photos or videos taken of 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 staff to take me and 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.

Signature

Date

Thank you for signing up for Women's Wellness! You will receive a registration packet by email 3-4 weeks prior to the event. If you have further questions please feel free to contact Ryan James at 864-836-3291 ext.108.

YMCA Camp Greenville

100 YMCA Camp Rd, Cleveland, SC 29635

P 864 836 3291 F 864 836 3140 W campgreenville.org