



# MN Valley YMCA

## 2010 Before & After Care for Cedar Park/Echo Park Summer School Programs

The MN Valley YMCA Summer Before and After Care is uniquely designed for kids in the Cedar Park/Echo Park Summer School programs. The YMCA Summer Before and After Care program is open to kids entering 1st – 5th grade in the fall and will be run in conjunction with the Y School Age Summer Power programs at Cedar Park & Echo Park Elementary Schools July 6<sup>th</sup> through July 30<sup>th</sup>.

The Summer School Before and After Care program provides your child with the chance to play while you are at work. Your child will enjoy trying new games, making arts & crafts, meeting new friends and creative play in our fun, and safe, supervised recreational program. The After Care program will also experience field trips such as Pump it up and museum tours, park days and more. Students will join the Summer Power program in the cafeteria after classes conclude.

<p><b>Before &amp; After Care Locations:</b></p> <ul style="list-style-type: none"> <li>Cedar Park Elementary July 6th – July 30th</li> <li>Echo Park Elementary July 6th – July 30th</li> </ul> <p><b>Time:</b></p> <p><b>Before Care Sessions</b> 6:30 am until summer school classes' start</p> <p><b>After Care Sessions</b> End of summer school classes' until 6:00pm.</p> <p><b>Attendance:</b></p> <p><i>There is a three day/per week minimum requirement per child.</i></p>	<p><b>Program Fees for Summer School:</b> <b>\$50.00 one-time non-refundable registration fee</b> (if currently attending Summer Power this fee is not applicable)</p> <table border="0"> <tr> <td><b>Monday – Thursday</b></td> <td><b>Friday (Full Day)</b></td> </tr> <tr> <td>Summer School Care - \$29.00/day</td> <td>Summer Power - \$35.00/day</td> </tr> </table> <p><b>*NOTE:</b> There is no summer school on Monday July 5<sup>th</sup>. There is also no Summer School on Fridays. You may sign up for Summer Power on Monday 7/5 &amp; Friday's during the summer school session.</p> <ul style="list-style-type: none"> <li>Registrations will be taken until the Monday prior to the week before the session begins.</li> <li>You may be billed for the remaining weekly balance, which must be paid by the Monday one week prior to the start of the session. A \$10.00 late fee will be assessed if payment is not received by the Friday prior to the start of the session. Non-payment will result in cancellation of your child's enrollment.</li> <li>Changes to the original registration, including cancellation, must be made in writing by the Monday one week prior to the start of the session. If the change notice is not received, you will be billed for the original contracted enrollment.</li> </ul>	<b>Monday – Thursday</b>	<b>Friday (Full Day)</b>	Summer School Care - \$29.00/day	Summer Power - \$35.00/day
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**Financial Assistance:**

The YMCA welcomes all who wish to participate, and annually raises funds through our Y Partners campaign to help make that possible. Please let us know if we may serve you or your family in this way. Limited scholarships are available. A scholarship application form takes two weeks to process and requires proof of income. Please call 612-230-9622 for an application.

**Open Participation:**

In the operation of the Summer Camps 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.



**Attention Applicants:** To ensure all participants have as safe and positive experience as possible, please contact Tom at 612-309-1423, if any additional accommodations are needed for participation.

**MN Valley** YMCA **BEFORE & AFTER CARE** Program **2010** Registration Form for  
Cedar Park & Echo Park Summer School programs

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>Children attending CEDAR PARK Summer Power program</b>			
Located at CEDAR PARK			
July 5-9	July 12-16	July 19-23	July 26-30
<input type="checkbox"/> Mon. ~ SUMMER POWER	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Fri. ~ SUMMER POWER	<input type="checkbox"/> Fri. ~ SUMMER POWER	<input type="checkbox"/> Fri. ~ SUMMER POWER	<input type="checkbox"/> Fri. ~ SUMMER POWER

<b>Children attending ECHO PARK Summer Power program</b>			
Located at ECHO PARK			
July 5-9	July 12-16	July 19-23	July 26-30
<input type="checkbox"/> Mon. ~ SUMMER POWER	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Fri. ~ SUMMER POWER	<input type="checkbox"/> Fri. ~ SUMMER POWER	<input type="checkbox"/> Fri. ~ SUMMER POWER	<input type="checkbox"/> Fri. ~ SUMMER POWER

<b>Payment Information:</b>	<i>Please include your first week payment.</i>
Check Enclosed    Amount \$ _____	
Weekly EFT Authorization	___ Visa    ___ Master Card    ___ Discover    ___ Amex
Name on Card: _____	
Card Number: _____	Exp Date: _____

YMCA Customer Service Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • Fax 612-465-0559



*Thanks for helping us "Build Strong Kids, Strong Families and Strong Communities".*

# Summer Power and Summer Uproar Minnesota Valley Family YMCA • Day Camp Streefland Emergency & Health Information Form 2010

Please fill out completely and return to: **YMCA Customer Service Center • 2125 East Hennepin Ave • Mpls., MN 55413 • 612-230-9622 • fax 612-465-0559**  
PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender  F  M

Grade in Fall 2010 \_\_\_\_\_ Age \_\_\_\_\_ This is my \_\_\_\_\_ year in 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 \_\_\_\_\_

Change of Address

Parent/Guardian's Birthdate \_\_\_\_\_ Gender  F  M Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

#2 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

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

Parent/Guardian's Birthdate \_\_\_\_\_ Gender  F  M Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

The following people should be contacted in case of emergency, only if parent or guardian cannot be reached AND are authorized to pick up the child:

1. Name \_\_\_\_\_

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

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

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

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

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

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

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

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

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

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

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

**MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:**

DPT \_\_\_\_\_ Polio \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Rubella \_\_\_\_\_ HIB \_\_\_\_\_

Tetanus \_\_\_\_\_

**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, AND IF SO, PLEASE EXPLAIN:**

Special needs \_\_\_\_\_

Allergies or Asthma \_\_\_\_\_

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

Chronic or recurring illnesses \_\_\_\_\_

Operations or serious injuries (include date/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: \_\_\_\_\_

**SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW:** \_\_\_\_\_

## 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 the YMCA of Metropolitan Minneapolis and the YMCA of Greater St. Paul 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 child's participation in these activities is purely voluntary and I elect to have my child participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue my child's 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 child's participation in these activities, or my child's 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 my child has no medical or physical condition which could interfere with his/her 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 my child is hurt or property damaged during my child's participation in this activity, then I and 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 my child or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

### Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
2. 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.
3. My child has my permission 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.
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 hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
6. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen.
7. I give my permission for the YMCA to administer sunscreen as needed.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Minor Name \_\_\_\_\_

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

Telephone (with area code) \_\_\_\_\_ Date \_\_\_\_\_