

# YMCA Camp St. Croix • 2010 Outdoor Adventure Summer Program • Registration Form

Please fill out completely and return to: **YMCA Business Center, 2125 E. Hennepin Ave., Minneapolis, MN 55413**  
**Ph: 612-230-9622 Fax: 612-465-0559**

## Participant Information

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in fall 2010 \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email address \_\_\_\_\_  Yes, I would like to receive YMCA program information via email.  
**This will be my child's \_\_\_\_\_ year in YMCA Summer Programs.**  
**My child has attended Day Croix at Camp St. Croix for \_\_\_\_\_ years.**

The YMCA welcomes all who wish to participate, and annually raises funds through our Y Partners campaign to help make that possible. Financial assistance is supported in part by contributions from Y Partners and other donors, and provides scholarships and subsidies for qualifying applicants within our available resources. Please let us know if we may serve you or your family in this way. Please call the YMCA at 612-230-9622 for more information. A scholarship application form takes up to two weeks to process and requires proof of income.

## PROGRAM INFORMATION (Please place a check next to the length of program you want your child registered for).

5 days per week \$139       4 days per week \$119       3 days per week \$96

*You must register for a minimum 6 weeks*

**Please: CHECK** the appropriate weeks (minimum of 6)

**CIRCLE** which days your child will attend

- June 14-18      Mon    Tues    Wed    Thurs    Fri
- June 21-25      Mon    Tues    Wed    Thurs    Fri
- June 28- July2    Mon    Tues    Wed    Thurs    Fri
- July 5-9          Mon    Tues    Wed    Thurs    Fri
- July 12-16        Mon    Tues    Wed    Thurs    Fri
- July 19-23        Mon    Tues    Wed    Thurs    Fri
- July 26-30        Mon    Tues    Wed    Thurs    Fri
- Aug 2-6            Mon    Tues    Wed    Thurs    Fri
- Aug 9-13          Mon    Tues    Wed    Thurs    Fri
- Aug 16-20         Mon    Tues    Wed    Thurs    Fri

## Fee Calculation:

5 days per week \$139 X  weeks = \_\_\_\_\_  
 4 days per week \$119 X  weeks = \_\_\_\_\_  
 3 days per week \$96 X  weeks = \_\_\_\_\_

- A non-refundable Registration Fee of \$50.00 is due with this form.
- Registrations will not be processed without this payment
- Weekly Fees; due 1 week prior to start of each session.

**Payment Information:** Minimum of \$50 Registration Fee due at this time.

**Check Enclosed:** Amount: \$ \_\_\_\_\_  
 **Credit Card:**  Visa     MasterCard     Discover     American Express **AMOUNT TO CHARGE at THIS TIME: \$** \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 I agree to pay above total amount according to card issuer agreement.



If you have any additional questions please contact  
**Naomi Balsimo at 612-465-0562**  
**naomi.b@ymcastpaul.org**  
**www.campstcroix.org**



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# YMCA Camp St. Croix • Emergency & Health Information Form

Please fill out completely and return to: **YMCA Customer Service Center • 2125 East Hennepin Ave • Mpls., MN 55413 • 612-230-9622 • fax 612-465-0559**  
 PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender  F  M

Grade in Fall 2010 \_\_\_\_\_ Age \_\_\_\_\_ This is my \_\_\_\_\_ year in Summer Programs

**Friends you would like to be grouped with :** (To ensure positive group dynamics, please limit **two** friends per request who are within the same age group.) \_\_\_\_\_

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

#1 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Change of Address**

Parent/Guardian's Birthdate \_\_\_\_\_ Gender  F  M Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

#2 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Birthdate \_\_\_\_\_ Gender  F  M Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

The following people should be contacted in case of emergency, only if parent or guardian cannot be reached AND are authorized to pick up the child:

1. Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

**MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:**

DPT _____	Polio _____
Measles _____	Mumps _____
Rubella _____	HIB _____
Tetanus _____	

**IS THE CHILD TAKING ANY MEDICATIONS?**  Yes  No

If yes, what kind and why: \_\_\_\_\_

**If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.**

**HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:**

- Special needs \_\_\_\_\_
- Allergies or Asthma \_\_\_\_\_
- Dietary restriction/s \_\_\_\_\_
- Chronic or recurring illnesses \_\_\_\_\_
- Operations or serious injuries (include date/s) \_\_\_\_\_

Status of child's vision, hearing, and speech \_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?

Yes  No

If yes, please comment: \_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons: \_\_\_\_\_

**SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW:** \_\_\_\_\_



## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence the **YMCA of Metropolitan Minneapolis** and the **YMCA of Greater St. Paul** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
  2. I **expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My child's participation in these activities is purely voluntary and I elect to have my child participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue my child's participation.
  3. I **hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in these activities, or my child's use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
  4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that my child has no medical or physical condition which could interfere with his/her safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
  5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
  6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- By signing this document, I agree that if my child is hurt or property damaged during my child's participation in this activity, then I and my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**
- I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to my child or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

### Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
3. My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
6. 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 within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen.
7. I give my permission for the YMCA to administer sunscreen as needed.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Minor Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_ Date \_\_\_\_\_