



YMCA CAMP PINWOOD 2018 Work Weekend Registration

Send completed form via Email to camppinewood@ymcachicago.org – or –
by Mail to 4230 Obenauf Road, Twin Lake, MI 49457 Fax to 231.821.0487
Call our office at 231.821.2421 with any questions. Find us online at www.camppinewood.com

Each spring and fall dozens of volunteers converge on Camp Pinewood to keep Camp Pinewood looking its best! We work on a variety of projects, so everyone can help in some way! Families are welcome, and camp staff will be on hand to provide fun camp activities each evening.

Arrival: Friday, 5:00pm onward

Departure: Sunday, by 10:00am

Times are in Eastern Standard Time

This is a NO COST, VOLUNTEER Weekend.

All meals and lodging provided, from Friday Dinner through Sunday Breakfast.

Primary Contact (Must be at least 18 years old):

Spring: April 27th – 29th, 2018

Fall: November 2nd – 4th, 2018

Camper Name: _____ DOB: ____/____/____ Gender: M F

Contact Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Alternate Contact: _____ Phone: _____

Please List All Other Members of Your Family / Group Attending:

2. Name: _____ Age _____ Gender **M** **F**

3. Name: _____ Age _____ Gender **M** **F**

4. Name: _____ Age _____ Gender **M** **F**

5. Name: _____ Age _____ Gender **M** **F**

6. Name: _____ Age _____ Gender **M** **F**

7. Name: _____ Age _____ Gender **M** **F**

8. Name: _____ Age _____ Gender **M** **F**

9. Name: _____ Age _____ Gender **M** **F**

10. Name: _____ Age _____ Gender **M** **F**

Please list any special needs (dietary, etc.) or physical limitations of the members in your group: _____

Please note: The YMCA does not furnish accident/illness medical insurance. Medical bills, including prescription drugs, will be the responsibility of the parents. YMCA Camp Pinewood has my permission to use any photographs in its annual camp promotion. In the event I cannot be reached in an emergency, I do hereby give permission to transfer named above off the center property for the purpose of medical care or program activities as deemed appropriate by the director. I hereby give my permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for named above. We or I have read and agree to all the conditions of this application.

Primary Contact Signature: _____ Date: ____/____/____

[Please bring a signed User Agreement (can be found on our website) for all minors for whom you are not a legal guardian]