



OFFICE USE ONLY	
Date rcvd: _____	
<input type="checkbox"/> Personify	<input type="checkbox"/> Confirmation

YMCA CAMP DU NORD ADULT RETREAT REGISTRATION FORM

Main Contact for Billing & Communication

Complete this form and return with payment to:
CAMP ADMINISTRATIVE OFFICE
 651 Nicollet Mall, Ste 500
 Minneapolis, MN 55402
(P) 612-822-2267
(F) 612-223-6322
(E) info@dunord.org

Name: _____ Spouse/Partner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Birthdate: _____

Primary Phone: _____ Secondary Phone: _____

Is this your first time attending Camp du Nord? Yes No

How did you hear about Camp du Nord? _____

Roommate/cabin request: (early registration provides more opportunity of honoring your roommate/cabin requests. We will do our best to consider all requests.) _____

Special Concerns: Please identify any allergies, dietary needs, disabilities or impairments that may have a bearing on program involvement.

In Case of Emergency: Contact Name: _____ Phone: _____

Registration Fee: Please place a check mark by the weekend for which you are registering. Space is limited, register early!

Women's Fall Retreat
September 24-27, 2020

Men's Weekend
January 28-30, 2021

Couple's Weekend
March 3-7, 2021

Sauna Enthusiasts Weekend
October 22-25, 2020

Women's Ski and Snowshoe Retreat
February 18-21, 2021

Women's & Mother / Daughter Spring Retreat
April 29-May 2, 2021

Women's Ski and Snowshoe Retreat
January 21-24, 2021

Payment:

Charge my credit card: Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Name as it appears on card: _____

Make check payable to YMCA Camp du Nord.

Cancellation Policy: \$50 of the fee is non-refundable. If you cancel within one month of your reserved date, you will be charged the total fee.

Signature _____ Date _____

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 Greater Twin Cities 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 participation in these activities is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue my 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 participation in these activities, or my 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 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 I have no medical or physical condition which could interfere with my 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 I am hurt or property damaged during my participation in this activity, then I 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 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.**

AUTHORIZATION

1. In the event that I need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me reasonable first aid, and to arrange transport of myself to a health care facility for emergency services as needed.
2. I give permission for myself 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 to enter Canada with the YMCA. I also understand that I will need to bring my passport to camp if the trip involves such travel to Canada.
5. 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.
6. If 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/ or medication are on me or within my personal belongings every day of the program. If YMCA staff are 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.

I agree to the volunteer or camper code of conduct.

Signature _____

Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (with area code) _____ Date _____

THIS FORM MUST BE SUBMITTED WITH THE REGISTRATION FORM



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

YMCA CAMP DU NORD FAMILY CAMP REGISTRATION FORM

Complete this form and return with payment to:
CAMP ADMINISTRATIVE OFFICE
 651 Nicollet Mall, Ste 500
 Minneapolis, MN 55402
(P) 612-822-2267
(F) 612-223-6322
(E) info@dunord.org

FALL, WINTER, SPRING

Please place a check mark by the weekend for which you are registering.

- Fest du Nord**
September 4-7, 2020
- Autumn Adventures**
October 15-18, 2020

- du Thanks**
November 26-29, 2020
- Winter Wonderland**
February 25-28, 2021

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Birthdate: _____

Primary Phone: _____ Secondary Phone: _____

Is this your first time attending Camp du Nord? Yes No

How did you hear about Camp du Nord? _____

Cabin Preference: (early registration provides more opportunity of honoring your cabin requests. We will do our best to consider all requests.)

Number of people in group: _____

Special Concerns: Please identify any camper(s) and describe any allergies, dietary needs, disabilities or impairments that may have a bearing on program involvement: _____

Meal Plan

Family Camp: Yes No **Fest du Nord:** Yes No **du Thanks:** Yes No **Thanksgiving Dinner only:** Yes No

Number of people eating on the meal plan selected: _____ 13 years and older _____ 8-12 year olds _____ 4-7 year olds _____ 0-3 year olds

Program Fees (refer to page 4 for prices)

Lodging \$ _____

Meals \$ _____

Total \$ _____

50% of balance due at time of registration. Remaining balance due one month prior to program date.

Charge my credit card: Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Name as it appears on card: _____

Please charge:

Payment in full or **50% now, and the remaining 50% one month prior to program date.**

Note: Per PCI Compliancy, credit cards are not stored in the system.

My check for the entire amount is enclosed. Make check payable to YMCA Camp du Nord.

Cancellation Policy: \$50 per site is non-refundable. If you cancel within one month of your reserved date, you will be charged the total fee.

In Case of Emergency: Contact Name: _____ Phone: _____

Signature _____ Date _____

FAMILY WAIVER

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Please complete and return with registration. Please submit one waiver per family.

PARTICIPANT INFORMATION Please attach a separate page if needed.

ADULTS

Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation

MINORS STAYING WITH THE ABOVE ADULT(S)

Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation
Name	Age	Any medical condition, allergy or medications that may impact participation

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I hereby acknowledge these risks and expressly assume all risk of injury arising out of or resulting from my participation in the physical activities and Camp du Nord experience.

Further, by my signature below (or signature of parent or legal guardian for participants under the age of 18), I hereby release and forever discharge the YMCA of the Greater Twin Cities and Camp du Nord, its officers, directors, employees and volunteers, (hereinafter collectively referred to as "ASSOCIATES"), from all liability, any and all past, present, or future claims, demands, obligations, actions, causes of actions, rights, damages, expenses, of any nature whatsoever, either at law or in equity, whether statutory, or in contract or in tort including but not limited to bodily injury, wrongful death, property damage, damage to, including theft of property, or any other damages arising out of, or resulting from, my participation in Camp du Nord experience. I do further agree that I shall not bring any claims, demands, legal actions and causes of action against Camp du Nord and the YMCA of the Greater Twin Cities and its ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damaged sustained by me or my minor children and/or legal ward in relation to the premises and operations of Camp du Nord and the YMCA of the Greater Twin Cities.

I certify to the best of my knowledge that only the people listed on my registration form will be using the facilities which I have rented. I additionally agree to notify the administrators of Camp du Nord should anyone not listed on my registration form spend the night in the cabin where I am located.

PHOTOGRAPHY RELEASE

I hereby release all pictures for myself and my children taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Yes No Initials _____

I agree to the volunteer or camper code of conduct.

TRANSPORTATION/MEDICAL

PARENT/GUARDIAN AUTHORIZATION

- In the event that I/any family member need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or any family member reasonable first aid, and to arrange transport of myself or any family member to a health care facility for emergency services as needed.
- I give permission for myself /any family member 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.
- I also give permission for myself or any family member to enter Canada with the YMCA. I also understand that I/all family member's will need to bring our passports to camp if the trip involves such travel to Canada.
- 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.
- 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.
- If I or any family member 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 family member 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.
- I give my permission for the YMCA to administer sunscreen as needed.

WAIVER

We/I have read and understand the above information and agree to assume all risks for myself, the minors in my care or my minor children attending in my absence. (all participants 18 years of age or older listed on this form and/or staying in this cabin must sign our Liability Waiver)

Date	Signature Parent/Guardian
Date	Signature Parent/Guardian Not Attending
Date	Signature

Date	Signature
Date	Signature
Date	Signature



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YMCA CAMP DU NORD BOOK YOUR OWN GETAWAY FALL, WINTER & SPRING

One registration form required per address

Complete this form and return
with payment to:
CAMP ADMINISTRATIVE OFFICE
651 Nicollet Mall, Ste 500
Minneapolis, MN 55402
(P) 612-822-2267
(F) 612-223-6322
(E) info@dunord.org

RESERVATION PREFERENCE:

Arrival Date: _____ Cabin Preference _____
 Departure Date: _____ 2nd Cabin Preference _____

MAIN CONTACT FOR BILLING AND COMMUNICATION:

Name _____
 Address: _____ Birthdate: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____
 Primary Phone: _____ Secondary Phone: _____
 In Case of Emergency: Contact Name: _____ Phone: _____
 Is this your first time at Camp du Nord? Yes No
 How did you hear about Camp du Nord? _____

LIST ALL MEMBERS OF YOUR PARTY. ATTACH A SECOND SHEET IF NEEDED:

Name _____	Email _____	Birthdate _____
Name _____	Email _____	Birthdate _____
Name _____	Email _____	Birthdate _____
Name _____	Email _____	Birthdate _____
Name _____	Email _____	Birthdate _____
Name _____	Email _____	Birthdate _____
Name _____	Email _____	Birthdate _____

Special concerns: Please identify any camper(s) and describe any allergies, disabilities or impairments that may have a bearing on involvement by this person or by others attending camp: _____

Would you like your group to have a sauna during your stay? Yes No The day and time will be arranged at camp.

50% of balance due at time of registration. Remaining balance due one month prior to program date.

Charge my credit card: Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Name as it appears on card: _____

Please charge:

Payment in full or 50% now, and the remaining 50% one month prior to program date.

Note: For Payment Card Industry (PCI) compliance, credit cards are not stored in the system.

My check for the entire amount is enclosed. Make check payable to YMCA Camp du Nord.

CANCELLATION POLICY: \$50 per site is non-refundable. If you cancel within one month of your reserved date, you will be charged the total fee.

Signature _____ Date _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE 8/01/13

Please complete and return with registration. Please submit one waiver per family.

PARTICIPANT INFORMATION Please attach a separate page if needed.

ADULTS

Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation

MINORS STAYING WITH THE ABOVE ADULT(S)

Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation
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Name	Age	Any medical condition or medications that may impact program participation
Name	Age	Any medical condition or medications that may impact program participation

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 Greater Twin Cities (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:

- 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.
- 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.
- 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.
- 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 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.
- 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.
- 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 received 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 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.
- 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.
- 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.
- 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.
- 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.

GENERAL

- I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
- 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.
- 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.

I agree to the volunteer or camper code of conduct.

Date	Signature Parent/Guardian	Date	Signature
Date	Signature Parent/Guardian Not Attending	Date	Signature
Date	Signature	Date	Signature