

MOUNDS VIEW COMMUNITY CENTER YOUTH SUMMER PROGRAM REGISTRATION 2019

Go green!

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.

HOW TO REGISTER

- We have gone green! Register online at ymcamn.org/summer. For registration assistance contact 612-230-9622.

SUMMER POWER, SUMMER SCHOOL CARE AND UPROAR

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

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. 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/moundsviumsummer

Membership not required for enrollment.

Summer Power, Summer School Care, Sports Camp and Uproar Registration Form 2019 • Mounds View Community Center

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Mall Ste. 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 SCHOOL CARE Entering Grades 1 – 6 FEES: \$135 /week Dates: July 8 – August 1
NO registration fee for Summer School Care.

SITES: Valentine Hills Elementary Pinewood Elementary Sunnyside Elementary

*The location you attend for Summer School is your Summer Power location.

I will drop my child off in a.m. at Summer Power morning drop-off.

SUMMER POWER Entering Grades K – 5 FEES: 5 days/week \$203 4 days/week \$180 3 days/week \$142

SITES: Valentine Hills Elementary Pinewood Elementary Sunnyside Elementary Mounds View Community Center

UPROAR Entering Grades 6 – 8 FEES: 5 days/week \$213 4 days/week \$187 3 days/week \$147

SITES: Valentine Hills Elementary Mounds View Community Center

CHOOSE YOUR DAYS IN THE GRID BELOW FOR SUMMER SCHOOL CARE, SUMMER POWER OR UPROAR

Jun 10-14	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
<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M
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*No program July 4-5

SUMMER SPORTS CAMP – NORTH METRO 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"/> Track & Field	<input type="checkbox"/> Golf	<input type="checkbox"/> Baseball/TBall/ Softball		<input type="checkbox"/> Flag Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer
<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Tennis		<input type="checkbox"/> Volleyball	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Golf	<input type="checkbox"/> Baseball/TBall/ Softball	<input type="checkbox"/> Volleyball			

*No program July 1-5

SPORTS SITE: Mounds View Community Center

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

*No program July 1-5

SPORTS BEFORE & AFTER CARE SITES: Valentine Hills Elem. Mounds View Comm. Ctr. YMCA in Lino Lakes LILA

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. _____

Office use C _____ S _____ E _____

YSPC 2019 Reg

Mounds View Community Center 2019 Emergency & Health Information Form

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Mall Ste. 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 _____