



2010 King Leadership Camp (KLC)

YMCA Camp St. Croix - Registration Form



King Leadership Camp 2010

Please return this completed form to: YMCA Camp St. Croix

532 county Road F • Hudson, WI 54016 • Phone 715-386-4380 • Fax 715-386-4382

Student/Camper Name _____ Male Female

Home Phone _____

Camper Street Address _____

City _____ State _____ Zip _____

Date of Birth ___/___/___ Age at camp ___ Grade in fall ___ School attending _____

First Parent _____

Second Parent _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Work phone _____

Work phone _____

Work place _____

Work place _____

Email Address _____

Email Address _____

Parent's date of birth _____

Parent's date of birth _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

KLC Year: 1st Year 2nd Year 3rd Year

KLC Dates for 2010 are as follows:

Check all available sessions.

- Session 1 - June 20 - 25 (Year 1) 1 wk group
- Session 3 - July 11 - 23 (Year 3) 2 wk group
- Session 3A - July 11 - 16 (Year 2) 1 wk group
- Session 3B - July 18 - 23 (Year 1) 1 wk group
- Session 4 - July 25 - 30 (Years 1 & 2) 1 wk group
- Session 5 - August 1 - 13 (Year 3) 2 wk group
- Session 5A - August 1 - 6 (Years 1 & 3) 1 wk group
- Session 5B - August 8 - 13 (Years 1, 2 & 3) 1 wk group

Preference

1st choice: _____

2nd choice: _____

Once we receive this form, a Confirmation Packet will be sent to you.

YES, My camper needs transportation.

Transportation: Pick up at Obama Elem. 707 Holly Ave, St. Paul, MN at 1:30pm the first day of your session of camp and drop off at 4:30pm on the last day.

This section must be signed by a parent or guardian of camper before registration is accepted.

Waiver of Liability and Release of Indemnification

I understand that although the Young Men's Christian Association of Greater Saint Paul (referred to as YMCA and Camp St. Croix have taken reasonable steps to provide my child with appropriate training, equipment and skilled staff for his/her outdoor experience, I acknowledge that the inherent risks include, but are not limited to those associated with, horseback riding, high ropes courses, climbing, waterskiing, tubing or other activities that involve inherent risk.

Aware of these risks and willing to assume them, I hereby waive release and agree to hold harmless the YMCA and Camp St. Croix and their representatives and successors for all claims or liabilities of any kind arising out of my child's participation in the camping experience. I have read the descriptions of the session, understand requirements for participation, and give my child permission to participate. I assume and accept full responsibility for his/her participation.

I understand that the YMCA and Camp St. Croix assumes no responsibility for injuries or illnesses which my child may sustain as a result of any physical condition or resulting from participation in any camp activities or experiences. I expressly acknowledge on behalf of myself and my child and heirs that I assume the risk for any and all injuries and illnesses which may result from my child's participation in these activities. I hereby release and discharge the YMCA and Camp St. Croix, its directors, officers, employees and volunteers from any and all claims of accident injuries, death, loss or damage which my child may suffer as a result of participating in these activities.

In the event that my child needs immediate medical attention for injuries received while participating in the YMCA program, I authorize the YMCA and Camp St. Croix staff to give my child reasonable first aid and to arrange transport of my child to a health care facility for medical services, as needed. My child has my permission to be transported by the YMCA and Camp St. Croix to and from any field trips, organized activities and/or time on the trail. I authorize the YMCA and Camp St. Croix staff to administer syrup of ipecac when instructed to do so by a poison control center. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or with in their personal belongings every-day of the program. If YMCA or Camp St. Croix staff is required to administer and use the epi-pen. That I agree to forever release and discharge the YMCA and its directors, officers, and employees for any and all liability arising out of or resulting from use or administration of the epi-pen. I hereby acknowledge that the YMCA and Camp St. Croix will assume that either parent of the child may pick up the child at any time during program unless there is a pertinent court documentation on-file at the YMCA and Camp St. Croix that indicated otherwise. Finally, I hereby release all pictures of my child taken by the YMCA and Camp St. Croix for promotional purposes and programming materials, including the YMCA and Camp St. Croix website.

Parent Signature _____ Print Name _____

Date _____