

#### **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.

### **HOW TO REGISTER**

• We have gone green! Register online at **daycampchristmastree.org** For registration assistance contact 612-230-9622.

### **DAY CAMP**

- A \$50 non-refundable deposit is required per camp session. The
  deposit is applied to the session fee. To receive the member rate,
  the child must be a member at the time of registration and during
  participation in the program. Register online or find forms at
  daycampchristmastree.org under Forms and Publications. Please
  review the Day Camp handbook for important information.
- Confirmation will be sent via email after registration. You will be billed for the remaining balance, due the week prior to the start of the session. Online registration requires automatic electronic fund transfer (EFT), which will be processed the Tuesday prior to each program session week.
- Changes to the original registration, including cancellation, must be made in writing by Monday, one week prior to the start of the session. Submit your changes or cancellations through the contact page of our website: ymcamn.org/contact\_us. We encourage change notices to be submitted as soon as possible. If the change notice is not received, you will be billed for the original enrollment choices. There are no refunds on registration deposits and/or registration fees. For Day Camp: A \$10 change fee is applied to each session, bus or care change that is made.
- A parent handbook is available online at daycampchristmastree.
   org after April 1, 2018. It is important to review all information contained in this document.
- Locations for before/after camp care and bus stops are available online.

#### YMCA PERSONAL PRICING PLAN

We look forward to having you with us! The Personal Pricing Plan is a needs-based scholarship fund made available through Y Annual Fund – individual and business contributions to our communities. Download an application for YMCA Personal Pricing Plan at: **daycampchristmastree.org**. Enter the key words: Personal Pricing in the top right corner and follow instructions or call 612-230-9622. Please submit Personal Pricing Plan application with Registration Form. (Scholarship for Day Camp is applied toward a maximum of two weeks per child).

### **Register Online!**

daycampchristmastree.org

Membership not required for enrollment.

## YMCA Day Camp Christmas Tree Registration Form 2018

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402 • P 612 230 9622 • F 612 223 6322 PARTICIPANT INFORMATION: Use full legal names for all parties.

s First Name:					st Name:				=		Gender:	יים י
s Grade in fall 20	18:			Pł	ione:			Emai	l:			
PUT AN		CH APPLICAE Jun 18-22		Jul 2-6*	Jul 9-13						Non-Membe 7 <b>Aug 20-24</b>	
Wee Backpackers		\$230 M 🗍		\$184 M	\$230 M	1	\$230 M 🗍	\$230 M		\$230 M	\$230 M 🗍	
Grades Pre-K - K		\$255 N	\$255 N 🔲		\$255 N	\$255 N	\$255 N	\$255 N		\$255 N	\$255 N	
Day Camp		\$215 M		\$172 M	\$215 M	\$215 M		\$215 M 🗌	\$215 M	\$215 M 🗌	\$215 M	
Grades 1-6	\$240 N	\$240 N		\$192 N	\$240 N	\$240 N	\$240 N	\$240 N		\$240 N	\$240 N	
End of Summer												\$230 M
Grades 1-8												\$255 N
WeeBees Critters			\$230 M			\$230 M			\$230 M			
Grades Pre-K - K			\$255 N 🗍			\$255 N			\$255 N			
WeeBees D, F & P	\$230 M			\$184 M			\$230 M			\$230 M		
Grades Pre-K - K	\$255 N			\$204 N			\$255 N			\$255 N		
WeeBees Pirates		\$230 M			\$230 M			\$230 M			\$230 M	
Grades Pre-K - K		\$255 N			\$255 N			\$255 N			\$255 N	
Archery/Slingshot	\$230 M 🗌		\$230 M 🗌	\$184 M 🗌		\$230 M		\$230 M 🗌		\$230 M 🗌		
Grades 1-3	\$255 N 🗌			\$204 N 🗌		\$255 N 🗌		\$255 N 🗌		\$255 N 🗌		
Arts & Crafts			\$230 M 🗌		\$230 M 🗌		\$230 M		\$230 M 🗌		\$230 M 🔲	
Grades 1-3			\$255 N 🗌		\$255 N		\$255 N 🔲		\$255 N 🔲		\$255 N 🔲	
Critters and Crawlers	\$230 M			\$184 M			\$230 M					
Grades 1-3	\$255 N			\$204 N			\$255 N					
Dragons, Faries & P		\$230 M			\$230 M			\$230 M			\$230 M	
Grades 1-3		\$255 N 🗌			\$255 N 🔲			\$255 N 🗌			\$255 N	
Fish, Frogs and Forts		\$230 M			\$230 M		\$230 M 🗌		\$230 M			
Grades 1-3		\$255 N			\$255 N		\$255 N		\$255 N			
Outdoor Liv Skills	\$245 M	_	\$245 M			\$245 M		\$245 M		\$245 M		
Grades 1-3	\$270 N		\$270 N			\$270 N		\$270 N		\$270 N		
Pirates			\$230 M 🗌			\$230 M			\$230 M	\$230 M		
Grades 1-3			\$255 N 🗌			\$255 N 🗌			\$255 N 🔲	\$255 N 🗌		
Archery		\$230 M			\$230 M		\$230 M 🗌		\$230 M		\$230 M	
Grades 4-6		\$255 N			\$255 N 🔲		\$255 N 🗌		\$255 N 🔲		\$255 N 🔲	
Arts & Crafts		\$230 M 🔲		\$184 M		\$230 M		\$230 M		\$230 M 🗌		
Grades 4-6		\$255 N		\$204 N		\$255 N		\$255 N		\$255 N		
Canoe/Kayak			\$245 M		\$245 M			\$245 M	\$245 M	\$245 M		
Grades 4-6			\$270 N 🔲		\$270 N 🔲			\$270 N 🔲	\$270 N 🔲	\$270 N		
Climbing			\$275 M 🗌		\$275 M 🗌		\$275 M 🗌		\$275 M		\$275 M 🗌	
Grades 4-6			\$300 N		\$300 N		\$300 N		\$300 N		\$300 N	
Farm							\$260 M 🔲				\$260 M	
Grades 4-6							\$285 N				\$285 N	
Lake Exploration		\$245 M 🗌							\$245 M 🗌			
Grades 4-6 NEW		\$270 N							\$270 N			
Fishing	\$230 M 🗌	\$230 M 🗌	\$230 M 🗌	\$184 M 🗌	\$230 M	\$230 M 🗌	\$230 M 🗌	\$230 M		\$230 M	\$230 M 🗌	
Grades 4-6	\$255 N	\$255 N	\$255 N	\$204 N	\$255 N	\$255 N	\$255 N	\$255 N		\$255 N	\$255 N	
Full STEAM Ahead	\$230 M 🗌			\$184 M 🗌	\$230 M 🗌			\$230 M 🗌				
Grades 4-6 NEW	\$255 N			\$204 N	\$255 N			\$255 N				
Jr. Naturalist Camp Grades 4-6 NEW			\$245 M 🗌	\$196 M 🗌	\$245 M 🗌				\$245 M 🗌	\$245 M		
			\$270 N	\$216 N 🗌	\$270 N				\$270 N	\$270 N		
Jr. Ranger Camp						\$245 M	\$245 M 🗌	\$245 M 🗌				
Grades 4-6						\$270 N	\$270 N	\$270 N				
Sailing Camp		\$320 M 🗌					\$320 M 🗌			\$320 M	\$320 M 🗌	
Grades 4-6 NEW		\$345 N					\$345 N			\$345 N	\$345 N	
Spanish Camp			\$230 M 🗌			\$230 M 🗌		\$230 M				
Grades 4-6			\$255 N 🗌			\$255 N		\$255 N 🗌				
Water Sports	\$290 M 🗌	\$290 M 🗌	\$290 M 🗌	\$232 M 🗌	\$290 M 🗌							
Grades 4-6	\$315 N	\$315 N	\$315 N	\$252 N	\$315 N	\$315 N	\$315 N	\$315 N 🗌	\$315 N	\$315 N	\$315 N	
Li'l Pardners		\$230 M 🗌		\$184 M 🗌	\$230 M 🗌			\$230 M 🗌		\$230 M	\$230 M 🗌	
Grades 1-3 NEW	1	\$255 N		\$204 N 🔲	\$255 N			\$255 N 🗌		\$255 N	\$255 N 🗌	
Colts	\$320 M 🗌	\$320 M	\$320 M 🗌	\$256 M 🗌	\$320 M	\$320 M 🗌	\$320 M 🗌	\$320 M 🗌	\$320 M 🗌	\$320 M	\$320 M 🗌	
Grades 3-6	\$345 N 🔲	\$345 N	\$345 N 🔲	\$276 N 🔲	\$345 N 🗌	\$345 N	\$345 N 🔲	\$345 N 🔲	\$345 N	\$345 N 🔲	\$345 N 🔲	
Buckaroo	\$335 M 🗌	\$335 M 🗌	\$335 M 🗌	\$268 M 🗌	\$335 M	\$335 M 🗌	\$335 M 🔲					
Grades 4-7	\$360 N 🗌	\$360 N	\$360 N 🗌	\$288 N 🔲	\$360 N	\$360 N	\$360 N 🔲	\$360 N 🔲	\$360 N	\$360 N 🗌	\$360 N 🔲	
Circle Y		\$655 M 🗌		\$590 M 🗌		\$655 M 🗌		\$655 M 🗌		\$655 M 🗌		
		\$680 N		\$612 N		\$680 N		\$680 N		\$680 N		1

\*No program July 4

**TEEN CAMPS CONTINUED ON PAGE 3** 

**TEEN CAMPS CONTINUED ON PAGE 3** 

# YMCA Day Camp Christmas Tree Registration Form 2018 continued

	Forkhorn II Camp			Jun 25-29	Jul 2-6*	Jul 9-13	Jul 16-20	Jul 23-27	Jul 30-Aug 3	Aug 6-10	) Aug 13-1	7 Aug 20-24	4 Aug 27-
				\$245 M 🗌									
Sizon   Sizo		\$245 M 🗆		\$270 N				\$245 M 🗍			\$270 N		
Size	Grades 7-9												
Section   Sect							_						
Section   Sect	Teen Canoe/Kayak												
	Grades 7-9												
Section   Sect	-												
Seed Survival Skills   Survi	Teen Quest Camp		\$270 N	\$245 M 🗌			\$270 N			\$245 M 🔲		\$245 M 🗌	
Size	Grades 7-9			\$270 N		#245.44 T				\$270 N	#245 M	\$270 N	
No beach   Sa35 M   Two Week   Sa35 M   Sa3	Grades 7-9					_							
Sass M   S	Leaders-In-Training								_	Two Week	\$335 M 🗌		
S380 N   S480 N   S	Grades 7-9				\$324 N	_		_			\$360 N	Program	
No program July 4  **No program July 4  **No program July 4  **SECTIONE  BEFORE & AFTER CARE FEE: \$40/week at Ridgedale YMCA  Jun 11-15 Jun 18-22 Jun 25-29 Jul 2-6* Jul 9-13 Jul 16-20 Jul 23-27 Jul 30-Aug 3 Aug 6-10 Aug 13-17 Aug 20-24 Aug 27-3  BUS TRANSPORTATION Bus Name/Location:  Additional Before & After Care and Bus information is available online.  **LDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child's care may be billed to a country/ ay agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.  family currently receives childcare assistance from:   Country   Third Party Agency   Other    ## Required   Paperwork submitted to County/Agency;   Yes   No  **MENT: Please note, registrations will not be processed without deposit/registration fee.  **ck Enclosed: Amount: \$ check # remaining balance charged 1 week prior to the start of each weekly session.  **JUTHORIZATION Choose one:**  ekly:   \$50 deposit per Camp session remaining balance charged 1 week prior to the start of each weekly session.    Summer:   Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.    Exp Date:      Exp Date:													
*No program July 4  ECT ONE  BEFORE & AFTER CARE FEE: \$40/week at Ridgedale YMCA  Jun 11-15 Jun 18-22 Jun 25-29 Jul 2-6* Jul 9-13 Jul 16-20 Jul 23-27 Jul 30-Aug 3 Aug 6-10 Aug 13-17 Aug 20-24 Aug 27-3  BUS TRANSPORTATION Bus Name/Location:  Additional Before & After Care and Bus information is available online.  LDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child's care may be billed to a county/ y agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received. family currently receives childcare assistance from:  County	diades 7-3		North Shore	WI Dells		Lanesboro		North Shore	WI Dells	Zip Line			
BEFORE & AFTER CARE FEE: \$40/week at Ridgedale YMCA  Jun 11-15 Jun 18-22 Jun 25-29 Jul 26-6* Jul 9-13 Jul 16-20 Jul 23-27 Jul 30-Aug 3. Aug 6-10 Aug 13-17 Aug 20-24 Aug 27-3  BUS TRANSPORTATION Bus Name/Location:  Additional Before & After Care and Bus information is available online.  LDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child's care may be billed to a county/ ya gency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.  family currently receives childcare assistance from:   County   Third Party Agency   Other    phone Number    # Required   Paperwork submitted to County/Agency:   Yes   No  MENT: Please note, registrations will not be processed without deposit/registration fee.  ck Enclosed: Amount: \$ check # remaining balance charged 1 week prior to the start of each weekly session.  dit Card: Note: Per PCI Compliance, credit cards are not stored in the system. Credit card numbers are not on file.  AUTHORIZATION Choose one:  ekly:   \$50 deposit per Camp session remaining balance charged 1 week prior to the start of each weekly session.  I Summer:   Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.  e on Card   Card Number: Exp Date: Exp Date:			June 19-21	June 26-28		July 10-12	July 17-19	July 24-26	July 31- Aug. 2	Aug 7-9			
BUS TRANSPORTATION Bus Name/Location:  Additional Before & After Care and Bus information is available online.  LDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child's care may be billed to a county/ y agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.  family currently receives childcare assistance from:	_	n 11-15 Ju	un 18-22 J	un 25-29	Jul 2-6* :	Jul 9-13			-	-	_	_	_
Additional Before & After Care and Bus information is available online.  LDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child's care may be billed to a county/ y agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received. family currently receives childcare assistance from:		Ш	Ш										
Phone Number  Paperwork submitted to County/Agency: Yes No  MENT: Please note, registrations will not be processed without deposit/registration fee.  CK Enclosed: Amount: \$ check # remaining balance charged 1 week prior to the start of each weekly session.  Dit Card: Note: Per PCI Compliance, credit cards are not stored in the system. Credit card numbers are not on file.  AUTHORIZATION Choose one:  Ekly: \$ 50 deposit per Camp session remaining balance charged 1 week prior to the start of each weekly session.  I Summer: Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.									on file befor	e your child	l's care may	be billed to a	a county/
MENT: Please note, registrations will not be processed without deposit/registration fee.  ck Enclosed: Amount: \$ check # remaining balance charged 1 week prior to the start of each weekly session.  dit Card: Note: Per PCI Compliance, credit cards are not stored in the system. Credit card numbers are not on file.  AUTHORIZATION Choose one:  ekly:	y agency. Parent/g	uardian is r	responsible f	or full paym	ent until "Au	thorization	of Service"	is received.					
MENT: Please note, registrations will not be processed without deposit/registration fee.  ck Enclosed: Amount: \$ check # remaining balance charged 1 week prior to the start of each weekly session.  dit Card: Note: Per PCI Compliance, credit cards are not stored in the system. Credit card numbers are not on file.  AUTHORIZATION Choose one:  ekly:	t <b>y agency. Parent/g</b> family currently r	juardian is r	r <b>esponsible f</b> ildcare assis	for full paym stance from	ent until "Au : 🔲 Count	thorization	of Service"	is received.	hird Party A	gency 🗌 (	Other		
ck Enclosed: Amount: \$ check # remaining balance charged 1 week prior to the start of each weekly session.  dit Card: Note: Per PCI Compliance, credit cards are not stored in the system. Credit card numbers are not on file.  AUTHORIZATION Choose one:  ekly:	y agency. Parent/g family currently r ncy/County Worke	uardian is r receives chi er's Name	r <b>esponsible f</b> ildcare assis	or full paym	ent until "Au ::   Count	thorization	of Service"	is received.	hird Party Ag	gency 🔲 (	Other		
AUTHORIZATION Choose one:  ekly: \$50 deposit per Camp session remaining balance charged 1 week prior to the start of each weekly session.  I Summer: Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.  Exp Date:	ey agency. Parent/g family currently r ncy/County Worke e # Required	uardian is r receives chi er's Name	responsible f	or full paym	ent until "Au i: 🔲 Count	thorization	of Service" Paperwork	is received   T submitted t	hird Party Ag Phone Num to County/Ag	gency [] ( ber gency: []	Other		
ekly: \$50 deposit per Camp session remaining balance charged 1 week prior to the start of each weekly session.  I Summer: Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.  Exp Date:	y agency. Parent/g family currently r ncy/County Worke e # Required  'MENT: Please	receives chi er's Name	responsible fildcare assis	for full paym stance from	ent until "Au :	thorization y	Paperwork	is received.  T submitted t	hird Party Ag Phone Num to County/Ag tration fee	gency [] ( ber gency: []	Other Yes		
I Summer: Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.  Exp Date:	y agency. Parent/g family currently r ncy/County Worke e # Required  'MENT: Please ck Enclosed: Ar	receives chi er's Name note, req mount: \$ _	responsible fildcare assis	stance from	ent until "Au :	ssed witl	Paperwork  hout depo	is received.  T submitted t  osit/regis ed 1 week p	Phone Num to County/Ag tration fee	gency	Other Yes		
ne on Card Card Number: Exp Date:	y agency. Parent/g family currently r ncy/County Worke e # Required  /MENT: Please ck Enclosed: And dit Card: Note	note, reemount: \$_ e: Per PCI (	responsible fildcare assis	stance from	ent until "Au :	ssed witl	Paperwork  hout depo	is received.  T submitted t  osit/regis ed 1 week p	Phone Num to County/Ag tration fee	gency	Other Yes		
	y agency. Parent/g family currently r ncy/County Worke e # Required  'MENT: Please ck Enclosed: Ar dit Card: Note	note, reemount: \$_e: Per PCI (	gistration Compliance	or full paym stance from as will not check # e, credit ca	be proce res rds are no	ssed witl	Paperwork  hout depo	is received.  T submitted to sit/regis ed 1 week p	Third Party Age Phone Num to County/Age tration feet prior to the second number	gency () ber () gency: () tart of each	Other Yes		
ee to pay above total amount according to card issuer agreement. <b>X</b>	family currently rency/County Worker # Required  /MENT: Please ck Enclosed: And dit Card: Note	note, regmount: \$_ e: Per PCI (  ION Choose)  O deposit p	gistration Compliance se one:	stance from  stance from  s will not check # e, credit ca	be proce reserved are no	ssed witl maining bal t stored in	Paperwork  hout depo	is received.  T  submitted t  osit/regis ed 1 week p em. Credit o	Phone Num to County/Ag  tration fee prior to the s card numbe	gency [] ( ber gency: [] ( continued on the second of the second on the second o	Other Yes		
ree to pay above total amount according to card issuer agreement. 🔨	ty agency. Parent/g r family currently r ency/County Worke se # Required  YMENT: Please eck Enclosed: Ar dit Card: Note F AUTHORIZATI eekly:  \$50	note, regmount: \$_000 Choose of deposit parge entire	gistration Compliance se one: per Camp se fee for all p	stance from  stance from  swill not  check #  credit ca  sssion remai	be proce rds are no	ssed with maining ba t stored in e charged	Paperwork  hout deporation the system of Service and S	submitted to state of the state	Phone Num to County/Ag  tration fee orior to the s card numbe rt of each we gistration inf	gency [] obergency: [] obergency: [] obergency: [] ober gency: [] ober gency: [] ober gency gency: [] ober ge	Other Yes  \[ \] No th weekly s ton file. on.	ession.	
	ty agency. Parent/gramily currently rency/County Worker # Required	note, regmount: \$_0.000 Choose of the contract	gistration Compliance se one: Der Camp se fee for all p	stance from  stance from  swill not  check #  credit ca  ssion remai	be proce rds are no ning balancelected. Full	ssed with maining bai t stored in payment w	Paperwork  hout deporation the system of Service and Ser	submitted to state of the state	Phone Num to County/Ag  tration fee orior to the s card numbe rt of each we gistration into	gency [] obergency: [] obergency: [] obergency: [] obergency: [] ober gency: [] ober ge	Other Yes    No The weekly seconfile.  The management of the second of the secon	ession.	

YSPC 2018 Reg

### THIS FORM MUST BE SUBMITTED WITH THE REGISTRATION FORM

# YMCA Day Camp Christmas Tree 2018 Emergency & Health Information Form

Please fill out completely and return to:

Child's Nickname	Child's First Name	MI Last Name		Birthdate	Gender: 🗌 F 🔲 N
Address   City   State   Zip   Parent/Guardian's First Name   Middle Initial   Last Name   Address   City   State   Zip   Parent/Guardian's Birthdate   Gender:  F   M Cell Phone   E-mail   Parent/Guardian's Home Phone   Mork Phone   State   Zip   Parent/Guardian's First Name   Middle Initial   Last Name   Address   City   State   Zip   Parent/Guardian's Birthdate   Gender:  F   M Cell Phone   E-mail   Parent/Guardian's Birthdate   Gender:  F   M Cell Phone   E-mail   Parent/Guardian's Birthdate   Gender:  F   M Cell Phone   E-mail   Parent/Guardian's Home Phone   Work Phone   Mork Phone   Parent/Guardian's Home Phone   Mork   Mork Phone   Parent/Guardian's Home Phone   Mork Pacific Islander   Other   Parent/Guardian's Home Phone   Mork   Mork Phone   Mork Pacific Islander   Other   Mork Pacific Islander   Other   Parent/Guardian's Home Phone   Mork   Mork Phone   Mork Pacific Islander   Other   Mork Pacific Islander   Other   Pacific Islander   Other   Mork Pacific Islander   Other   Mork Pacific Islander   Other   Pacific Islander   Other Pacific Islander   Other   Mork Pacific Islander   Other   Pacific Islander   Other Pacific Islander   Other   Mork Pacific Islander   Other   Pacific Islander   Other   Other   Other   Pacific Islander   Other   Other   Pacific Islander   Other   Othe	Child's Nickname	Grade in Fall 2018	Age	_ This is my	year in YMCA Summer Program
Middle Initial   Last Name	Friends you would like to be grouped with: (To ensure po	ositive group dynamics, ple	ase limit two friends	per request who	are within the same age group.)
State	Child resides with Mother Father Both C	Other			
Parent/Guardian's Birthdate   Gender:   F   M Cell Phone   E-mail   Parent/Guardian's Home Phone   Work Phone   Work Phone   Parent/Guardian's First Name   Middle Initial   Last Name   Address   Gity   State   Zip   Parent/Guardian's Birthdate   Gender:   F   M Cell Phone   E-mail   Parent/Guardian's Birthdate   Gender:   F   M Cell Phone   E-mail   Parent/Guardian's Home Phone   Work Phone   Work Phone   Parent/Guardian's Home Phone   Work Phone   More Pacific Islander   Other   E-mail   Parent/Guardian's Home Phone   Work Phone   Parent/Guardian's Home Phone   Work Phone   Parent/Guardian's Home Phone   Work Phone   Parent/Guardian   Parent/Guardian's Home Phone   Parent/Guardian Signature   Parent/Guardian	#1 Parent/Guardian's First Name	Middle Initial	Last Name		
Parent/Guardian's First Name	Address	City			State Zip
Middle Initial _ Last Name	Parent/Guardian's Birthdate Gender: 🗌 F 🔲 M	Cell Phone ()	E-mail _		
Address   City   State   Zip   Parent/Guardian's Birthdate   Gender:   F   M Cell Phone (	Parent/Guardian's Home Phone ()		Work Phone (	)	
Parent/Guardian's Birthdate	#2 Parent/Guardian's First Name	Middle Initia	l Last Name _		
Parent/Guardian's Birthdate Gender: F M Cell Phone E-mail Parent/Guardian's Home Phone Mork Phone Mork Phone Mork Phone Mork Phone Parent/Guardian's Home Phone Mork Phone Mork Phone Mork Phone Mork Phone Mork Phone P	Address	City			State Zip
Parent/Guardian's Home Phone					
Race/Ethnic Background (optional):    Black or African American   White   Hispanic or Latino   American Indian/Alaskan Native   Asian or other Pacific Islander   Other					
Black or African American   White   Hispanic or Latino   American Indian/Alaskan Native   Asian or other Pacific Islander   Other    EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION   Has child had any of the following? If so, please explain:  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:  1. Name   Allergies   Dietary restriction/s   Special Need/s    Phone: Cell   Home/Work   Special Need/s   Special Need/s    Phone: Cell   Home/Work   Desyport-child have a communicable disease or condition which may prove to be risk to others?   Yes   No    If yes, please comment:   Description of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Home/Work   Description of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription of any camp activities from which the camper should be exempted for health reasons:    Phone: Cell   Secription					
Has child had any of the following? If so, please explain:    Allergies		ino American Indian/Al	askan Native 🗌 Asia	an or other Pacifi	ic Islander 🗆 Other
Allergies   Control   Co		<del>_</del>	_		
Dietary restriction/s   Sepecial Need/s   Status of child's vision, hearing, and speech   Does your child have a communicable disease or condition which may prove to be risk to others?   Yes   No   No   No   No   No   No   No   N	The following people should be contacted in case of emergenc	y, only if parent(s)			
Relationship to child					
Status of child's vision, hearing, and speech					
Does your child have a communicable disease or condition which may prove to be risk to others?   Yes   No      Relationship to child					
Relationship to child	Phone: Cell ( Home/Work ()				
Description of any camp activities from which the camper should be exempted for health reasons:  Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs:  Whone ( )  Whonh, date and year of most recent immunizations: Information required ncluding specific dates. Or attach Immunization Record.  DTP	2. Name	risk	to others? Yes	☐ No	
Do you carry family medical/hospital insurance? Yes \ No			yes, please comment: _		
Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs:    Polione	Phone: Cell ( Home/Work (	Desc	ription of any camp ac	tivities from which	the camper should be
Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs:  while at YMCA programs:  while at YMCA programs:  Phone ( )  Month, date and year of most recent immunizations: Information required ncluding specific dates. Or attach Immunization Record.  DTP	Do you carry family medical/hospital insurance? $\square$ Yes $\square$ No	exer	pted for health reason	S:	
requiring medication, treatment, or special restrictions or considerations while at YMCA programs:    Second of Past Medical Treatment. Chronic Concerns: Check all that pertain this camper/participant and provide information about supportive health care. Pleace the parent handbook for restrictions on staff administration of medication.    Polio	Carrier				
while at YMCA programs:    Samily Dentist	Policy/Group #	Des	cribe any current phy	sical, mental, or	psychological conditions
Record of Past Medical Treatment. Chronic Concerns: Check all that pertain this camper/participant and provide information about supportive health care. Ploto	amily Doctor	requ	iring medication, tre	atment, or specia	al restrictions or considerations
Month, date and year of most recent immunizations: Information required ncluding specific dates. Or attach Immunization Record.  DTP	Phone ()	whi	e at YMCA programs:		
Month, date and year of most recent immunizations: Information required ncluding specific dates. Or attach Immunization Record.  DTP	amily Dentist				
this camper/participant and provide information about supportive health care. Pl check parent handbook for restrictions on staff administration of medication.    Polio	Phone ()				
Check parent handbook for restrictions on staff administration of medication.    Polio					•
Polio HIB VAR Diabetes Hypertension Hep B Hep A PCV Prequent Ear Infections Surgeries Or Conscientious Objector Parent/Guardian Signature Bleeding/Clotting Disorder Heart Defect/Disease Other: s the child taking any medications? Yes No Provide information about health care need for each item checked:		aboa		•	• •
Diabetes   Hypertension			•		
Or Conscientious Objector  Parent/Guardian Signature  Sthe child taking any medications? Yes No  Provide information about health care need for each item checked:  Fyes, what kind and why:			liabetes	Hypertensio	on
Parent/Guardian Signature	_ ' '		·	= -	
f yes, what kind and why:		E	leeding/Clotting Disord	ler   Heart Defec	t/Disease Other:
	s the child taking any medications? Yes No	Prov	ide information about l	nealth care need fo	r each item checked :
		Madian Nan			····

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

### THIS FORM MUST BE COMPLETED TO REGISTER

# RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT EFFECTIVE 8/01/13

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.
- 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.
- 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					
	PARENT OR GUARDIAN ADDITIONAL (Must be completed for participants under					
In consideration of	(PRINT minor's names) being permit s from any claims alleging negligence which are broug					
Parent or Guardian	Print Name		Date			