



OFFICE USE ONLY	
Date rcvd: _____	
<input type="checkbox"/> Roster	<input type="checkbox"/> Confirmation
<input type="checkbox"/> Personify	<input type="checkbox"/> Camp Brain

YMCA CAMP NORTHERN LIGHTS FAMILY CAMP

MAY 31 - JUNE 2

REGISTRATION FORM

Complete this form and return with payment to:
CAMP ADMINISTRATIVE OFFICE
 651 Nicollet Mall, Ste 500
 Minneapolis, MN 55402
(P) 651-645-6605
(F) 612-223-6322
(E) info@campnorthernlights.org

BIRDS OF A FEATHER

Please place a check mark by the cabins for which you are registering.

- | | | |
|---|---|---|
| <input type="checkbox"/> Susi
\$150 - sleeps 2-3 | <input type="checkbox"/> Virta
\$225 - sleeps 4-6 | <input type="checkbox"/> Setri
\$225 - sleeps 4-6 |
| <input type="checkbox"/> Kettu
\$225 - sleeps 4-6 | <input type="checkbox"/> Koivi
\$225 - sleeps 4-5 | |

Fee includes 2 night stay and birding program. All cabins have full kitchens. Campers must provide their own meals.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Birthdate: _____

Primary Phone: _____ Secondary Phone: _____

Is this your first time attending Camp Northern Lights? Yes No

How did you hear about Camp Northern Lights? _____

Number of people in group: _____

Special Concerns: Please identify any camper(s) and describe any allergies, dietary needs, disabilities or impairments that may have a bearing on program involvement: _____

Charge my credit card: Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Name as it appears on card: _____

Please charge:

Payment in full or 50% now, and the remaining 50% one month prior to program date.

Note: Per PCI Compliancy, credit cards are not stored in the system.

My check for the entire amount is enclosed. Make check payable to YMCA Camp Northern Lights.

Cancellation Policy: \$50 per site is non-refundable. If you cancel within one month of your reserved date, you will be charged the total fee.

In Case of Emergency: Contact Name: _____ Phone: _____

Signature _____ Date _____

FAMILY WAIVER

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Please complete and return with registration. Please submit one waiver per family.

PARTICIPANT INFORMATION Please attach a separate page if needed.

ADULTS

Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation

MINORS STAYING WITH THE ABOVE ADULT(S)

Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I hereby acknowledge these risks and expressly assume all risk of injury arising out of or resulting from my participation in the physical activities and Camp du Nord experience.

Further, by my signature below (or signature of parent or legal guardian for participants under the age of 18), I hereby release and forever discharge the YMCA of the Greater Twin Cities and Camp du Nord, its officers, directors, employees and volunteers, (hereinafter collectively referred to as "ASSOCIATES"), from all liability, any and all past, present, or future claims, demands, obligations, actions, causes of actions, rights, damages, expenses, of any nature whatsoever, either at law or in equity, whether statutory, or in contract or in tort including but not limited to bodily injury, wrongful death, property damage, damage to, including theft of property, or any other damages arising out of, or resulting from, my participation in Camp du Nord experience. I do further agree that I shall not bring any claims, demands, legal actions and causes of action against Camp du Nord and the YMCA of the Greater Twin Cities and its ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damaged sustained by me or my minor children and/or legal ward in relation to the premises and operations of Camp du Nord and the YMCA of the Greater Twin Cities.

I certify to the best of my knowledge that only the people listed on my registration form will be using the facilities which I have rented. I additionally agree to notify the administrators of Camp du Nord should anyone not listed on my registration form spend the night in the cabin where I am located.

PHOTOGRAPHY RELEASE

I hereby release all pictures for myself and my children taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Yes No Initials _____

I agree to the volunteer or camper code of conduct.

TRANSPORTATION/MEDICAL

PARENT/GUARDIAN AUTHORIZATION

1. In the event that I/any family member need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or any family member reasonable first aid, and to arrange transport of myself or any family member to a health care facility for emergency services as needed.
2. I give permission for myself /any family member 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 any family member to enter Canada with the YMCA. I also understand that I/all family member's will need to bring our passports 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 any family member 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 family member 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.
7. I give my permission for the YMCA to administer sunscreen as needed.

WAIVER

We/I have read and understand the above information and agree to assume all risks for myself, the minors in my care or my minor children attending in my absence. (all participants 18 years of age or older listed on this form and/or staying in this cabin must sign our Liability Waiver)

Date	Signature Parent/Guardian
Date	Signature Parent/Guardian Not Attending
Date	Signature

Date	Signature
Date	Signature
Date	Signature