



# 2024 SUMMER REGISTRATION YMCA DAY CAMP OXBOW

## HOW TO REGISTER

Register online at [ymcanorth.org/summer](http://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](http://ymcanorth.org/summer) after April 1, 2024.

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

**Register online at**  
**[ymcanorth.org/camps](http://ymcanorth.org/camps)**  
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](http://ymcanorth.org/scholarships). Call 612-230-9622 if you have questions about the application process.

# 2024 YMCA Day Camp Oxbow

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

Child's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Child's Grade in Fall 2024: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PUT AN "X" IN EACH APPLICABLE BOX**

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
<b>Wee Backpackers Camp Grades K</b>	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359	<input type="checkbox"/> \$215	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359	<input type="checkbox"/> \$359
<b>Day Camp Grades 1-6</b>	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339	<input type="checkbox"/> \$203	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339	<input type="checkbox"/> \$339
<b>Leaders in Training Grades 8-10</b>	<input type="checkbox"/> \$499		<input type="checkbox"/> \$449		<input type="checkbox"/> \$499		<input type="checkbox"/> \$499		<input type="checkbox"/> \$499	

**BEFORE AND AFTER CARE FEE \$50/Week** Site Name/Location: \_\_\_\_\_

No program July 4-5

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BUS TRANSPORTATION**  No  Yes Bus Name/Location: \_\_\_\_\_

**SITES:** More information will be available on the website.

**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 billed 1 week prior to the start of each weekly session.

**Credit Card: Note: Per PCI Compliance, credit cards are not stored in the system. Numbers are not on file.**

**EFT AUTHORIZATION Choose one:**

**Weekly:**  \$50 deposit **per Camp session**, remaining balance billed 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.  \_\_\_\_\_

# 2024 YMCA Day Camp Oxbow

## 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 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Grade in Fall 2024 \_\_\_\_\_ 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 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 (\_\_\_\_) \_\_\_\_\_

### 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 (\_\_\_\_) \_\_\_\_\_

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

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

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Home/Work (\_\_\_\_) \_\_\_\_\_

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: **Information required including specific dates. Or attach Immunization Record.**

DTP \_\_\_\_\_ Polio \_\_\_\_\_ Hep. B \_\_\_\_\_

MMR \_\_\_\_\_ HIB \_\_\_\_\_ Hep. A \_\_\_\_\_

Tetanus \_\_\_\_\_ VAR \_\_\_\_\_ 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 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.
3. 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

1. 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.
2. 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 Releasees 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.
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. 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 \_\_\_\_\_ 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 \_\_\_\_\_