

**Summer Power, Y Summer Sports, Uproar, Y Summer Extreme, Biztown 2009 Registration Form • Southwest Area YMCA**

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • fax 612-465-0559**

**Participant Information:**

Office Use Only

Child's Name \_\_\_\_\_

YMCA Member?  Yes member # \_\_\_\_\_  No, Participant only

\$50 one-time non-refundable registration fee enclosed

**PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX**

**Summer Power Preschool** Ages 3 – 5 in 2009 FEES:  5 days per week \$155  3 days per week (MWF) \$99  2 days per week (T/TH) \$70

June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
Not Offered	Not Offered	Not Offered	Not Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Offered	Not Offered	Not Offered

SITE:  Southwest Area YMCA

**Summer Power** Ages K – 5 in 2009  
 FEES Summer Power June 15 - Sept 4:  5 days per week \$175  4 days per week \$148  3 days per week \$117

**Summer Uproar** Grades 5 – 9 in 2009  
 FEES Summer Uproar June 15 - Sept 4:  5 days per week \$182  4 days per week \$150  3 days per week \$118

June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
Not offered	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	See listings below for location. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	See listings below for location. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.

SITE Summer Power:  Thomas Lake  Northview  Glacier Hills  Red Pine  Shannon Park  Highland Elementary  Eagan Community  
 SITE Summer Uproar:  Dakota Hills  Scott Highland  Southwest Area YMCA August 24-Sept 4  Center August 24-Sept 4

**Additional Requests: (One T-shirt per summer included with Summer Power & Uproar) Additional T-Shirts available for \$10 each.**

T-Shirt Youth  S  M  L  Adult  S  M  L  XL

**Y Summer Sports** Ages 4 – Grade 6 in Fall 2009  \$50 non-refundable deposit per session enclosed

Program	June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
<b>Mini Sports</b> Ages 4-5 years old		\$95 half <input type="checkbox"/> \$185 full <input type="checkbox"/> T-Ball	\$95 half <input type="checkbox"/> \$185 full <input type="checkbox"/> Soccer		\$95 half <input type="checkbox"/> \$185 full <input type="checkbox"/> Sports Sampler	\$95 half <input type="checkbox"/> \$185 full <input type="checkbox"/> Basketball			\$95 half <input type="checkbox"/> \$185 full <input type="checkbox"/> Sports Sampler	\$95 half <input type="checkbox"/> \$185 full <input type="checkbox"/> Flag Football			
<b>Y Summer Sports</b> Entering Grades 1-3		\$185 <input type="checkbox"/> Baseball	\$185 <input type="checkbox"/> Soccer	\$185 <input type="checkbox"/> Sports Sampler	\$185 <input type="checkbox"/> Tennis	\$185 <input type="checkbox"/> Basketball	\$185 <input type="checkbox"/> Swimming/Diving	\$185 <input type="checkbox"/> Golf	\$185 <input type="checkbox"/> Floor/Roller Hockey	\$185 <input type="checkbox"/> Flag Football	\$185 <input type="checkbox"/> Soccer	\$225 <input type="checkbox"/> Golf*	
<b>Y Summer Sports</b> Entering Grades 4-6		\$185 <input type="checkbox"/> Baseball	\$185 <input type="checkbox"/> Soccer	\$185 <input type="checkbox"/> Sports Sampler	\$185 <input type="checkbox"/> Tennis	\$185 <input type="checkbox"/> Basketball	\$185 <input type="checkbox"/> Swimming/Diving	\$185 <input type="checkbox"/> Golf	\$185 <input type="checkbox"/> Floor/Roller Hockey	\$185 <input type="checkbox"/> Flag Football	\$185 <input type="checkbox"/> Soccer	\$225 <input type="checkbox"/> Golf*	

SITE:  Rosemount Middle School  Parkview Golf Club August 24-28\*

**Y Summer Extreme** Grades 6 – 9 in Fall 2009  \$50 non-refundable deposit per session enclosed

June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
not offered	<input type="checkbox"/> \$255 Extreme Cuisine	<input type="checkbox"/> \$200 Skateboard/In-line	<input type="checkbox"/> \$200 Extreme Sampler	<input type="checkbox"/> \$255 Rock Climbing	<input type="checkbox"/> \$250 Water Sports	<input type="checkbox"/> \$255 Extreme Cuisine	<input type="checkbox"/> \$265 Outdoor Survival**	<input type="checkbox"/> \$250 Water Sports	<input type="checkbox"/> \$300 Rock Climbing*	<input type="checkbox"/> \$255 Digital Photo	<input type="checkbox"/> \$200 Mountain Biking	not offered

SITE:  Dakota Hills Middle School

\*\* Wednesday and Thursday Overnight included      \*Thursday Overnight included

**Junior Achievement Biztown/Finance Park**  \$50 non-refundable deposit per session enclosed

June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
Not Offered	Not Offered	Not Offered	Not Offered	<input type="checkbox"/> \$180 Finance Park Grade 7-9	Not Offered	<input type="checkbox"/> \$180 Biztown Grade 4-6	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered

SITE:  Dakota Hills Middle School

**Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.**

Our family currently receives subsidy from:  County \_\_\_\_\_  YMCA Financial Assistance  Third Party Agency  Other \_\_\_\_\_

Agency/County Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Case # Required \_\_\_\_\_ Paperwork submitted to County/Agency:  Yes  No

Third Party Agency Name: \_\_\_\_\_ Third Party Member #: \_\_\_\_\_

**Payment Information: Please note, Registrations will not be processed without deposit**

**Check Enclosed** Amount: \$ \_\_\_\_\_  Deposit Fee  Full Payment **Credit Card** \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

**Weekly EFT Authorization**  (Electronic Funds Transfer)

Please charge:  Only \$50 deposit per session  Entire fee for all programs selected  \$50 deposit now, remaining balance one week prior to the start of the session.

Name on Card \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I agree to pay above total amount according to card issuer agreement. **X**

# Southwest Area YMCA Camp Emergency & Health Information Form

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, 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 2009 \_\_\_\_\_ 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: \_\_\_\_\_

## SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW:

## Waiver of Liability

I understand that The Young Men's Christian Association of Greater Saint Paul assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. 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 that 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. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to it's directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a results of participating in these activities.

## 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_