



YMCA Camp St. Croix 2010 Registration Form

Please return this completed form with *parental/guardian signature* to YMCA Customer Service Center
2125 E. Hennepin Ave. Suite 100 • Mpls, MN 55413 • Phone 612-822-2267 • Fax 612-465-0559



Please use one registration per child, per session. Please use a pen and print neatly.

Camper Name _____ Male Female

Home Phone _____ Are you a new or returning camper? New Returning This is my _____ year at camp.

Camper Street Address _____

City _____ State _____ Zip _____

Date of birth ____/____/____ Age at camp _____ Grade in fall _____ School attending _____

First Parent _____ Second Parent _____

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 _____

Home phone (if different than camper's) _____ Home phone (if different than camper's) _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Session Information: Session Number _____

Session Dates _____

Example: Session Number 3A Session Dates July 11 – 16

Session Name:

- (Circle One)**
- | | | |
|-----------------------|-----------------|----------------------|
| * Wilderness Trekkers | Schooners | Rocks-n-Ropes |
| Summer Sampler | * Vagabonds | Windjammers |
| Pioneer | Trail Trotters | * River Riders |
| Trailblazer | Boots & Saddles | * Rapid Riders |
| Homesteader | * Wranglers | * Voyageurs |
| Woodcrafters | First Mates | * Explorers |
| North Shore Hikers | Sailors | * Rockers |
| | | * Mni Sose |
| | | Puget Sound Paddlers |
| | | LDP Sailing/Hiking |
| | | LDP Canoe/Climbing |

***Additional transportation fee is required.**

Friends you would like to be in a cabin with: (To ensure positive group dynamics, please limit **one** friend per request who are within the same age group.)

Session Fee: \$ _____

Transportation Fee: \$ _____ (if applicable)

Total Camp Fee: \$ _____

Payment Information: A \$150 non-refundable deposit must accompany all registrations. Remaining fees due by May 3, 2010. **Registrations after May 3 require full payment.**

Check enclosed amount: \$ _____ (made payable to: YMCA Camp St. Croix)

Please bill my: Visa MasterCard Discover Am Express

Card # _____

Exp. Date _____

Please charge: only the \$150 deposit the entire camp fee

only the \$150 deposit now and the remaining balance on May 3, 2010

Complete balance is due on May 3, 2010.

Camp Referral: Refer a new camper and receive \$25 credit on your camp registration fee.

Friend who has been referred, must be registered by May 3, 2010 before credit will be applied.

Camp referral program ends May 3. See brochure for details.

Referral Name: _____

Referral Address: _____

Phone: _____ Email: _____

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

I wish to enroll my child in the session of YMCA Camp St. Croix as noted and agree to pay all camp fees by May 3, 2010. I understand that in the event of cancellation after May 3, or dismissal or withdrawal on account of homesickness, misconduct, failure to abide by YMCA Code of Conduct, or any other cause, except illness requiring the attention of a physician, payment of camp fee will not be refunded.

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 cannot be eliminated without destroying the unique character of this activity. Such 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 this 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 for accidents, 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 within their personal belongings everyday 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 from 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 the program unless there is a pertinent court documentation on-file at the YMCA and Camp St. Croix that indicates otherwise. Finally, I hereby release all pictures of my child taken 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 _____

Early Bird Registration ONLY:

Select a preferred T Shirt. Circle size.

Youth: M L
Adult: S M L XL