



YMCA CAMP PINWOOD 2019 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 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. In support of camp, and the costs incurred for the weekend, we ask participants to donate a small fee of \$5-10 per person per family.

Arrival: Friday, 5:00pm onward
Departure: Sunday, by 10:00am
Times are in Eastern Standard Time

Spring: April 26th-28th, 2019

This is a NO COST, VOLUNTEER Weekend however please consider donating a small amount to assist camp.

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

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

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]