

KING LEADERSHIP CAMP

2016/2017 Retreat Registration

Complete this form and submit it to the YMCA Camp St. Croix office.

Register for:

Fall Service Retreat: October 7-9, 2016 Spring Retreat and Graduation: April 28-30, 2017

Participant Name _____ Male Female Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Health Insurance Co. _____ Policy No _____

Primary Parent/Guardian _____ Email _____

Preferred Phone _____ Address _____

Alternate Phone _____ City/State/Zip _____

Secondary Contact Name _____ Secondary Contact Phone _____

YMCA Camp St. Croix must have an up to date Camper Personal History on file. Please check one.

- I am submitting an up to date Camper Personal History along with this registration.
- I am not submitting a new Camper Personal History; no significant health changes have taken place since Summer 2016 KLC attendance.

Fall Service Retreat Transportation

The Fall Service Retreat will take place at YMCA Camp duNord near Ely, MN. All participants will together ride a bus from the Twin Cities to Ely.

Departure: 4:30pm, October 7

Return: 5:50pm, October 9

Location of drop off and pick up: TBA

Spring Retreat and Graduation Transportation

Select one:

- My camper needs transportation from and to Obama Elementary. I will drop them off at 6pm, April 28, and pick them up at 1PM, April 30.
- My camper doesn't need transportation. They will be dropped off at Camp St. Croix at 7pm, April 28, and picked up at noon, April 30.

Waiver of Liability and Release of Indemnification

I understand that although the YMCA of the Greater Twin Cities (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 of 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 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 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.

Primary Parent/Guardian Signature _____ Date _____

Mail: 532 County Rd F, Hudson, WI. Fax: 715-386-4382

