



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2018 WORLD CAMP

AGE 12-17; HUDSON, WI, USA; JULY 8-AUGUST 3; \$2800

PROGRAM OVERVIEW

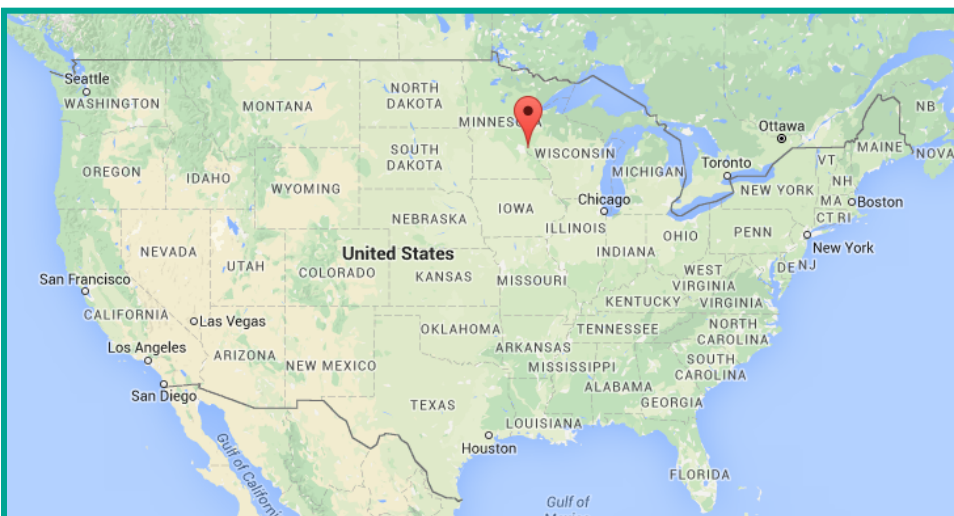
Camp St. Croix draws dozens of youth from around the globe, both American ex-patriots and foreign nationals, to Hudson each summer. While here, international campers experience the best that St. Croix offers and spend their weekends in homestays experiencing American culture (like the Mall of America and Twins Baseball).

Some participants come as individuals, flying by themselves to Minneapolis-St. Paul International Airport where they are picked up at the gate by St. Croix staff. Others come in groups, with multiple participants coming from partnering organizations, commonly YMCAs, overseas.

Throughout their time at Camp, international campers are supported by third-culture kid competent staff and surrounded by both American and international staff (one-fifth of our staff are from overseas). They are able to phone home once a week during their stay and we scan and email written communications daily.

The YMCA of the Greater Twin Cities: A Global Center of Excellence

As a Global Center of Excellence Y, the YMCA of the Twin Cities is committed to international youth development work; we want to do our part to instill the Y's values of caring, honesty, respect and responsibility in young people the world around.



At Camp all participants are immersed in the English Language. While Elementary Proficiency is required, World Camp participation is a great way for non-native English speakers



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PROGRAM OVERVIEW

Depending on their age, campers take part in either Traditional, Adventure, or Leadership Development Program sessions. In Traditional sessions, campers do everything that camp has to offer. They canoe, sail, create art, play innumerable games, are introduced to our trail program, and make friends with other youth from all over the world. Adventure camps are similar to traditional camps except that participants choose a focus: either horses, rock climbing, sailing or canoeing.

The Leadership Development Program is how St. Croix trains its next generation of leaders. Camp’s focus shifts to outdoor skill mastery, service learning, and group leadership.

All of our campers live in modern cabins with groups of other boys or girls their age, eat healthy meals, and are led by experienced and well-trained staff. We have a health professional on camp at all times, either a registered nurse or a doctor, and are five minutes from a hospital.

International Staff
Roughly a fifth of St. Croix’s seventy summer staff are from abroad. As with all our staff we look for extensive experience with youth and with outdoor activities. Volunteer or professional experience with the YMCA is a plus as well. International young adults who are interested in pursuing employment can contact John Bussey at john.bussey@ymcamn.org.

	July 8—20	July 22 – August 3
12/13 year olds	Traditional Camp _____	Traditional Camp _____
14/15 year olds	Adventure Camp _____	Adventure Camp _____
16/17 year olds	Adventure Camp _____	Leadership Development Program _____
18 year olds	Leadership Development Program 3 _____	

Feel free to contact John Bussey, Senior Program Director at YMCA Camp St. Croix with any questions:

- john.bussey@ymcamn.org
- 1.612.465.0566



2018 WORLD CAMP

REGISTRATION: GENERAL INFORMATION

Register for 2018 World Camp by completing all four pages of registration document and sending it electronically, as a .pdf attachment, to john.bussey@ymcamn.org.

PARTICIPANT INFORMATION

Camper name: _____ Male Female Date of birth: _____
 Address: _____ City, Country: _____
 Phone: _____ Email: _____
 Passport Country and Number: _____ Passport Exp.: _____

PARENT/GUARDIAN INFORMATION

First parent/guardian: _____ Second parent/guardian: _____
 Primary phone: _____ Primary phone: _____
 Email: _____ Email: _____
 Address: _____ Address: _____
 City, Country: _____ City, Country: _____

PROGRAM CHOICE

Make your program selections based on the age you will be on September 1, 2018. Descriptions of all programs can be found on pages 5-12 of the Camp St. Croix catalog.

12/13 yrs old	All 12 and 13 year olds do a variety of activities while they are at camp.				
14/15 yrs old	Select 8-20 July session	<input type="checkbox"/> Wilderness Canoeing	<input type="checkbox"/> Sailing	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Horses (+\$100)
	Select 22 July-3 August session:	<input type="checkbox"/> Wilderness Canoeing	<input type="checkbox"/> Sailing	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Horses (+\$100)
15/16 yrs old	Select 8-20 July session	<input type="checkbox"/> Wilderness Canoeing	<input type="checkbox"/> Sailing	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Horses (+\$100)
	Select 22 July-3 August session:	<input type="checkbox"/> Wilderness Canoeing	<input type="checkbox"/> Sailing and Rock Climbing	<input type="checkbox"/> Horses (+\$100)	
18 yrs old	Select 8 July -3 August session:	<input type="checkbox"/> Wilderness Canoeing	<input type="checkbox"/> Sailing and Rock Climbing		

PAYMENT INFORMATION

World Camp costs \$2800 plus extra for horse camps.

I want to pay with credit card. I understand that I will be charged a non-refundable \$150 now and the remainder on May 1, 2018.

Visa MasterCard Discover American Express
 Card #: _____ Exp.: _____

I want to pay by wire transfer, please contact me to make the arrangements.

PARENT/GUARDIAN SIGNATURE

Please sign above affirming all is accurate

Return all four pages of this form electronically to john.bussey@ymcamn.org

P 715-386-4380 F 715-386-4382 W campstcroix.org



2018 WORLD CAMP

REGISTRATION: HEALTH INFORMATION

CAMPER INSURANCE INFORMATION

Health Insurance Co: _____ Policy/Group Number: _____
 Primary Insured Name: _____ Primary Insured Date of Birth: _____
 Primary Emergency Contact Phone: _____ Emergency Contact Email: _____

CAMPER HEALTH INFORMATION

Please attach additional pages if necessary.

Physician's Name: _____ Does your camper have any **allergies** we should be aware of?
 Physician's Phone: _____

Are all of your campers immunizations up to date? Yes / No _____
 Date of last tetanus shot (MM/YY)? ____ / ____ _____

Does your camper have any **medical conditions** that require special care?
 Does your camper have any **dietary restrictions**?

Does your camper have any **surgeries, illness, or injuries** we should be aware of?
 Does your camper have any **camp activities** from which they should be restricted for medical reasons?



2018 WORLD CAMP

REGISTRATION: PERSONAL INFORMATION

CAMPER LETTER TO CAMP ST. CROIX

Please, future camper, tell us in 6-8 sentences why you want to come to Camp St. Croix in 2018. Your letter will be shared with your camp staff before you arrive.

Parent’s Authorization

This personal history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant’s dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child’s exposed skin, on an as-needed basis.

Parent/Guardian Signature: _____ Date: _____

Memo of Understanding

To be read, understood and signed by Camper and Parent

In order to provide the best possible camp experience for everyone, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to smoke, chew tobacco, or possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept in the Health Office under the control of the Health Supervisor.
4. Campers are not to possess or use firecrackers or explosives, Campers may not possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper’s parent.
6. Campers may not leave camp property or established boundaries without YMCA staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, sexual harassment/intimidation and improper behavior in transportation vehicles, may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parents’ expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. The camp administration reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

I have read, understood and will abide by the rules as stated above throughout my stay at camp.

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____

2018 WORLD CAMP

REGISTRATION: WAIVER

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 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: _____ Date: _____

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

In consideration of _____ (print minor's name) 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.

Signature: _____ Print Name: _____ Date: _____

2018 WORLD CAMP

FREQUENTLY ASKED QUESTIONS

What is the age range for international campers?

Campers must be between 12 and 18 years old on 1 September, 2018 to take part in World Camp.

How does travel work?

World Camp begins on 8 July and ends on 3 August.

If your camper is flying in just for camp, flights should be scheduled to arrive at Minneapolis-St. Paul Airport (MSP) on 2 July and to depart on 30 July. A YMCA staff member will pick your camper up at their gate as they get off the plane on 2 July and stay with them at the gate until they leave on 30 July.

If your camper will spend time with friends or family in the United States before or after camp they should be dropped off at camp between 1 and 3 pm on 3 July and picked up between 1 and 3 pm on 29 July.

What does the camper fee cover?

\$2600 covers the entire experience for most campers. We charge an extra \$100-\$150 per horse session.

From the time your camper gets off the plane on 7 July until they get back on 4 August all needs will be taken care of.

The fee does not cover flights, health insurance, or spending money (we recommend \$50-\$150 dollars).

Can my camper have electronics like an audio player or cell phone?

Campers may bring electronics for use during travel and during their weekend homestay. During the majority of their time, however, they will not be allowed to have electronic devices with them.

Where will my camper store their electronics, passport and other valuables?

We will store your camper's electronics, passport, documents and cash in a secure location.

Will my camper see America outside of camp?

Yes, your camper will have a two night homestay during which time they and one other international camper will spend the weekend with an American host family. Host families often bring their international guests to sporting events, malls, and American restaurants. Our host families are frequently families of other St. Croix campers and have all undergone background checks.

How can we be in contact with our camper?

All international campers place one call home per week.

We also encourage email communication. We print received emails to campers daily and scan and send home letter written from campers.

What if my camper gets hurt or sick?

We have a registered nurse on camp property at all times and are 3 miles from an emergency room and clinic if need be. In cases of emergency we will contact you immediately, regardless of any time difference. If a condition is not serious we will contact you as soon as possible at a reasonable hour, considering the time difference.

Does my camper need to speak English?

Your camper will need to speak English, but they do not have to speak it perfectly to have a successful experience.

Does my camper need health insurance?

Yes, all campers must have health insurance valid in the United States. In many cases your standard health insurance

will cover visits to the United States. If you need to purchase temporary health insurance we encourage you to use www.insuremytrip.com to find basic single trip medical insurance.

Who pays for medical care if my camper needs treatment?

The parent is responsible for the cost of medical care. Camp St. Croix is not responsible for the cost of any medical care that takes place during a camper's time at camp.

While we work with doctors who help keep medical fees reasonable, treatment in the United States can be expensive. For this reason it is very important that your camper holds health insurance.

How do I register my camper?

You register by completing and submitting the International Camper Registration Packet.

Who is my primary contact in the United States?

You can contact John Bussey at john.bussey@ymcamn.org or 1.612.465.0566.

This document will be updated as we receive more questions. You can always find the most up to date version at campstcroix.org/forms_publications/

