

YMCA FAMILY CAMP DU NORD & NORTHERN LIGHTS 2020 OPEN REGISTRATION FORM

Online registration is available at dunord.org or campnorthernlights.org

Return this completed form with payment information to: YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402
Phone 612-822-2267 Fax 612-223-6322

OPEN REGISTRATION: Beginning January 16, 2020, all available cabins/sites remaining after Lottery Day will be open for registration on a first-come, first-served basis.

du Nord Northern Lights

First name	M.I.	Last name	Birthdate
First name	M.I.	Last name	Birthdate
First name	M.I.	Last name	Birthdate
First name	M.I.	Last name	Birthdate
First name	M.I.	Last name	Birthdate
First name	M.I.	Last name	Birthdate

Street ()	City	State	Zip
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Home phone number (include area code) ()	E-mail Address
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Cell phone number (include area code)

EMERGENCY CONTACT name (not attending camp)	Relationship
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Address ()

Primary phone number (include area code) ()

Other phone contact

For open registration only: Although we can not guarantee placement please indicate your preference below.

Preferred Week:	Preferred Cabin:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

My Priority is: Week or Cabin

METHODS OF PAYMENT

- Payment in Full**
 10% Deposit, with balance paid in three monthly installments on **March 15, April 15, & May 15**

Credit Card Information

Visa MasterCard Discover Am Exp

Name on card _____

Card number _____

Expiration date _____

Signature _____

Scholarship Requested:

Please visit dunord.org or campnorthernlights.org or call 612-822-2267 for an application.

Cancellations received on or before May 15 will be refunded however, your deposit is non-refundable. Cancellations made after May 15 are non-refundable and non-transferable. Changes in the site reservation made within one month of camp will be charged a \$25 change fee.

A change from one camp to another is considered a cancellation.

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE 8/01/13

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 or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation

MINORS STAYING WITH THE ABOVE ADULT(S)

Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation
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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:

- 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.
- 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.
- 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.
- 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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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

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

Date	Signature	Date	Signature
Date	Signature	Date	Signature
Date	Signature	Date	Signature

2020 MEAL SERVICE REGISTRATION FORM

Please submit this form as soon as possible if you are interested food service. Please remember that **dining space is limited**. All meal service reservations will be accepted on a first-come, first-served basis. Early registration is recommended.

PLAN B (Breakfast only)	PLAN L (Lunch only)	PLAN D (Dinner only)
\$58 — 13 years & older	\$67 — 13 years & older	\$100 — 13 years & older
\$48 — 8–12 year olds	\$57 — 8–12 year olds	\$80 — 8–12 year olds
\$28 — 4–7 year olds	\$37 — 4–7 year olds	\$60 — 4–7 year olds



PLAN BL (Breakfast & Lunch only)	PLAN BD (Breakfast & Dinner only)	PLAN LD (Lunch & Dinner only)	PLAN BLD (Breakfast, Lunch & Dinner)
\$125 — 13 years & older	\$158 — 13 years & older	\$167 — 13 years & older	\$225 — 13 years & older
\$105 — 8–12 year olds	\$128 — 8–12 year olds	\$137 — 8–12 year olds	\$185 — 8–12 year olds
\$65 — 4–7 year olds	\$88 — 4–7 year olds	\$97 — 4–7 year olds	\$125 — 4–7 year olds

For all meal plans there is no charge for children three years of age and younger.

- Plans B, BL, BD & BLD begins with Sunday breakfast and ends with Saturday breakfast.
- Plan L begins with Sunday lunch and ends with Friday lunch.
- Plan LD begins with Sunday lunch and ends with Friday dinner
- Plan D begins with Sunday dinner and ends with Friday dinner.

Payment for meal service is due one month before your visit to camp. Please indicate your method of payment on the bottom of the form. Fees must be paid prior to attending camp. A credit card number must be submitted with this form if checking the payment one month before camp option. **There are no refunds on paid food service within three weeks of your visit to camp.**

Please return this completed form as soon as possible to: YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402

If you have any questions, please contact the YMCA Customer Service Center at 612-822-2267.

Separate forms required for each family or individuals at different addresses.

Please fill out one form per address and return to the camp office as soon as possible due to limited space.

Family Name: _____

Cabin/Site: _____ Dates: _____

Address: _____

Does anyone in your group have any food allergies or dietary needs/concerns? Yes No If 'yes' you are required to fill out a reverse side.

Full Name of Camper:	Dietary Needs & Restrictions	Age at time of camp:	Meal Plan Option: (B, L, D, BL, BD, LD, BLD or None)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

METHOD OF PAYMENT:

- Please charge the following credit card now for the full payment.
- Please charge the following credit card 50% now and 50% one month prior to my visit to camp.
- Check enclosed Please initial: _____
- Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name on card: _____

Signature: _____

There are no refunds on paid food service within three weeks of your visit to camp.

CAMP DU NORD

Special Dietary Needs Form

Please fill out one form per family member who has special dietary needs.

Name _____ Group/Family Name _____

Dates at Camp _____ Cabin/Site _____

I am signed up for: breakfast lunch dinner

I am: Vegan (no animal products, honey, butter, etc.)
 Ovo-lacto vegetarian (I eat eggs & dairy)
 Pescetarian (no meat other than fish and shellfish)
 Gluten-free Dairy-free

I don't eat: (check all that apply)

Pork Red meat Chicken Fish

I am allergic to: (check all that apply)

<input type="checkbox"/> Milk	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction
<input type="checkbox"/> Peanuts	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction
<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction
<input type="checkbox"/> Fruit: _____	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction
<input type="checkbox"/> Gluten	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction
<input type="checkbox"/> Eggs	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction
<input type="checkbox"/> Other: _____	<input type="checkbox"/> severe reaction	<input type="checkbox"/> mild reaction

We are able to accommodate most dietary needs with advance notice, however, we cannot guarantee that special request meals (vegan, gluten-free, etc.) will be free of cross-contamination.