



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DISCOVER ACHIEVE CONNECT

YMCA FALL/WINTER/SPRING CAMP ADVENTURES

2015-16

GRADES K – 6

Discover fall/winter/spring adventure at YMCA Day Camp Spring Lake. The cozy warm Spring Lake Retreat Center will be our base camp location. From here we will venture out and try activities such as sledding, snowshoeing, fort building, predator prey, archery, campfires and more. Inside the Retreat Center kids will have a wide variety of crafts, nature studies and small group games to keep them active and engaged. This program is designed to get kids outside, into nature and discovering the wonders of fall/winter/spring fun.

PROGRAM DATES

2015:

October 14*, 15, 16

December 28, 29, 30

2016:

January 18, 22

February 12, 15

March 4*, 21-25, 28*

*Hastings only dates



daycampspringlake.org

LOCATION:

YMCA Day Camp Spring Lake is located just minutes west of Hastings at Dakota County's Spring Lake Park Reserve, known at the 'hidden jewel' of the Upper Mississippi River Valley. It features many attractions as well as the summer site for YMCA Day Camp.

To learn more about YMCA Day Camp, Spring Lake Park Reserve and to see a video of the Camp Spring Lake Retreat Center go to daycampspringlake.org/about

PROGRAM LOCATION:

YMCA DAY CAMP SPRING LAKE

13690 Pine Bend Trail
Rosemount, MN 55068

10 minutes from Hastings
Off of HWY 55 and Fahey Ave South

Transportation available from the Hastings YMCA or select school locations

Questions? Call the YMCA in Hastings • 651-480-8887 • 85 Pleasant Drive • Hastings, MN 55033
or YMCA Customer Service Center • 612-230-9622 • 2125 E. Hennepin Ave. • Minneapolis, MN 55413 • Fax 612-223-6322

YMCA FALL/WINTER/SPRING CAMP ADVENTURES

2015 GRADES K – 6

PROGRAM HOURS

Program Day 9:00 a.m. – 3:15 p.m.

BEFORE AND AFTER CARE

Drop-off: 6:30 a.m. – 8:30 a.m.

Bus leaves Hastings Y at 8:45 am

Bus leaves School sites at 8:30 am

Pick-up: 4 p.m. – 6:00 p.m.

Bus drops off at Hastings Y at 3:35 p.m.

Bus drops off at School Sites at 4:00 pm

SCHOOL SITES:

October: Shannon Park Elementary

December–February: Diamond Path

March: Rosemount Elementary

WHAT TO BRING

- Disposable lunch and beverage.
- Appropriate clothing for outdoor play and arts & crafts projects.
- Morning and afternoon snack.

NOTE:

Please label all belongings. The YMCA is not responsible for lost, stolen, or damaged items. Please leave toys and valuables at home.

In the event of low enrollment, less than 10 registrants, the day may be cancelled and you will be notified five days in advance.

PROGRAM FEES CAMP ADVENTURES

Y Member: \$33 per child per day.

Program Participant: \$37 per child per day.

Before and After Care \$7 per child per day.

Financial assistance is available contact 612-230-9622.

CANCELLATIONS AND CHANGES

Changes or cancellations must be made in writing to the YMCA Customer Service Center by Monday, one week prior to the start of the program. 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.

Visit ymcatwincities.org, Select "Contact" at top right, then "Submit a request to Customer Service."

TRANSPORTATION

Bus transportation is available from the Hastings YMCA or select school locations or can be dropped off at Day Camp Spring Lake. If you choose to use the bus, select bus transportation option on the registration form. Please arrive 10 minutes early as the bus will leave on time. For the campers safety, Authorized Pick Up individuals must be listed on the registration form and a photo ID is required at the time of pick up.

Bus Location	Pick Up	Drop Off
Hastings Y	8:50 a.m.	3:40 p.m.
School Sites	8:30 a.m.	4:00 p.m.

PROGRAM LOCATION:

YMCA DAY CAMP SPRING LAKE

13690 Pine Bend Trail

Rosemount, MN 55068

10 minutes from Hastings

Off of HWY 55 and Fahey Ave South



ACTIVITIES:

- Snow Shoeing
- Sledding
- Tie Dye
- Camp Crafts
- Archery / Slingshots
- Swimming at Hastings Y
- Nature Studies
- Fort Building
- Cook Outs
- Gaga Pit

See activity by program date at daycampspringlake.org/programs

FOR MORE INFORMATION CONTACT:

YMCA IN HASTINGS

85 Pleasant Drive

Hastings, MN 55033

Phone: 651-480-8887



YMCA FALL/WINTER/SPRING CAMP ADVENTURES REGISTRATION 2015 – 16

YMCA IN HASTINGS AT DAY CAMP SPRING LAKE

Please use one form per child and print neatly. Register online at ymcatwincities.org or return this completed form to

YMCA Customer Service Center • 2125 East Hennepin Avenue • Minneapolis, MN 55413 • P 612 230 9622 • F 612 223 6322

PARTICIPANT INFORMATION: Use full legal names for all parties.

Child's name (please print) _____ Female Male

Home phone (____) _____ Preferred E-mail _____

Address _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Grade in Fall 2015 _____ School in Fall 2015 _____

Race/Ethnic Background (opt.): Black or African American White Hispanic or Latino American Indian/Alaskan Native Asian or other Pacific Islander
 Other _____

Parent/Guardian* _____ Birthdate ____/____/____ Preferred E-mail _____

Work phone (____) _____ Home phone (____) _____ Cell phone (____) _____

Parent/Guardian* _____ Birthdate ____/____/____ Preferred E-mail _____

Work phone (____) _____ Home phone (____) _____ Cell phone (____) _____

Child resides with Mother Father Both Other _____

* Parent's/Guardian's address if different from child's _____

YMCA Camp Fall/Winter/Spring Adventures at Day Camp Spring Lake PUT AN "X" IN EACH APPLICABLE BOX

COST: Y MEMBERS: \$33 per child/day NON-MEMBERS: \$37 per child/day M= Member Rate P= Participant Rate

2015	Oct 14	Oct 15	Oct 16	Dec 28	Dec 29	Dec 30				
CAMP	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>				
ADVENTURES	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>				

2016	Jan 18	Jan 22	Feb 12	Feb 15	March 4	March 21	March 22	March 23	March 24	March 25	March 28
CAMP	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>	\$33 M <input type="checkbox"/>
ADVENTURES	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>	\$37 P <input type="checkbox"/>

PUT AN "X" IN EACH APPLICABLE BOX

	Oct 15	Oct 16	Oct 17	Nov 7	Dec 29	Dec 30				
BEFORE & AFTER CARE	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				

	Jan 19	Jan 23	Feb 16	March 6	March 16	March 17	March 18	March 19	March 20	April 2
BEFORE & AFTER CARE	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

SITE: Hastings YMCA School site

COST: BEFORE AND AFTER CARE: \$7 per child/day

BUS TRANSPORTATION: No Yes

CHILDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives childcare assistance from: County _____ Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # Required _____ Paperwork submitted to County/Agency: Yes No

Third Party Agency Name: _____ Third Party Member #: _____

PAYMENT METHOD: CASH CHECK EFT CREDIT CARD: VISA MC DI AMX

CARD # _____ EXP _____

Amount: \$ _____ Note: Per PCI Compliance, credit cards are not stored in the system. Numbers are not on file.

Name on Card _____ Card Number: _____ Exp Date: _____

I agree to pay above total amount according to card issuer agreement.



YMCA of the Greater Twin Cities
YMCA IN HASTINGS
85 Pleasant Drive
Hastings, MN 55033

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Twin Cities, MN



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YMCA
FALL/WINTER/SPRING CAMP ADVENTURES
2015 – 2016

daycampspringlake.org



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**YMCA FALL/WINTER/SPRING CAMP ADVENTURES
HEALTH INFORMATION 2015 – 2016 YMCA IN HASTINGS**

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

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 _____
Relationship to child _____
Phone: Day (____) _____ Cell (____) _____

2. Name _____
Relationship to child _____
Phone: Day (____) _____ Cell (____) _____

Family Doctor _____
Phone (____) _____

Family Dentist _____
Phone (____) _____

HEALTH INFORMATION

Do you carry family medical/hospital insurance? Yes No Carrier _____

Policy/Group # _____

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP _____	Polio _____	Hep. B _____	MMR _____	HIB _____
Hep. A _____	Tetanus _____	VAR _____	PCV _____	

Or Conscientious Objector

Parent/Guardian Signature _____

Is the child taking any medications? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Has child had any of the following? If so, please explain:

Special needs _____

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

Allergies _____

Asthma _____

Dietary restriction/s _____

Chronic or recurring illnesses _____

Operations or serious injuries (include date/s) _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No If yes, please comment: _____

Description of any activities from which the participant 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: _____

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this camper/participant and provide information about supportive health care.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Convulsions/Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Surgeries	<input type="checkbox"/> Other	

Provide information about supportive health care need for each item checked (i.e. normal peak flow, normal blood sugar) _____

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
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 _____

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

In consideration of _____ (PRINT minor's names) 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.

Parent or Guardian _____ Print Name _____ Date _____