



ELK RIVER YMCA

YOUTH SUMMER PROGRAM 2025 REGISTRATION

HOW TO REGISTER

We have gone green! Register online at ymcanorth.org/summer. For registration assistance contact 612-230-9622.

ALL PROGRAMS

- Confirmation will be sent via email after registration. You will be billed for the remaining balance, due two weeks prior to the start of the session. Online registration requires automatic electronic fund transfer (EFT), which will be processed two weeks prior to each program session week.
- A refund of program fees is available if you cancel your registration no later than 11:59 p.m. CT on the Monday two weeks before your program's start date.
- No refunds are available for changes or cancellations made after 11:59 p.m. CT on the Monday two weeks before your program's start date. Program registration fees are non-refundable and non-transferrable.
- A parent handbook is available online at ymcanorth.org/summer after April 1, 2025. It is important to review all information contained in this document.

SUMMER POWER

A \$50 one-time, non-refundable administrative fee is required per program. You may register for as many weeks as needed. Register online or find forms at ymcanorth.org/summer, select Summer Paperwork and Schedules. Please review the handbook for important information.

PROGRAM ACCESS

The Y is committed to the policy that all persons should have equal access to its programs, facilities, and enjoyment without regard to race, ability, creed, national origin and sex. The Y will accommodate special needs into existing programs to the extent that financial and physical resources permit. So we may provide a positive experience, please contact the Y if your child has any special needs requiring any accommodations.

ACCOMMODATION PROCESS

Consideration is given to the individual needs of every child and the ability of the program to meet those needs. Please inform the Y during the enrollment process if you or your child requires any special accommodation. It is helpful for a smooth program transition to have a conference prior to enrollment. This information enables the Y to better meet your needs or those of your child, within available resources and to the extent reasonable. All staff that will be working with a child with special needs will be informed of how to care for or meet those needs in a timely fashion through a meeting or written notification.

YMCA FINANCIAL ASSISTANCE

We look forward to having you with us! YMCA Financial Assistance is a needs-based scholarship fund made available through Y Annual Fund – individual and business contributions to our communities. Learn more about YMCA Financial Assistance and apply online at: ymcanorth.org/scholarships. Call 612-230-9622 if you have questions about the application process.

FOR MORE INFORMATION:

YMCA Customer Service Center
651 Nicollet Mall, Ste 500, Minneapolis, MN 55402
(P) 612-230-9622 • (F) 612-223-6322

Register online at ymcanorth.org/summer

Elk River YMCA

PARTICIPANT INFORMATION

Use full legal names for all parties.

Child's First Name: _____ MI _____ Last Name: _____ Birth date: _____

Gender: _____ Child's Grade in Fall 2025: _____ Phone: _____ Email: _____

Child's Shirt Size: YOUTH S M L ADULT S M L XL

PUT AN "X" IN EACH APPLICABLE BOX Select ONE program per week.

*No program July 4

SUMMER POWER

Entering Grades K - 5

Child must be 5 years old and going into kindergarten on/by the first day of the program.

FEES: 5 days/week \$248 3 days/week (M/W/F) \$182 2 days/week (T/Th) \$124

SITE: Elk River YMCA

June 9-13	June 16-20	June 23-27	June 30-July 3	July 7-11	July 14-18	July 21-25	July 28-Aug 1	Aug 4-8	Aug 11-15	Aug 18-22	Aug 25-28
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CHILDCARE SUBSIDY PROVIDER INFORMATION

A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.

Our family currently receives childcare assistance from:

County _____ Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # (Required) _____

Paperwork submitted to County/Agency: Yes No

PAYMENT INFORMATION

Please note, registrations will not be processed without deposit/administrative fee.

Check enclosed amount: \$ _____ (payable to: YMCA of the North)

Check # _____ Remaining balance billed 1 week prior to the start of each weekly session.

Please bill my: Visa MasterCard Discover Am Express

Card # _____ Exp. Date _____

Please charge: \$50 deposit per Sports session and/or Summer Program administrative fee. You will be billed for the remaining balance, due two weeks prior to the start of the session.

Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.

Name on Card _____ Card Number: _____ Exp Date: _____

Signature:

I agree to pay above total amount according to card issuer agreement. _____

2025 SUMMER PROGRAM REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE AT [YMCANORTH.ORG/SUMMER](https://ymcanorth.org/summer)

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

YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402 • Phone 612-822-2267 • Fax 612-223-6322

Please use one registration per child, per session. Submissions/Questions: ymcanorth.org/contact_us

Child Name _____
Last First Middle

Preferred Name/Nickname _____ Gender/Pronouns _____

This is my _____ year in the program. Date of Birth _____ Grade in Fall 2025 _____

Ethnicity (optional) _____

1ST CONTACT PARENT/GUARDIAN

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

2ND CONTACT PARENT/GUARDIAN

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Child resides with: Mother Father Both Other _____

Mailing and Communication will be sent to 1st contact.

SESSION INFORMATION

How did you find out about this program? _____

EMERGENCY CONTACT INFORMATION AND PICK UP AUTHORIZATION

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

First Emergency Contact _____ Relationship to Child: _____

Phone: _____ Phone type: Home Mobile Work Other _____

Second Emergency Contact _____ Relationship to Child: _____

Phone: _____ Phone type: Home Mobile Work Other _____

Will your child have health insurance at the time of their session? Yes No

Health Insurance Co.: _____ Policy/Group #: _____

Primary Insured Name: _____ Primary Insured Date of Birth: _____

Physician's Name: _____ Physician's Phone: _____

Dentist Name: _____ Dentist's Phone: _____

CHILD HEALTH INFORMATION

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

Are all of your child's immunizations up to date? Yes Conscientious Objector

Month, date and year of most recent immunizations: Information required including specific dates. Or attach Immunization Record.

Does your child have any medical conditions that require special care? Yes No _____

Has your child had any surgeries, illness, or injuries we should be aware of? Yes No _____

Does your child have any allergies we should be aware of? Yes No _____

Does your child have any dietary restrictions? Yes No _____

Does your child have any camp activities from which they should be restricted for medical reasons? Yes No _____

RECORD OF PAST MEDICAL TREATMENT.

Chronic Concerns: Check all that pertain to this child/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Surgeries | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Heart Defect/Disease |
| <input type="checkbox"/> Other: _____ | | | |

Provide information about health care need for each item checked: _____

CHILD PERSONAL AND SOCIAL INFORMATION

We want every child that comes to have a safe, fun, and enriching experience. We want every child to feel at home. Is there anything you would like to share with us so we can make sure your child's experience is spectacular?

MEDICATIONS FROM HOME

If medication needs to be administered during the program, including if your camper will have an inhaler or epi pen with them at camp, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Check all items your camper will have at camp:

- Medication Inhaler Epi Pen

PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here _____ Date _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE FEBRUARY 2022

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 North (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, illness, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries resulting from falls or contact with other participants; death or brain damage as a result of drowning or near drowning in pools or other bodies of water; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19. Releasees are not responsible for lost, stolen or damaged clothing or other property. I understand such risks can't be eliminated, despite the use of safety and security equipment and protocols, increased cleaning, masking and physical distancing, without jeopardizing 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. I /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 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. 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 apply.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from 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 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.
5. I represent that I have adequate insurance to cover any injury, illness 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, illness or damage myself. I further represent that I/my child have no medical or physical conditions that 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.
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 or illness that may occur 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. I understand that until COVID-19 or other subsequent illnesses are fully eliminated, I may be asked to quarantine myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
2. If applicable, 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 for myself/my child to participate in all walking activities and field trips.
3. 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.
4. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
5. If my child or I require use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and medication are on my child or me 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 all liability arising out of or resulting from use or administration of the epi-pen and/or medication.
6. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; following all infectious disease protocols as defined by WDH, MDH and CDC; safety and security protocols, and all other protocols as trained or stated during participation.

WILDERNESS TRIPS AND PARTICIPATION

I give permission for myself or my child to enter Canada or other International location as designated by participation in the program. I also understand that I/my child will need to bring our passport with if the trip involves international travel.

Nothing in this Acknowledgement and Assumption of Risks and Release and Indemnity Agreement shall be interpreted as the participant and parent releasing the YMCA and the Releasees from liability for injuries, damage, death, or other loss to participant or others that may occur within the Jurisdiction of the National Park Service and is caused by YMCA negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to the YMCA judgments and decisions, or YMCA failure to take reasonable precautions to ensure it provides defect-free equipment.

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 if applicable.
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. In addition, 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 (_____) _____ 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 _____