

LOTTERY & REGISTRATION

Initial registration for Camp Widjiwagan is conducted by lottery. Advanced and returning campers are prioritized first and then new campers are selected. Please read through these instructions carefully so that you are fully informed on how the process works. If you have any questions after reading the instructions, feel free to call us at 612-822-2267.

To be part of this year's lottery, we must receive your registration by 5 pm on Tuesday, January 7, 2020. We accept online, walk-in, mail and fax registrations for the lottery. Deposit payment must be included with your registration.

All spaces will be allotted on a lottery basis for registrations received by 5 p.m. on January 7, as will the subsequent positions on the wait list. If you have listed more than one choice for sessions, you will be enrolled in the order of your choices according to space availability. If you end up on the wait list for your first choice, and there is space available on your second choice, we will automatically enroll you in your second choice and keep you on the wait list for your first choice. Please, list only those sessions which you know you will be able to attend.

Lottery results communicated: January 17, 2020

Open registration begins Tuesday, January 28, 2020. At this time registration will be processed on a first-come, first-served basis according to availability.

Email confirmation for open registration will be sent immediately upon completion of **online** registration, and within three weeks of receiving **mailed** or **faxed** registrations.

PAYMENTS

- A non-refundable deposit is due with each registration.
- All remaining fees are due in 3 monthly installments on March 15, April 15, & May 15.
- Registrations after May 15, 2020 require full payment. If balance is not paid by May 15, 2020, you may forfeit your place at camp along with the deposit.
- Payments can be made by check, cash, Visa, MasterCard, Discover or American Express.
- 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

ADDITIONAL FORMS

Additional camper paperwork will be required to attend camp. Forms can be found at widji.org under Forms & Publications. All forms are due by May 15.

PARTICIPATION REQUIREMENTS

Campers coming to Widjiwagan should be motivated and excited to experience wilderness travel which involves working as team, embracing physical and mental challenges, and being in good health.

Physical challenges are an inherent part of wilderness trips. Therefore, it is very important that each camper prepare themselves for the rigors of a strenuous wilderness experience to the best of their ability.

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. Please contact the Camp Widjiwagan Office directly.

Camp Widjiwagan reserves the right to send any camper home early who does not abide by our code of conduct or whose behavior is disruptive, uncontrollable, illegal, dangerous, or disrespectful to other campers or the camp community. Our staff works within the scope of their training to support campers with behavioral issues or those experiencing homesickness. We do not issue refunds for campers that leave early due to these reasons.

CHANGES AND CANCELLATIONS

- All change and cancellation requests must be made in writing.

Cancellations:

- On or before May 15, 2020, Widji will refund all fees paid except for the deposit.
- After May 15, 2020, all fees are non-refundable.
- In the case of documented medical illness or family emergency, exceptions may be made for a full refund.
- Campers who remain on the waitlist can cancel at any time and will be refunded their deposit.

Camp Changes:

- Any changes made to session dates or type of session are charged a \$25 change fee.
- Camp session change requests must be made at least one month prior to the start of the session.

Transportation Changes:

- Requests to change transportation selections received at least one month prior to the start of the session will be made for no additional charge, space permitting.
- Transportation change requests received less than one month prior to the start of camp are charged a \$10 change fee.
- Transportation change requests must be made at least one week prior to the start of the session.

TRAILMATE REQUESTS

In order to assure that requests for a trailmate are honored during the lottery process, we require that the registration forms for both campers list each other in the trailmate request section. We will be unable to honor a request if only one of the campers lists a trailmate. Trailmate requests that involve both returning and new campers will be drawn in the returning camper lottery. Please remember that we can honor only one trailmate request per camper. Siblings that register for the same session will be placed in separate trail groups.

LOTTERY & REGISTRATION

SCHOLARSHIPS

The YMCA welcomes all who wish to participate in our programs. The YMCA annually raises funds through our Annual Fund to help make that possible. Please visit widji.org or contact the Customer Service Center.

If the initial scholarship offering does not make a wilderness trip with Widjiwagan possible, there is an appeals process. Contact Widjiwagan at info@widji.org for more information about the scholarship and appeals process.

NON-DISCRIMINATION STATEMENT

In the operation of the Summer Camp Program, no child, as defined by the program regulations, will be discriminated against. 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.

SEND REGISTRATION WITH APPROPRIATE DEPOSIT TO:

YMCA CUSTOMER SERVICE CENTER

651 Nicollet Mall, Suite 500

Minneapolis, MN 55402

phone 612-822-2267 fax: 612-223-6322

Upload to: http://ymcamn.org/contact_us

2020 REGISTRATION FORM

Online registration available at widji.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. Upload to: http://ymcamn.org/contact_us

Please use one registration per child, per session.

Camper Name _____
(last) (first) (middle)

Nickname _____ Gender _____ This will be my _____ year at camp.

Camper Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Date of birth ____/____/____ Age at camp ____ Grade in fall 2020 ____ School attending _____

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 _____

SESSION INFORMATION

Canoe or Backpack	Session Name	Session Dates	Session Fee
1st Choice: _____	_____	_____	_____
2nd Choice: _____	_____	_____	_____
3rd Choice: _____	_____	_____	_____

PREFERRED LOTTERY DAY EMAIL: _____

PAYMENT INFORMATION A non-refundable \$200 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, 2020 require full payment or an established payment plan.

Check enclosed amount: \$ _____
(payable to: YMCA Camp Widjiwagan)

Please bill my: Visa MasterCard Discover Am Express

Card # _____ Exp. Date _____ Please charge:

Payment in Full

\$200 deposit now and the remaining balance in three installments
March 15, April, 15 & May 15

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

TRAILMATE REQUEST

Please place me in the same group with (one friend): _____
Please limit your request to one friend. Requests must be mutual. Siblings will be placed in separate groups.

BUS INFORMATION Widjiwagan offers bus transportation to and from camp. Indicate mode of transportation below.

Parent Transportation to camp _____ from camp _____
White Bear Lake YMCA: to camp, \$70 _____ from camp, \$70 _____
Cloquet: to camp, \$45 _____ from camp, \$45 _____

TRANSPORTATION FOR OUT-OF-STATE CAMPERS

Widji can arrange transportation to or from the airport, bus or train station as a part of your camper's arrival and/or departure plans. If your camper requires out-of-state transportation accommodations in order to get to camp, they must arrive in St. Paul the evening before the first day of their session. We can provide overnight accommodations and meals for these campers. Please select from the following out-of-state transportation options:

(These charges INCLUDE the cost of the bus ride to camping or from camp returning to the White Bear YMCA.)

1. Transportation, before session, plus one night housing and meals \$185 _____
2. One-way transportation after session only to airport, bus or train station. \$115 _____

Billing information if different from camper: Name _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here _____

Please complete the Release Form and return with registration.

HEALTH, MEDICAL, AND ACCESSIBILITY ACCOMMODATIONS

Widjiwagan wishes to provide the best possible experience for your child. All campers prior to arriving at Camp will need to complete an annual physical examination and submit our Physical Exam Form, Health History Form and Contact & Agreement Form. If there is pertinent health, medical and/or accessibility information regarding your child that we should know about prior to their arrival to Camp please call our Administrative Office at 651-645-6605. This information is confidential and made available only to the Widjiwagan administrative team, the group leader, and the Camp's medical staff.

ADDITIONAL INFORMATION

How did you find out about Widji? _____

THIS SECTION MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE REGISTRATION WILL BE ACCEPTED

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT EFFECTIVE 8/01/13

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:

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/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 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.
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 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
Signature _____ Print Name _____ Date _____

PARENT/GUARDIAN AUTHORIZATION SECTION — TRANSPORTATION/MEDICAL

1. 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.
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 or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
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.

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.

HEALTH HISTORY

MEDICAL INFORMATION

The information requested here helps us in the event of an emergency. This information will alert us to potential problems, special needs or accommodations that might be required. By program policy, all of the information is confidential and made available only to administrative and medical staff and the group leader. Please notify the Camp Widjiwagan Administrative Office should this information change prior to your arrival at camp. Additional documentation may be required for your camper regarding their health. Someone from Camp will reach out to you about any additional information needed.

INSURANCE INFO

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or plan name _____

Group # _____

ID # _____

Policy holder name _____

Policy holder birth date _____

Photocopy of front and back of health insurance card must be sent by May 15, 2020. Fax: 612-223-6322 or upload document at www.ymcamn.org/contact_us

ALLERGIES

No known allergies.

This camper is allergic to:

Food

Medicine

The environment (insect stings, iodine, etc.)

Other: _____

Yes No: Has any allergic reaction required treatment with epi or hospitalization?

(Please describe below what the camper is allergic to and the reaction seen. For food allergies, please help us understand what the camper can and cannot eat so we can accommodate their needs.)

DIET & NUTRITION

This camper has no dietary restrictions/preferences.

This camper has the following dietary restrictions/preferences. (Please describe below, include specific information.)

IMMUNIZATIONS

Date of your last tetanus shot? (Required within 10 years.) _____

Date of your measles shot? _____

If immunizations are not up to date or you have chosen not to be immunized, additional documentation is required and you must contact Camp Widjiwagan at info@widji.org.

MENTAL, EMOTIONAL & SOCIAL HEALTH

Camp can be mentally, emotionally, and socially challenging for campers. The information you provide here will help us provide a successful experience for your camper. Please share any additional strategies or accommodations that will help make Camp a positive experience for your camper.

	Has/Does camper:	Please provide an explanation for any "yes" answers
1	<input type="checkbox"/> Yes <input type="checkbox"/> No Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No Ever had mental, emotional or social difficulties (anxiety, behavioral, depression, etc.)?	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No Ever had an eating disorder (anorexia, bulimia)?	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No During the past 12 months, seen a professional to address mental/emotional/behavioral health concerns?	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	

HEALTH HISTORY

	Has/Does camper:	Please provide an explanation for any "yes" answers
1	<input type="checkbox"/> Yes <input type="checkbox"/> No Ever been hospitalized?	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No Ever had surgery?	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No Have recurrent/chronic illnesses?	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No Had a recent infectious disease?	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No Had a recent injury?	
6	<input type="checkbox"/> Yes <input type="checkbox"/> No Had asthma/wheezing/shortness of breath?	
7	<input type="checkbox"/> Yes <input type="checkbox"/> No Have diabetes or is pre-diabetic?	
8	<input type="checkbox"/> Yes <input type="checkbox"/> No Had seizures?	
9	<input type="checkbox"/> Yes <input type="checkbox"/> No Had headaches?	
10	<input type="checkbox"/> Yes <input type="checkbox"/> No Had high blood pressure?	
11	<input type="checkbox"/> Yes <input type="checkbox"/> No Wear glasses, contacts, or protective eye wear?	
12	<input type="checkbox"/> Yes <input type="checkbox"/> No Had fainting or dizziness?	
13	<input type="checkbox"/> Yes <input type="checkbox"/> No Passed out/had chest pain during exercise?	
14	<input type="checkbox"/> Yes <input type="checkbox"/> No Had racing of your heart or skipped beats?	

Has/Does camper:**Please provide an explanation for any "yes" answers**

15	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had mononucleosis during the past 12 months?	
16	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with falling asleep/sleepwalking?	
17	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a recent history of bedwetting?	
18	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had back/joint problems?	
19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with diarrhea/constipation?	
20	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any skin problems?	
21	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled outside the country in the past 9 months?	
22	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any drug-resistant infections?	
23	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a head injury/concussion?	
24	<input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, at what age was your first menstrual period? What was the longest time between your periods last year?	

HEALTH HISTORY

Please list ALL medications (including over-the-counter, nonprescription drugs, and supplements) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the patient's name, the name of the medication, the dosage, and the frequency of administration.

Medication	Dosage	Frequency	Reason

ADDITIONAL INFORMATION

Check box if you would like us to contact you regarding your child's Health History.

What have we forgotten to ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

PARENTAL/GUARDIAN SIGNATURE REQUIRED

Parent or Guardian

Signature _____ Print Name _____ Date _____