

2019 REGISTRATION

TO REGISTER

- ◆ Online registration available at campmenogyn.org
- ◆ Mail and fax registrations must be accompanied by deposit payment. The completed registration materials, along with the deposit, will secure your place at camp.
- ◆ Registrations accepted now throughout summer 2019.

Email confirmation will be sent immediately upon completion of online registration. Confirmations will be emailed within three weeks of receiving mailed or faxed registrations.

PAYMENTS

- ◆ A non-refundable deposit is due with each registration.
- ◆ All remaining fees are due in 3 monthly installments on March 15, April 15, & May 15.
- ◆ Registrations after May 15, 2019 require full payment. If balance is not paid by May 15, 2019, you may forfeit your place at camp along with the deposit.
- ◆ Payments can be made by check, cash, Visa, MasterCard, Discover or American Express.
- ◆ If you have questions about our payment plan policy or would like to establish an alternate payment plan, please contact the Customer Service Center at the time of registration.

ADDITIONAL FORMS

Additional camper paperwork will be required to attend camp, including signed health forms. Forms can be found at campmenogyn.org under Forms & Publications. All forms are due by May 15.

PARTICIPATION REQUIREMENTS

Campers coming to Menogyn should be motivated and excited to experience simple wilderness travel, develop leadership, work as a group member, and be in good health.

Physical challenges are an inherent part of wilderness trips. Therefore, it is very important that each camper prepare themselves for the rigors of a strenuous wilderness experience to the best of their ability.

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. Please contact the Camp Menogyn Office directly.

Camp Menogyn reserves the right to send any camper home early who does not abide by our code of conduct or whose behavior is disruptive, uncontrollable, illegal, dangerous, or disrespectful to other campers or the camp community. We do not issue refunds for campers that leave early due to those reasons.

CHANGES AND CANCELLATIONS

- ◆ All change and cancellation requests must be made in writing.
- ◆ Cancellations:
 - On or before May 15, 2019, Menogyn will refund all fees paid except for the deposit.
 - After May 15, 2019, all fees are non-refundable.
 - In the case of documented medical illness or family emergency, exceptions may be made for a full refund.
 - Campers who never make it off the waitlist can cancel at any time and will be refunded their deposit.
- ◆ Camp Changes:
 - Any changes made to session dates or type of session are charged a \$25 change fee.
 - Camp change requests must be made at least one month prior to the start of the session.
- ◆ Transportation Changes:
 - Requests to change transportation selections received at least one month prior to the start of the session will be made for no additional charge, space permitting.
 - Transportation change requests received less than one month prior to the start of camp are charged a \$10 change fee.
 - Transportation change requests must be made at least one week prior to the start of the session.
- ◆ Our staff works as hard as possible to help campers with homesickness and behavioral issues, so we do not issue refunds for campers that leave early due to those reasons. Camp Menogyn reserves the right to send any camper home early who does not abide by camp rules or whose behavior is disruptive, uncontrollable, illegal, dangerous, or disrespectful to other campers or the camp community.

TRAILMATE REQUESTS

In order to assure that requests for a trailmate are honored, we require that the registration forms for both campers list each other in the trailmate request section. We will be unable to honor a request if only one of the campers lists a trailmate. We can honor only one trailmate request per camper. Siblings that register for the same session will generally be placed in separate trail groups.

FINANCIAL ASSISTANCE

The YMCA welcomes all who wish to participate in our programs. The YMCA raises funds through our Annual Fund to help make that possible. Please visit campmenogyn.org or contact the Customer Service Center.

NON-DISCRIMINATION STATEMENT

In the operation of the Summer Camp Program, no child, as defined by the program regulations, will be discriminated against. 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.

Send registration with appropriate deposit 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

NEW CAMPER INFORMATION NIGHT

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

2019 REGISTRATION FORM

Online registration available at 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 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 2019 ____ 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 8 DAY	JULY 11-18	\$990
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 15, April 15, & May 15. Registrations after May 15, 2019 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 15, April 15, & May 15.

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 Shoreview YMCA and Duluth. Indicate mode of transportation below.

Parent Transportation to camp _____ from camp _____
Shoreview YMCA: to camp, \$70 _____ from camp, \$70 _____
Duluth: to camp, \$45 _____ from camp, \$45 _____

(Return bus fee includes lunch)

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 651-645-6605. 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.