



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# HOMESCHOOL PROGRAMS

## Camp Ihduhapi 2015

Join us for hands-on, multi-age, and cross-curricular programming. All programs are designed to fit your needs as a homeschool household. Bring the whole family to experience something new, connect with other families and discover the outdoors!

**DAY PROGRAMS:** Classes are designed for the skills and interests of typical 3<sup>rd</sup> -6<sup>th</sup> graders. Younger and older siblings are welcome to enroll and join in the fun. \$15/participant. Bring your own lunch. 10am-3pm. Materials provided. This is a drop-off program, however parents are invited to stay and assist.

**Winter Survival:** Wed., Feb. 25

**Sap to Syrup:** Wed., March 25

**Tree I.D/Orienteering:** Wed., April 22

**Night Hike:** Thurs., May 14 (6-9pm)

**Birds:** Wed., Sept. 23\*

**Giant Zip Line/Climbing:** Wed., Oct. 21\*

**TBD:** Wed., Nov. 18\*

**Recycled-Art:** Wed., Dec. 16\*

**Animal Signs:** Wed., Jan. 20\*

\*Dates/classes subject to change

Visit our website or call for pricing, program details and to register. [campihduhapi.org](http://campihduhapi.org)

### YMCA Camp Ihduhapi

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(P) 763-230-9309 (W) [campihduhapi.org](http://campihduhapi.org)





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## HOMESCHOOL PROGRAM DESCRIPTIONS:

**“Winter Survival”**: Use the winter woods as a classroom to learn basic needs and test your skills by constructing a shelter, building a fire, and boiling water to make a cup of cocoa! Depending on conditions, learn to snowshoe and enjoy sledding on Toboggan Hill.

**“Sap to Syrup”**: Learn of the connections between syruping and Ojibwe Heritage through stories. Identify Sugar Maple trees. Learn the science behind sap flow. Tap a tree. Collect Sap. Conduct a taste test. Evaporate sap, and use math to convert sap to syrup.

**“Tree I.D/Orienteering”**: Use a dichotomous key to identify 15 different species of trees all around camp. Challenge yourself by learning to take a bearing with a compass and pace out distances through the woods to find all of the hidden markers!

**“Night Hike”**: Explore the amazing adaptations of nocturnal animals through games and activities. As your own rhodopsin kicks in, embark on a magical night hike through camp and get lost in the night sky.

**“Birds”**: Learn about the amazing diversity of birds through migration, bird lifestyles, and direct observation. Study the adaptations of barn owls and their role in the food web by dissecting a sterilized owl pellet and rebuilding the skeleton of a small mammal.

**“Giant Zip Line/Climbing”**: Start with teambuilding activities on the ground, move to our climbing wall and take turns climbing and belaying. Finish the day with an exciting zip on the Giant Zip Line!

**“Recycled-Art”**: Learn all about recycling. Create recycled paper, and tons of other recycled art projects! If you are feeling generous this Holiday Season, consider giving your creative and beautiful art away as presents!

**“Animal Signs”**: Discover winter animal activity through the signs they leave behind. Learn predator/prey relationships as you take on the characteristics of an animal in our ecosystem and play Ihduhapi’s favorite game of survival (depending on number of participants).



**CUSTOMIZED PROGRAMS:** If you don’t see what you need for your group, we can tailor a program to your needs and goals. Prices and scheduling depend on programming requests. Choose from a variety of environmental science classes, outdoor recreation activities, ropes courses, rock climbing, and the Giant Zip Line. Minimum group size of 12 kids.



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## YMCA CAMP IHDUHAPI HOMESCHOOL PROGRAMS REGISTRATION FORM 2015

**Registration Deadline: 10 days prior to program date (no refunds)**

Please return this completed form with parental/guardian signature to:

**Customer Service Center, 2125 E. Hennepin Avenue, Minneapolis, MN 55413 (P) 612-230-9622 (F) 612-223-6322**

Parent/Guardian \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

Email (required for confirmation) \_\_\_\_\_

**Please check programs attending**

**DAY PROGRAMS:** Grades 3-6, \$15/participant (younger/older siblings are welcome)

\_\_\_ **Winter Survival:** Feb. 25

\_\_\_ **Night Hike:** May 14 (6-9:pm)

\_\_\_ **TBD:** Nov. 18

\_\_\_ **Sap to Syrup:** March 25

\_\_\_ **Birds:** Sept. 23

\_\_\_ **Recycled Art:** Dec. 16

\_\_\_ **Tree I.D/Orienteering:** April 22

\_\_\_ **Giant Zip/Climbing:** Oct. 21

\_\_\_ **Animal Signs:** Jan. 20

**Please list all participants attending**

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Amount \$ \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Amount \$ \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

3. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Amount \$ \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

**SUB TOTAL \$** \_\_\_\_\_

**\*15% discount if registering for 3 or more programs**

Discount \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

**Payment Information**

Full Payment for all programs is required (no refunds).

\_\_\_ Check enclosed amount: \$ \_\_\_\_\_ **Make payable to YMCA Camp Ihduhapi**

Please bill my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Am Express: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**A separate waiver must be filled out for each participant. Please find the forms at [campihduhapi.org](http://campihduhapi.org)**





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**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 the Greater Twin Cities (hereinafter referred to as YMCA) 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/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue 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/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. 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 I/my child have no medical or physical conditions which could interfere with our 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.

**Parent/Guardian Authorization Section -- Transportation/Medical**

1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child 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.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
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 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.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, 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 and/or medication.

**General**

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

**By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or 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 me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (with area code) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.  
 Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_