



Big Teepee Federation 2008/2009

HERITAGE YMCA GROUP BIG TEEPEE FEDERATION



Spring Campout

This registration and applicable fees must be returned to the local Heritage YMCA Group facility or faxed to Shane Loy at 630.585.5560.

The YMCA accepts its responsibility to create an environment where models of acceptable behavior are found, and prohibits its staff, volunteers and participants from consuming alcohol at YMCA events

The Alcohol Policy will be enforced at each event. Please don't risk future participation in events!

Father/Child: _____	Tribe: _____
Tribe Chief Name _____	Phone # _____

Event: Spring Campout	Date: May 16-17	Registration Deadline: May 14th	Code: 09APR 2990
YMCA Member: \$33 Father/Child	Each Additional Child: \$13	# Attending: _____	
Non YMCA Member: \$40 Father/Child	Each Additional Child: \$16	# Attending: _____	
You may purchase a 2009 Strong Kids Patch for \$10 and help support the Heritage YMCA Group Strong Kids Campaign. # of Patches _____			
			Total Amount: _____

Payment Type: <input type="checkbox"/> Check	<input type="checkbox"/> Cash	Total Paid: _____
<input type="checkbox"/> Credit Card # _____	VISA-MC-Discover	Exp # _____

Participants or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damaged the Heritage YMCA Group, and its representative officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Heritage YMCA Group.

Signature of Participant (18 and over) or Guardian

Employee Use:
Initials: _____
Today's Date: _____
Center: _____

www.heritageymca.org

www.bigtp.org

Our Mission

To enhance the quality of life for families through programs reflecting Christian principles to build healthy spirit, mind, and body for all.
Field House • 31W290 Schoger • Naperville, IL 60564 • (630)585-2347 • Fax (630)585-5560