



# 2021 SUMMER REGISTRATION YMCA CAMP ST. CROIX

## TO REGISTER

- ♦ Online registration available at [campstcroix.org](http://campstcroix.org)
- ♦ Mail and fax registrations must be accompanied with a \$50 non-refundable deposit. The completed registration materials, along with the deposit will secure your place at camp.
- ♦ Registrations accepted now throughout summer 2021.

## ADDITIONAL CAMP PAPERWORK

- ♦ Complete and bring additional paperwork with you on the first day of camp.

## GETTING TO CAMP

- ♦ YMCA Camp St. Croix is conveniently located just 30 minutes east of the Twin Cities, in Hudson, WI. Please refer to your Parent Handbook for directions and a map to camp. Because of our close proximity to the Twin Cities, Camp St. Croix does not offer bus transportation.

## DROP-OFF AND PICK-UP

- ♦ Sunday Drop-Off: Between 1 pm and 3 pm.
- ♦ Tuesday Pick-Up (for half-week Summer Samplers): Between 4:30 pm and 5:30 pm.
- ♦ Wednesday Drop off (for half-week Summer Samplers): Between 10:30 am and 11:30 am.
- ♦ Friday Pick-Up: Between 1 pm and 3 pm.

## PAYMENT PLAN

- ♦ Your balance is due in three monthly installments on March 15, April 15, & May 15 unless you have a pre-arranged payment plan established with the Customer Service Center. If the balance is not paid by May 15, 2021, you may forfeit your place at camp along with the deposit.
- ♦ If you have questions about our payment plan policy or would like to establish an alternate payment plan, please contact the Customer Service Center at the time of registration.

## FINANCIAL ASSISTANCE- PERSONAL PRICING PLAN

- ♦ The YMCA welcomes all who wish to participate in our programs. The YMCA annually raises funds through our Annual Campaign to help make that possible. Financial Assistance is granted on a first-come, first-served basis. Please visit [campstcroix.org](http://campstcroix.org) or contact the Customer Service Center.

## CONFIRMATION

- ♦ Email confirmation will be sent immediately upon completion of online registration.
- ♦ Confirmations will be emailed within three weeks upon receiving mailed or faxed registrations.
- ♦ The Parent Handbook contains important camper information such as packing lists and session information. It can be found at [campstcroix.org](http://campstcroix.org). Please review thoroughly.

## CANCELLATION & CHANGE POLICY

- ♦ Cancellations must be in writing and can be submitted to [ymcanorth.org/contact\\_us](http://ymcanorth.org/contact_us) or faxed to 612-223-6322.
- ♦ Cancellations received on or before May 15 will be refunded however, your deposit is non-refundable.
- ♦ All cancellations made after May 15 are non-refundable and non-transferable.
- ♦ If cancellation is due to a camper's illness or medical reasons, or other uncontrollable circumstance, your camp fees may be refunded minus the deposit when cancellation is accompanied by a doctor's record/official statement.
- ♦ If a camper has a significant discipline problem during a session, we reserve the right to dismiss him or her, without refund, for the remainder of the session.
- ♦ Additional cancellation information, including change fees and deadlines, can be found in the Parent Handbook.

## ACCESSIBILITY

If your child has a disability requiring an accommodation or a special need you would like us to be aware of, please let us know. This information enables us to better meet the needs of your child within available resources. For campers requiring special accommodation for disabilities, developmental disorders and behavioral issues, decisions are made on a case-by-case basis. Please contact the Camp Program Director at YMCA Camp St. Croix, 715-386-4380 .

## NON-DISCRIMINATION STATEMENT

In the operation of the Summer Camp Program, no child, as defined by the program regulations, will be discriminated against because of race, sex, gender identity, color, national origin, age, or handicap. Any person, who believes that a child has been discriminated against in any USDA related activity, should write immediately to the Secretary of Agriculture, Washington, DC 20250.

## REFER A FRIEND

Refer a friend to camp and receive \$25 credit off your camp fee for each NEW camper. You and your friend(s) must be registered by April 1, 2021 and they must be new to YMCA Camp St. Croix. Referral discount does not apply for siblings.

Referrals must be made in writing and can be submitted to [ymcanorth.org/contact\\_us](http://ymcanorth.org/contact_us).

Refer A Friend promotion ends April 1, 2021.

# 2021 REGISTRATION FORM

Online registration available at [campstcroix.org](http://campstcroix.org)

Please return this completed form with parental/guardian signature to:

YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402 • Phone 612-822-2267 • Fax 612-223-6322

Please use one registration per child, per session. Submissions/Questions: [ymcanorth.org/contact\\_us](http://ymcanorth.org/contact_us)

Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Last First Middle

This is my \_\_\_\_\_ year at camp. Date of Birth \_\_\_\_\_ Grade in Fall 2021 \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

1st Contact Parent/Guardian \_\_\_\_\_ 2nd Contact Parent/Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

**Mailing and Communication will be sent to 1st contact.**

## SESSION INFORMATION

Session Name: \_\_\_\_\_ Session Dates: \_\_\_\_\_

Session Name: \_\_\_\_\_ Session Dates: \_\_\_\_\_

Session Name: \_\_\_\_\_ Session Dates: \_\_\_\_\_

How did you find out about this camp? \_\_\_\_\_

**FRIENDS** you hope to share a cabin with: (To ensure positive group dynamics, please limit 2 friends per request who are within 1 year in age or grade.) We may not be able to honor all requests.

1 \_\_\_\_\_

2 \_\_\_\_\_

**PAYMENT INFORMATION** A non-refundable \$50 deposit per camper per session must accompany each registration form. Remaining fees are due in three monthly installments on March 15, April 15, & May 15. Registrations after May 15, 2021 require full payment or an established payment plan.

Check enclosed amount: \$ \_\_\_\_\_ (payable to: YMCA Camp St. Croix)

Please bill my:  Visa  MasterCard  Discover  Am Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please charge:

Payment in Full

\$50 deposit now and the remaining balance in three installments on March 15, April 15, & May 15

## PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here \_\_\_\_\_

Please complete the Release Form and return with registration.

Billing information if different from 1st contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

## EMERGENCY CONTACT INFORMATION:

These individuals will be contacted if parents/guardian cannot be reached.

First Emergency Contact \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone type: \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone type: \_\_\_\_\_

Will your camper have health insurance at the time of their camp session?  Yes  No

Health Insurance Co.: \_\_\_\_\_

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

Primary Insured Name: \_\_\_\_\_

Primary Insured Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist's Phone: \_\_\_\_\_

Are all of your campers immunizations up to date?  Yes  Conscientious Objector

Date of last tetanus shot (MM/DD/YY)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Does your camper have any medical conditions that require special care?

\_\_\_\_\_

\_\_\_\_\_

Has your camper had any surgeries, illness, or injuries we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Does your camper have any allergies we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Does your camper have any dietary restrictions?

\_\_\_\_\_

\_\_\_\_\_

Does your camper have any camp activities from which they should be restricted for medical reasons?

\_\_\_\_\_

\_\_\_\_\_

### Camper Personal and Social Information

We want every camper that comes to have a safe, fun, and enriching experience. We want every camper to feel at home. Is there anything you would like to share with us so we can make sure your camper's experience is spectacular?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medications from home

Please list all medications from home, prescription or over-the-counter, that your camper will be taking at camp. All medications must be brought to camp in their original containers, which must be placed in a sealable plastic bag with your camper's name on it.

Medication name:

Purpose

Dosing Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CAMPER CODE OF CONDUCT

The YMCA of the North and our YMCA Camps are committed to providing a safe and welcoming environment for all participants and guests. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are on our property or participating in our programs.

We expect persons participating at our YMCA Camps to behave in a mature and responsible manner and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person or that falls below generally accepted standards of conduct. Specifically, this includes:

- ♦ Inappropriate attire. Appropriate attire will not include vulgar language, violence and/or overall revealing attire.
- ♦ Angry or vulgar language including swearing, name-calling or shouting.
- ♦ Physical conduct with another person in any angry or threatening way.
- ♦ Any demonstration of sexual activity or sexual contact with another person.
- ♦ Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- ♦ Theft or behavior which results in the destruction of property.
- ♦ Carrying or concealing any weapons or devices or objects which may be used as weapons.
- ♦ Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- ♦ Any other conduct of an inappropriate, threatening or offensive nature.

The YMCA and its property are a smoke-free environment. Smoking is not permitted in or outside the YMCA. Participants and guests are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to refrain. If a participant or guest feels uncomfortable in confronting the person directly, they should report the behavior to a staff person or the Camp Director. Participants and guests should not hesitate to notify a staff person or Camp Director if assistance is needed. We want to help.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper Name \_\_\_\_\_

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, you are acknowledging that you and your child have read, understand and will abide by the conditions set forth in the Camper Code of Conduct.

If for religious reasons you cannot sign this form, please contact YMCA Camps for a legal waiver that must be signed for attendance.

# RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE MAY 1, 2020

## 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 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 or exposure to infectious diseases such as COVID-19; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment and increased cleaning, sanitation and physical distancing, 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 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.
4. 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 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 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 I may be asked to isolate myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
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, 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.
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.
7. 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; initial temperature monitoring upon arrival, self-monitoring temperatures each day, following social/physical distancing protocols, and following appropriate hand-washing, cleaning and sanitation practices as defined by the YMCA and for as long as this is deemed necessary for the safety and protection of all participants and YMCA team members by the MDH and the CDC.

## 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.
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
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