

# 2018 REGISTRATION FORM

## Online registration available at [campmenogyn.org](http://campmenogyn.org)

Please return this completed form with parental/guardian signature to:

**YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402 • Phone 612-822-2267 • Fax 612-223-6322.**

**Upload to:** [http://ymcamn.org/contact\\_us](http://ymcamn.org/contact_us) Please use one registration per child, per session.

**Camper Name** \_\_\_\_\_  
(last) (first) (middle)

Nickname \_\_\_\_\_ Gender \_\_\_\_\_ This is my \_\_\_\_\_ year at camp Menogyn.

Camper Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_ Grade in fall 2018 \_\_\_\_ School attending \_\_\_\_\_

**1st Contact Parent/Guardian** \_\_\_\_\_

**2nd Contact Parent/Guardian** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### SESSION INFORMATION

	Program	Session Name	Session Dates	Session Fee
Example:	CANOEING	BWCA 10 DAY	AUG 8 - 27	\$1,140
1st Choice:	_____	_____	_____	_____
2nd Choice:	_____	_____	_____	_____
3rd Choice:	_____	_____	_____	_____

**PAYMENT INFORMATION** A non-refundable \$200 deposit per camper per session must accompany each registration form. Remaining fees are due in three monthly installments on March 1, April 1, & May 1. Registrations after May 1, 2018 require full payment or an established payment plan.

Check enclosed amount: \$ \_\_\_\_\_  
(payable to: YMCA Camp Menogyn)

Please bill my:  Visa  MasterCard  Discover  Am Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please charge:

Payment in Full

\$200 deposit now and the remaining balance in three installments \_\_\_\_\_  
March 1, April 1, & May 1.

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

Billing information if different from 1st contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here \_\_\_\_\_

Please complete the Release Form and return with registration.

### TRAILMATE REQUEST

Please place me in the same group with (one friend): \_\_\_\_\_

**BUS INFORMATION** Menogyn provides bus transportation to and from camp. The bus stops at REI in Bloomington, Forest Lake and Duluth. Indicate mode of transportation below.

Parent Transportation to camp \_\_\_\_\_ from camp \_\_\_\_\_

REI in Bloomington: to camp, \$65 \_\_\_\_\_ from camp, \$65 \_\_\_\_\_

Forest Lake: to camp, \$65 \_\_\_\_\_ from camp, \$65 \_\_\_\_\_

Duluth: to camp, \$40 \_\_\_\_\_ from camp, \$40 \_\_\_\_\_

(Return bus fee includes an organic lunch from Amazing Grace in Duluth!)

## HEALTH, MEDICAL, AND ACCESSIBILITY ACCOMMODATIONS

Menogyn wishes to provide the best possible experience for your child. All campers prior to arriving at Camp will need to complete an annual physical examination and fill out our Health History Form. If there is pertinent health, medical and/or accessibility information regarding your child that we should know about prior to their arrival to Camp please call our Administrative Office at 763-230-9310. This information is confidential and made available only to the Menogyn administrative team, the group leader, and the Camp's medical staff.

## ADDITIONAL INFORMATION

How did you find out about Menogyn? \_\_\_\_\_

### THIS SECTION MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE REGISTRATION WILL BE ACCEPTED 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.

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 \_\_\_\_\_  
Signature \_\_\_\_\_

### 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.

# 2018 REGISTRATION

## TO REGISTER

- ◆ Online registration available at [campmenogyn.org](http://campmenogyn.org)
- ◆ Registrations accepted now throughout summer 2018.
- ◆ To download a registration form go to [campmenogyn.org](http://campmenogyn.org) under forms and publications
- ◆ Each registration must be accompanied with a \$200 non-refundable deposit. The completed registration materials, along with the deposit will secure your place at camp.

## HEALTH FORMS

- ◆ Additional camper paperwork will be required to attend camp. This includes a Health Exam, Health History and Contact Information and Agreement Form. Forms can be found at [campmenogyn.org](http://campmenogyn.org).
- ◆ Signed health forms are required each year before attending camp.
- ◆ Complete and return additional paperwork by May 1, 2018.

## PAYMENT PLAN

- ◆ The balance is due in three monthly installments on March 1, April 1, & May 1 unless you have a pre-arranged payment plan established with the Customer Service Center. If the balance is not paid by May 1, 2018, you may forfeit your place at camp along with the deposit.
- ◆ If you have questions about our payment plan policy or would like to establish a payment plan, please contact the Customer Service center at the time of registration at 612-822-2267.

## CONFIRMATION

- ◆ Email confirmation will be sent immediately upon completion of online registration.
- ◆ Confirmation will be sent within three weeks upon receiving manual or faxed registration materials and deposit.
- ◆ The Parent Handbook contains important camper information such as packing lists and session information. It can be found at [campmenogyn.org](http://campmenogyn.org). Please review thoroughly.

## ACCESSIBILITY

If your child has a disability requiring an accommodation or a special need you would like us to be aware of, please let us know. This information enables us to better meet the needs of your child within available resources. For campers requiring special accommodation for disabilities, developmental disorders and behavioral issues, decisions are made on a case-by-case basis. Please contact the Camp Director at YMCA Camp Menogyn, 763-479-1146.

## CANCELLATION POLICY

- ◆ Cancellations must be in writing and may be submitted to [ymcamn.org/contact\\_us](http://ymcamn.org/contact_us) or faxed to 612-223-6322.
- ◆ Cancellations received two months prior to the session start date will be refunded however, your deposit is nonrefundable.
- ◆ Cancellations made less than two months prior to the session start date are non-refundable and non-transferable.
- ◆ If cancellation is due to a camper's illness or medical reasons, or other uncontrollable circumstance, your camp fees may be refunded minus the deposit when cancellation is accompanied by a doctor's statement/official statement.
- ◆ If a camper has a significant discipline problem during a session, we reserve the right to dismiss him or her, without refund, for the remainder of the session.

## FINANCIAL ASSISTANCE- PERSONAL PRICING PLAN

- ◆ The YMCA welcomes all who wish to participate in our programs. The YMCA annually raises funds through our Annual Campaign to help make that possible. Financial Assistance is granted on a first-come, first-served basis. Please visit [campmenogyn.org](http://campmenogyn.org) or call for an application at 612-822-2267.
- ◆ In the operation of the Summer Camp Food Service Program, no child, as defined by the program regulations, will be discriminated against because of race, sex, color, national origin, age, or handicap. Any person, who believes that a child has been discriminated against in any USDA related activity, should write immediately to the Secretary of Agriculture, Washington, DC 20250.

## TRANSPORTATION

- ◆ For the convenience of camp families, the YMCA offers safe and reliable transportation to and from Camp Menogyn. We have three locations for bus departure and returns for Camp Menogyn.
  - ◆ Bloomington, MN, REI store, just off Lyndale Avenue South and Hwy 494
  - ◆ Forest Lake
  - ◆ Duluth
- ◆ Bus transportation must be reserved and paid for at the time of registration. If you have questions, please contact a Camp Registrar at 612-822-2267.
- ◆ Please refer to your Parent Handbook for specific location and times.

### Online Registration Available!

Download a registration form at: [campmenogyn.org](http://campmenogyn.org)

## NEW CAMPER INFORMATION NIGHT

MONDAY, APRIL 23, 7-8 pm • REI, Bloomington

Gather 4 or more prospective campers at your house or school or wherever, and we will come with the Menogyn Slide Show and Pizza! Call us at 763-230-9310