

# YMCA IN HUDSON YOUTH SUMMER PROGRAM REGISTRATION 2019

Go green!

## HOW TO REGISTER

- We have gone green! Register online at [ymcamn.org/summer](http://ymcamn.org/summer). For registration assistance contact 612-230-9622.

## SUMMER POWER, UPROAR AND UPROAR DAY TRIPPERS

- A \$50 one-time, non-refundable registration fee is required per program. You may register for as many weeks as needed. Register online or find forms at [ymcamn.org/hudsonsummer](http://ymcamn.org/hudsonsummer), select Summer Paperwork and Schedules. Please review the handbook for important information.

## SUMMER SPORTS CAMP

- A \$50 non-refundable deposit is required per session. The deposit is applied to the session fee. Register online or find forms at [ymcamn.org/hudsonsummer](http://ymcamn.org/hudsonsummer), select Summer Paperwork and Schedules. Please review the handbook for important information.

## ALL PROGRAMS

- 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](http://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 and Sports Camp:** A \$10 change fee is applied to each change that is made.
- A parent handbook is available online at [ymcamn.org/summer](http://ymcamn.org/summer) after April 1, 2019. **It is important to review all information contained in this document.**

## 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.

## YMCA FINANCIAL ASSISTANCE

We look forward to having you with us! The Financial Assistance is a needs-based scholarship fund made available through Y Annual Fund – individual and business contributions to our communities. Download an application for YMCA Financial Assistance at: [ymcamn.org/summer](http://ymcamn.org/summer). Enter the key words: Personal Pricing in the top right corner and follow instructions or call 612-230-9622. Please submit Financial Assistance application with Registration Form.

**Register Online!**

[ymcamn.org/hudsonsummer](http://ymcamn.org/hudsonsummer)

Membership not required for enrollment.

# Summer Power, Uproar Day Trippers and Sports Camp Registration Form 2019 • YMCA in Hudson, WI

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.**

Child's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  F  M

Child's Nickname: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade in 2019: \_\_\_\_\_

Email: \_\_\_\_\_ **PUT AN "X" IN EACH APPLICABLE BOX** Select ONE program per week.

### SUMMER POWER Entering Grades K - 5

SITES:  RIVER CREST ELEMENTARY JUNE 17 - AUGUST 16  HUDSON YMCA **FEES: 5 days/week \$178    4 days/week \$159    3 days/week \$126**

### UPROAR Entering Grades 5 - 8

**FEES: 5 days/week \$187    4 days/week \$166    3 days/week \$131**

SITE: HUDSON YMCA

### UPROAR DAY TRIPPERS Grades 5 - 8

**FEES: \$53/per day**

SITE: HUDSON YMCA

#### CHOOSE YOUR DAYS IN THE GRID BELOW FOR SUMMER POWER, UPROAR OR UPROAR DAY TRIPPERS

Jun 17-21	Jun 24-28	Jul 1-3*	Jul 8-12	Jul 15-19	Jul 22-26	Jul 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19-23	Aug 26-30
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### SUMMER SPORTS CAMP - ST CROIX VALLEY Entering Grades 1 - 6

**FEES: Member Participants (MP): \$200/week    Non-Member Program Participants (NMP): \$225/week;**

Jun 10-14	Jun 17-21	Jun 24-28	Jul 1-5*	Jul 8-12	Jul 15-19	Jul 22-26	Jul 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19-23	Aug 26-30
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Basketball		<input type="checkbox"/> Flag Football	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer
<input type="checkbox"/> Baseball/TBall/Softball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf		<input type="checkbox"/> Tennis	<input type="checkbox"/> Baseball/TBall/Softball	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis		

SPORTS SITE: HUDSON YMCA

\*No program July 1-5

### BEFORE AND AFTER SPORTS CARE \$40

Jun 10-14    Jun 17-21    Jun 24-28    Jul 1-5\*    Jul 8-12    Jul 15-19    Jul 22-26    Jul 29-Aug 2    Aug 5-9    Aug 12-16    Aug 19-23    Aug 26-30

<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	<input type="checkbox"/> AM <input type="checkbox"/> PM
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\*No program July 1-5    BEFORE AND AFTER SPORTS CARE SITE:  HUDSON YMCA     MATH & SCIENCE ACADEMY

**BUS TRANSPORTATION:**  No     Yes    **BUS LOCATION:** \_\_\_\_\_ \*Additional bus information is available online

**CHILDCARE SUBSIDY PROVIDER INFORMATION:** A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.

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

### **PAYMENT: Please note, registrations will not be processed without deposit/registration fee.**

**Check Enclosed:** Amount: \$ \_\_\_\_\_ check # \_\_\_\_\_ remaining balance charged 1 week prior to the start of each weekly session.

**Credit Card:** Note: Per PCI Compliance, credit cards are not stored in the system. Credit card numbers are not on file.

#### EFT AUTHORIZATION Choose one:

**Weekly:**  \$50 deposit per Sports session and/or Summer registration fee now, remaining balance charged 1 week prior to the start of each weekly session.

**Full Summer:**  Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.

Name on Card \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

Office use C \_\_\_ S \_\_\_ E \_\_\_

# YMCA in Hudson, WI 2019 Emergency & Health Information Form

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**

Please use one form per child and print neatly. Use full legal names for all parties.

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  F  M  
 Child's Nickname \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_ Age \_\_\_\_\_ This is my \_\_\_\_\_ year in YMCA Summer Programs.

**Friends you would like to be grouped with:** (To ensure positive group dynamics, please limit two friends per request who are within the same age group.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

#1 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 (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

#2 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 (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Race/Ethnic Background (optional):**

Black or African American  White  Hispanic or Latino  American Indian/Alaskan Native  Asian or other Pacific Islander  Other \_\_\_\_\_

**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: Cell (\_\_\_\_) \_\_\_\_\_ Home/Work (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Home/Work (\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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

DTP \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_

Polio \_\_\_\_\_ HIB \_\_\_\_\_ VAR \_\_\_\_\_

Hep B \_\_\_\_\_ Hep A \_\_\_\_\_ 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:**

Allergies \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Special Need/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 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:** \_\_\_\_\_  
 \_\_\_\_\_

**Record of Past Medical Treatment. Chronic Concerns:** Check all that pertain to this camper/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

Asthma  Convulsions/Epilepsy

Diabetes  Hypertension

Frequent Ear Infections  Surgeries

Bleeding/Clotting Disorder  Heart Defect/Disease  Other: \_\_\_\_\_

Provide information about health care need for each item checked :  
 \_\_\_\_\_  
 \_\_\_\_\_

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



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.
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 \_\_\_\_\_