



Homeschool Day Program

Welcome Packet

2012-2013



Contact Information

YMCA Camp St. Croix
532 County Road F, Hudson WI 54016
715-386-4380 • 651-436-8428
Fax 715-386-4382
campstcroix.org

For all booking and program-related questions, please contact:
Katie Bloome, Outdoor Education Program Coordinator
612-465-0569
katie.bloome@ymcatwincities.org

For all billing questions, please contact:
Tracy Ryman, Business Administrative Coordinator
715-386-4380 • 651-436-8428
tracy.ryman@ymcatwincities.org

Office hours are 8:30-5:30pm.

Staff are available for after-hours emergencies at 651-270-7031.

Directions To YMCA Camp St. Croix

Located just south of I-94 in Hudson, Wisconsin, Camp St. Croix is only 20 miles from downtown St. Paul, Minnesota making us one of the most conveniently located Outdoor Education facilities.

From The West:

Travel east on I-94 from St. Paul. After crossing the St. Croix River, take Exit 2 (County Road F and Carmichael Road). Turn right (south) on Carmichael Road and travel about 1.5 miles. Camp St. Croix is on the right side shortly after Coulee Rd. (Co. Rd. FF.) (Look for the brown-and-white *St. Croix Environmental Center* sign on the right side of the road.)

From The East:

Travel west on I-94 to Exit 2 (County Road F and Carmichael Road). Turn left (south) on Carmichael Road and travel about 1.5 miles. Camp St. Croix is on the right side shortly after Coulee Rd. (Co. Rd. FF.) (Look for the brown-and-white *St. Croix Environmental Center* sign on the right side of the road.)



General Information

What to Wear and Bring: The majority of your and your child's time will be spent outside, so old comfortable clothing is recommended. Please be aware of the weather forecast and pack accordingly. We hold programs outdoors during all seasons and all types of weather, including rain and snow. All participants should wear shoes appropriate for running outdoors (sneakers, boots, etc.) and bring a water bottle.

Supervision: To ensure safety, we require children under the age of 13 to be accompanied by an adult to the program. Adults should be present and able to aid with learning and discipline during program time.

Forms: Please provide copies of **Release Agreements for each participant** to Camp St. Croix staff prior to, or upon arrival for your program. **Health forms** are optional and only needed in the case of health concerns.

Medical Information: YMCA Camp St. Croix staff should be made aware of participants with special needs prior to your arrival. Use the **Health Form** in this packet to identify health needs that may restrict a person's activity or require special care (i.e. asthma, diabetes, ESL, LD, etc.), as well as any dietary restrictions. If an emergency requires transportation, it is the responsibility of the family to transport their family members. Camp St. Croix is located less than two miles from the Hudson Hospital.

Parking: All vehicles must be parked in designated parking areas only. All fire lanes must be kept free of any obstruction.

Meals: Participants will eat lunch together in our dining hall. Meals are served family style. Families are welcome to sit at any table marked for the homeschool group. Our kitchen staff takes pride in serving hot, ready-to-eat food, so please be on time to meals. We will do our best to accommodate all dietary restrictions with prior notice. Please include any dietary needs on the **health form** and contact us with questions.

Curriculum: We are always adapting its curriculum to meet state education standards for both MN and WI. We are also working to include multiple disciplines in all of our classes. All classes have hands-on activities and are based primarily in the outdoors, so come ready to be outside.

Inclement Weather: Our program is centered on Outdoor Education. Weather conditions such as rain and snow are considered part of the natural world and will generally do not hinder our program. Please come prepared for outdoor experiences and be dressed appropriately.

Severe Weather: As soon as YMCA Camp St. Croix receives notification of a Severe Weather Watch or Warning, all camp staff will be asked to carry out the camp's Severe Weather procedures. If there is no sign of lightning, study sessions will continue outdoors, within sight of emergency shelter. In the event of severe weather, including thunderstorms, tornadoes, or blizzard conditions, all study sessions will be suspended and participants will be brought into our storm shelter.

Camp Store: Our camp store has clothing, toys, and other souvenirs. We are able to open the camp store upon request. If you would like to shop in the camp store, please let our staff know. We accept cash, check, or credit card.

Prohibited Items: The use of alcohol, tobacco products, and illegal drugs is strictly prohibited on Camp St. Croix property. Guns, knives (including pocket knives) and explosive materials are also prohibited on Camp St. Croix property.

Health Form

This document must be completed by all participants staying overnight.

Participant's Name: _____ Date of Birth: _____

Age: _____ Height: _____ Weight: _____ Gender: M F

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____

Name of Health Insurance: _____

Policy #: _____ Date of Last Tetanus Booster: _____

Emergency contact: (If unable to contact parent.)

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Health Information:

Please give details to any questions that were marked yes.

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| Is the participant taking any medications? | Yes | No | Explain: |
| Does the participant have any allergies? | Yes | No | Explain: |
| Does the participant have a history of heart problems? | Yes | No | Explain: |
| Does the participant have a history of seizures? | Yes | No | Explain: |
| Has the participant had any recent injuries? | Yes | No | Explain: |
| Does the participant have special dietary needs? | Yes | No | Explain: |
| Does the participant have asthma? | Yes | No | Explain: |
| Does the participant have diabetes? | Yes | No | Explain: |
| Does the participant experience sleepwalking? | Yes | No | Explain: |
| Does the participant commonly we the bed? | Yes | No | Explain: |

Is there any other information regarding the participant that Camp St. Croix should be aware of or could prevent the participant from taking part in any camp activities?

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

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 YMCA 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. 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.
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 _____