

# 2024 SUMMER REGISTRATION YMCA DAY CAMP MANITOU

## **HOW TO REGISTER**

Register online at ymcanorth.org/summer. For registration assistance contact 612-230-9622.

### **DAY CAMP**

- A \$50 non-refundable deposit is required per camp session. The deposit is applied to the session fee.
- Confirmation will be sent via email after registration. You will be billed for the remaining balance two weeks prior to the start of session. Online registration requires automatic EFT, which will be processed the Tuesday, two weeks prior to each program session.

YMCA of the North is committed to offering programs and services that strengthen youth development, healthy living, and social responsibility. Please review our Day Camp refund policy, which supports delivery of our programs and services.

- A refund of program fees is available if you cancel your registration no later than 11:59 p.m. CT on the Monday two weeks before your program's start date.
- No refunds are available for changes or cancellations made after 11:59 p.m. CT on the Monday two weeks before your program's start date. Program deposits are non-refundable and non-transferrable.
- YMCA of the North reserves the right to cancel or withdraw any program without notice. YMCA of the North is not responsible for costs incurred by a participant in preparing for a program that has been altered or canceled.

A parent handbook is available online at ymcanorth.org/ summer after April 1, 2024.

It is important to review all information contained in this document.

# Register online at daycampmanitou.org

Find forms under Forms and Publications.

## FOR MORE INFORMATION:

YMCA Customer Service Center 651 Nicollet Mall, Ste 500, Minneapolis, MN 55402 (P) 612-230-9622 • (F) 612-223-6322

## **NON-DISCRIMINATION STATEMENT**

The YMCA of the North is committed to the elimination of disparities and eradication of unjust systems to become a multicultural, anti-racist and anti-oppressive organization as we serve all. We do not and shall not discriminate on the basis of individuals' differences in age, color, abilities, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make each individual unique. The YMCA commits to continually conduct institutional racism and oppression review of our policies, procedures and practices and the ongoing development of a multicultural, anti-racist and anti-oppressive work environment, and culture that promotes equity and respect for the human dignity of all.

### **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.

### YMCA SCHOLARSHIPS

We look forward to having you with us! YMCA Scholarships is a needs-based scholarship fund made available through Y Annual Fund – individual and business contributions to our communities. Learn more about YMCA Scholarships and apply online at: ymcanorth.org/scholarships. Call 612-230-9622 if you have questions about the application process.

# 2024 YMCA Day Camp Manitou

### PARTICIPANT INFORMATION: Use full legal names for all parties.

	5		•				
Child's First Name:		MI	Last Name:		Birthdate:	Gender:	
Child's Grade in Fall 2024:			Phone:	Emai	il:		

## PUT AN "X" IN EACH APPLICABLE BOX

					No program 3	July 4-5							
	PROGRAM	June 10-14	June 17-21	June 24-28	July 1-03	July 8-12	July 15-19	July 22-26	July 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19-23	Aug 26-30
DAY CAMPS	Wee Backpackers Grade K	□ \$329 M □ \$359 N	□ \$329 M □ \$359 N	□ \$329 M □ \$359 N	□ \$197 M □ \$215 N	□ \$329 M □ \$359 N							
DAY C	Day Camp Grades 1 - 6	□ \$309 M □ \$339 N	□ \$309 M □ \$339 N	□ \$309 M □ \$339 N	□ \$185 M □ \$203 N	□ \$309 M □ \$339 N							
	Wee Backpackers Dragons, F&F Grade K		□ \$359 M □ \$389 N				□ \$359 M □ \$389 N		□ \$359 M □ \$389 N				
	Wee Backpackers Pirates Grade K			□ \$359 M □ \$389 N		□ \$359 M □ \$389 N				□ \$359 M □ \$389 N			
	Wee Backpackers Superheros Grade K				□ \$215 M □ \$233 N			□ \$359 M □ \$389 N			□ \$359 M □ \$389 N		
	Archery/Slingshot Grades 1 - 3		□ \$359 M □ \$389 N				□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		
	Critters, Crawlers Grades 1 - 3	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N		□ \$215 M □ \$233 N	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N			
SPECIALTY CAMPS	Dragons, F&F Grades 1 – 3	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N								
	Fish, Frogs & Forts Grades 1 - 3	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N			□ \$359 M □ \$389 N			
	Pirates Grades 1 - 3		□ \$359 M □ \$389 N				□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		
SPEC	Super Hero Grades 1 - 3			□ \$359 M □ \$389 N			□ \$359 M □ \$389 N		□ \$359 M □ \$389 N				
	Archery Grades 4 – 6	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$215 M □ \$233 N	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	
	Arts & Crafts Grades 4 - 6	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	
	Climbing Grades 4 - 6		□ \$399 M □ \$429 N	□ \$399 M □ \$429 N		□ \$399 M □ \$429 N	□ \$399 M □ \$429 N		□ \$399 M □ \$429 N	□ \$399 M □ \$429 N		□ \$399 M □ \$429 N	
	Fishing Grades 4 - 6		□ \$399 M □ \$429 N			□ \$399 M □ \$429 N							
	STEAM Grades 4 - 6	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		□ \$359 M □ \$389 N		
	Outdoor Liv. Skills Grades 4 - 6		□ \$359 M □ \$389 N	□ \$359 M □ \$389 N									
	Water Adventure Grades 4 - 6	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$359 M □ \$389 N	□ \$215 M □ \$233 N	□ \$359 M □ \$389 N							
	Climbing Grades 7 - 9		□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$239M □ \$257 N	□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$399 M □ \$429 N		
AMPS	Leaders in Training Grades 7 – 9		469 M 499 N			□ \$469 M □ \$499 N				□ \$469 M □ \$499 N			
TEEN CAMPS	Teen Bike Grades 7 - 9		□ \$399 M □ \$429 N	□ \$399 M □ \$429 N			□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$399 M □ \$429 N			□ \$399 M □ \$429 N	
	Water Adventure Grades 7-9		□ \$399 M □ \$429 N	□ \$399 M □ \$429 N	□ \$239M □ \$257 N		□ \$399 M □ \$429 N						

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			No program July	/ 4-5							
June 10-14	June 17-21	June 24-28	July 1-03	Jul y 8-12	July 15-19	July 22-26	July 29-Aug 2	Aug 5-9	Aug 12-16	Aug 19-23	Aug 26-30
	PORTATIO	<b>\</b>	es Bus Name	/Location:							
									ormation will		n the websi
HILDCARE	SUBSIDY F		NFORMATIO	DN:							
	horization of S ation of Servio		e on file befor	e your child's	care may be bil	led to a count	y/third party ag	ency. Parent/	guardian is res	ponsible for f	ull payment
			ssistance fro	n: 🗌 Count	ty		Third F	Party Agency	Other_		
gency/Coun	ty Worker's N	ame					Phone N	lumber			
ase # Requir	red				P	aperwork sut	mitted to Cour	nty/Agency:	🗌 Yes 🗌	No	
AYMENT:	Please note	e, registrati	ons will no	t be proce:	ssed withou	ıt deposit/	registration	fee.			
				•		•	d 1 week prior		of each weekl	y session.	
							nbers are not				
FT AUTHO	RIZATION	Choose one:									
FT AUTHO	Weekly:		posit <b>per Ca</b> ı	np session,	remaining bala	ance billed 1	week prior to t	he start of e	ach weekly se	ssion.	
FT AUTHO	Weekly:	\$50 de		•	-		week prior to t Il be charged u				

# 2024 YMCA Day Camp Manitou 2024 EMERGENCY AND HEALTH INFORMATION

Use one form per child and print neatly. Use full legal names for all parties. 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

Child's First Name	MI Last Nar	me	E	Birthdate	Gender:
Child's Nickname	Grade in Fall 2	2024 A	ge This is	s my '	year in YMCA Summer Programs.
Friends you would like to be grouped with: (To ensure po					
Child resides with Mother Father Both	Other				
#1 Parent/Guardian's First Name	Middle Init	ial Last Nam	e		
Address	City			St	tate Zip
Parent/Guardian's Birthdate Gender: 🗌 F 📃 M					
Parent/Guardian's Work Phone ()					
#2 Parent/Guardian's First Name	Mid	ldle Initial Last	Name		
Address					
Parent/Guardian's Birthdate Gender: D F D M					
Parent/Guardian's Work Phone ()					
Race/Ethnic Background (optional):					
Black or African American White Hispanic or Lat	ino 🔄 American I	ndian/Alaskan Nativ	≥ Asian or ot	ther Pacific Is	slander 🛄 Other
EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION		Has child had a	ny of the follow	ving? If so, p	lease explain:
The following people should be contacted in case of emerg					
parent(s) or guardian cannot be reached AND are authoriz child:	ed to pick up the				······
1. Name					
Relationship to child					
Phone: Cell ( Home/Work (			have a communica		or condition which may prove to be
1. Name		lf yes, please	comment:		
Relationship to child			, ,		the camper should be exempted
Phone: Cell ( Home/Work (		for health reasor	15:		
Family Doctor		<u> </u>			
Phone ()		-		-	psychological conditions
Family Dentist			cation, treatmer programs:		l restrictions or considerations
Phone ()		while at TMCA			
Do you carry family medical/hospital insurance?					
Carrier		Record of Past	Medical Treatm	ent Chronic	<b>Concerns:</b> Check all that pertain
Policy/Group #					ation about supportive health
Month, date and year of most recent immunizations: Informa including specific dates. Or attach Immunization Record.	tion required	care. Please cheo medication.	k parent handbo:	ok for restric	tions on staff administration of
DTP Polio Hep. B		Asthma		🗌 Convu	lsions/Epilepsy
MMR HIB Hep. A		Diabetes		🗌 Hyper	tension
Tetanus VAR PCV		 Frequent Ear	Infections	Surger	
Or Conscientious Objector		Bleeding/Clot			Defect/Disease
Parent/Guardian Signature			-		
Is the child taking any medications? 🗌 Yes 🗌 No		Provide informat	ion about health	care need for	r each item checked :
If yes, what kind and why:					
If medication needs to be administered during the program					
Permission Form must be completed. Call the YMCA for thi at your site.	5 101 m, 01 pick it u	۲			

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

EFFECTIVE FEBRUARY 2022

## 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 the North (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, illness, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries resulting from falls or contact with other participants; death or brain damage as a result of drowning or near drowning in pools or other bodies of water; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19. Releasees are not responsible for lost, stolen or damaged clothing or other property. I understand such risks can't be eliminated, despite the use of safety and security equipment and protocols, increased cleaning, masking and physical distancing, without jeopardizing 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. I /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 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.

- 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 apply.
- 4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from 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 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.
- 5. I represent that I have adequate insurance to cover any injury, illness 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, illness or damage myself. I further represent that I/my child have no medical or physical conditions that 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.
- 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

- In the event that I/my child need immediate medical attention for injuries or illness that may occur 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. I understand that until COVID-19 or other subsequent illnesses are fully eliminated, I may be asked to quarantine myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
- If applicable, 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 for myself/my child to participate in all walking activities and field trips.
- 3. 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.
- 4. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
- 5. If my child or I require use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and medication are on my child or me 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 all liability arising out of or resulting from use or administration of the epi-pen and/or medication.
- 6. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; following all infectious disease protocols as defined by WDH, MDH and CDC; safety and security protocols, and all other protocols as trained or stated during participation.

## WILDERNESS TRIPS AND PARTICIPATION

I give permission for myself or my child to enter Canada or other International location as designated by participation in the program. I also understand that I/my child will need to bring our passport with if the trip involves international travel.

Nothing in this Acknowledgement and Assumption of Risks and Release and Indemnity Agreement shall be interpreted as the participant and parent releasing the YMCA and the Releases from liability for injuries, damage, death, or other loss to participant or others that may occur within the Jurisdiction of the National Park Service and is caused by YMCA negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to the YMCA judgments and decisions, or YMCA failure to take reasonable precautions to ensure it provides defect-free equipment.

### 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 if applicable.
- 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. In addition, 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	F	Print Name		
Address	City	State	Zip	
Telephone ( )	Date			
	PARENT OR GUARDIAN ADDITIONAL AGREEMENT (M	ust be completed for participants	s under the age of 18)	
In consideration of hold harmless Release	(PRINT minor's name es from any claims alleging negligence which are brought by		this activity, I further agree to indemnify a way connected with such participation by i	

Parent or Guardian