



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

LEADERSHIP DEVELOPMENT PROGRAM 2018

SERVICE, SKILLS, AND TEAMWORK.

The LDP is our challenging outdoor leadership progression for youth entering grades 9-12. LDP instructors coach on group facilitation and leadership, teach technical outdoor skills, and ask participants to collaboratively make consequential decisions.

Participants choose between three focus areas: wilderness canoeing (Explorers), climbing and sailing (Mariners), or horses (Equestrians). The priority application/registration deadline is March 1, 2018

GROUP LEADERSHIP

The progression from shadowing counselors to being the primary leader of games and activities for younger Camp St. Croix campers constitutes a significant arc of development for St. Croix LDP participants. They learn to develop goals, plan activities, implement, then reflect and revise based on what worked well and what did not.

TEAMWORK

LDP participants are continually asked to make consequential decisions as a group. To debrief and learn from those experiences, Camp St. Croix has developed the 445 Leadership Model. That framework conceptualizes leadership as value driven, composed of various skills, and entailing understanding of one's role.

OUTDOOR SKILL DEVELOPMENT

MARINERS & ADVANCED MARINERS CLIMBING AND SAILING

On the water, Mariners hone skills on Optimists, 420s and J22s. After they master the basics they head out on incredible overnight sailing expeditions locally or to Lake Superior. They build climbing skills in camp and explore the Upper Midwest's best crags, including Devil's Lake or Shovel Point.

EXPLORERS & ADVANCED EXPLORERS

WILDERNESS CANOEING
Camp St. Croix's Explorers master paddling and portaging skills in the upper reaches of the St. Croix watershed before heading out on multi week canoeing trips in Minnesota's Boundary Waters. More than anything else that Camp St. Croix does, the Explorer program teaches wilderness travel skills, exploring untrammed waterways.

EQUESTRIANS & ADVANCED EQUESTRIANS

HORSES
LDP Equestrians are the future leaders of our horse program. They gain skills in training, riding, and caring for horses and teach younger campers. They spend weekends at various training facilities and horse therapy centers in the St. Croix Valley.

FINANCIAL ASSISTANCE IS AVAILABLE.

FOR INFORMATION CONTACT JOHN BUSSEY (JOHN.BUSSEY@YMCAMN.ORG)

	Entering grades 9-11; 7/22-8/3	Entering grades 10-12; 7/8-8/3
Wilderness Canoeing	<input type="checkbox"/> Explorers ; \$1375	<input type="checkbox"/> Advanced Explorers ; \$2805
Sailing and Climbing	<input type="checkbox"/> Mariners ; \$1375	<input type="checkbox"/> Advanced Mariners ; \$2805
Horses	<input type="checkbox"/> Equestrians ; \$1425; female only	<input type="checkbox"/> Advanced Equestrians ; \$2855; female only

APPLY AND REGISTER

Application and registration for the St. Croix LDP can be done by completing and submitting:

- The LDP Application/Registration
- The LDP Camp St. Croix Waiver
- Two LDP References (new applicants only)

New participants are encouraged to apply for Explorers, Mariners, or Equestrians. Participants who have successfully completed one of those sessions are invited to register for an advanced session.

Many participants that complete the LDP go on to serve as staff members at Camp St. Croix, applying to be a counselor once they turn 18. Participants who have successfully completed an Advanced Session but are not yet eligible to be considered for hire are encouraged to either continue their development with further Advanced Sessions or build their resume with volunteer or professional youth development work elsewhere (nearly all of our best staff have work experience elsewhere before joining the Camp St. Croix team.

OUTDOOR SKILLS PARTNERS

To assure the highest quality outdoor skill instruction possible Camp St. Croix works with an incredible set of partners. For some an additional waiver may be required.

Mariners	Vertical Endeavors Guided Adventures and Sail Pepin
Advanced Mariners	Vertical Endeavors Guided Adventures, Sail Pepin, and Amicus Sailing
Explorers	YMCA Camp Menogyn
Advanced Explorers	YMCA Camp Menogyn
Equestrians	Changing Gaits Equine Therapy
Advanced Equestrians	Pine Lake Pastures and Changing Gaits Equine Therapy

THE 445 LEADERSHIP MODEL

Four Values	Four Roles	Five Skills
Caring	Self Leader	Grit
Honesty	Peer	Emotional Intelligence
Respect	Team Member	Communication
Responsibility	Team Leader	Judgement
		Initiative

CONTACT

The LDP is overseen by John Bussey, Program Director of YMCA Camp St. Croix. He can be contacted at: john.bussey@ymcamn.org.



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LDP APPLICATION/REGISTRATION

PRIORITY DEADLINE 3/1/2018

This forms serves as an application and, if accepted, a registration document. Please be sure to complete the back as well as the front.

PARTICIPANT INFORMATION

Applicant name: _____ Male Female Date of birth: _____

Address: _____ City, state, zip: _____

Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION

First parent/guardian: _____ Second parent/guardian: _____

Primary phone: _____ Primary phone: _____

Secondary phone: _____ Secondary phone: _____

Email: _____ Email: _____

Address: _____ Address: _____

City, state, zip: _____ City, state, zip: _____

Entering grades 9-11

Entering grades 10-12

Wilderness Canoeing	<input type="checkbox"/> Explorers; \$1375; 7/22-8/3	<input type="checkbox"/> Advanced Explorers; \$2805; 7/8-8/3
Sailing and Climbing	<input type="checkbox"/> Mariners; \$1375; 7/22-8/3	<input type="checkbox"/> Advanced Mariners; \$2805; 7/8-8/3
Horses	<input type="checkbox"/> Equestrians; \$1425; 7/22-8/3	<input type="checkbox"/> Advanced Equestrians; \$2855; 7/8-8/3

PAYMENT INFORMATION

Camp St. Croix requires that a \$150 non-refundable deposit accompany program application (charged pending acceptance and registration). The remaining balance must be paid by May 1, 2018.

Pay with check (deposited only upon acceptance):

Check enclosed for \$150

Pay with credit card (charged only upon acceptance):

Visa MasterCard Discover American Express

Card #: _____ Exp.: _____

Charge only the \$150 deposit.

Charge the \$150 deposit now and the balance on May 1, 2018.

FINANCIAL ASSISTANCE AND WORK WEEKENDS

Contact John Bussey (john.bussey@ymcamn.org) to learn about work weekends and financial assistance.

PARENT/GUARDIAN SIGNATURE

Please sign above affirming all is accurate

I am submitting a signed waiver along with this application

Return this form physically: YMCA Camp St. Croix, 532 County Road F, Hudson, WI 54016

Return this form electronically: Tracy.ryman@ymcamn.org
P 715-386-4380 F 715-386-4382 W campstcroix.org

LDP APPLICATION/REGISTRATION

REFLECTION QUESTIONS – NEW APPLICANTS AND RETURNING PARTICIPANTS

Question for new applicants and returning participants

- Why do you want to participate in the St. Croix LDP, what do you hope to gain?

Questions for new applicants only

- Describe extracurricular activities, clubs, and athletics in which you take part. Please highlight any leadership experience you have gained through them.

- Think of a leader you respect; what qualities does that person have that you would like to emulate?

- What do you feel are your greatest leadership strengths?

- In what areas do you feel you have the greatest room for growth in leadership skills?

REFERENCES – NEW APPLICANTS ONLY

New LDP applicants are required to submit two LDP Reference Forms, one completed by a family member and one completed by a non-family member. They may be submitted by mail, email, or fax.

LDP 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: _____ Date: _____



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEADERSHIP DEVELOPMENT PROGRAM

REFERENCE FORM: FAMILY MEMBER

Applicant name: _____

This individual is applying to participate in the Camp St. Croix Leadership Development Program in the summer of 2018. Please comment on their observed leadership skills and style; information you submit will remain confidential.

Submit this form within two weeks of receipt to John Bussey, Camp St. Croix Program Director, via:

- mail to 532 County Road F, Hudson, WI 54016
- fax to (715) 386-4382
- email to john.bussey@ymcatwincities.org

Reference name: _____ Signature: _____

	Comparison to peer group				Comments
	Top 33%	Middle 33%	Bottom 33%	N/A	
Willingness to take on responsibility					
Responsiveness to feedback					
Emotional maturity					
Dependability in planning and scheduling					

Please share one example of a time you observed the applicant take on a leadership role. What was the situation, what were their actions, and what were the results?



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEADERSHIP DEVELOPMENT PROGRAM

REFERENCE FORM: NON-FAMILY MEMBER

Applicant name: _____

This individual is applying to participate in the Camp St. Croix Leadership Development Program in the summer of 2018. Please comment on their observed leadership skills and style; information you submit will remain confidential.

Submit this form within two weeks of receipt to John Bussey, Camp St. Croix Program Director, via:

- mail to 532 County Road F, Hudson, WI 54016
- fax to (715) 386-4382
- email to john.bussey@ymcatwincities.org

Reference name: _____ Signature: _____

	Comparison to peer group				Comments
	Top 33%	Middle 33%	Bottom 33%	N/A	
Willingness to take on responsibility					
Responsiveness to feedback					
Emotional maturity					
Dependability in planning and scheduling					

Please share one example of a time you observed the applicant take on a leadership role. What was the situation, what were their actions, and what were the results?
