



Please mail/email/fax this form to the YMCA Customer Service Center.  
YMCA Customer Service, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402  
Phone: 612-822-2267 Fax: 612-223-6322  
Upload document at [ymcanorth.org/contact\\_us](https://ymcanorth.org/contact_us)

# 2026 SUMMER REGISTRATION YMCA CAMP MENOGYN

## PAYMENTS

- A non-refundable deposit is due with each registration.
- All remaining fees are due in 4 monthly installments on February 1, March 1, April 1, and May 1.
- Registrations after May 1 require full payment. If balance is not paid by May 1, 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.

## CAMPER FORMS & CAMPDOC

Additional camper paperwork will be required to attend camp. Y of the North camps are partnering with CampDoc, the leading electronic health record system for camps, to better serve our camper families this summer and beyond. After registering, you will receive an invitation email from CampDoc. All required forms are available in your camper's CampDoc portal.

## PARTICIPATION REQUIREMENTS

Campers coming to Menogyn 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.

We strive to make the Menogyn Magic possible for all who wish to participate in our programs. Please contact the Camp Menogyn Office directly if your camper has a disability or a special need requiring an accommodation. This information helps us to better meet the needs of your camper within our available resources.

Camp Menogyn 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 1, 2026, Menogyn will refund all fees paid except for the deposit.
- After May 1, 2026, all fees are non-refundable.
- Trip insurance may be purchased through CampDoc for coverage in the case of a documented medical illness or family emergency.
- 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**

At Camp Menogyn, we are happy to honor trailmate requests. To ensure a quality experience for all campers, we ask that campers only request one trailmate.

## **FINANCIAL ASSISTANCE**

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 [CampMenogyn.org](http://CampMenogyn.org) or contact the Customer Service Center.

If the initial financial assistance offering does not make a wilderness trip with Menogyn possible, there is an appeals process. Contact Menogyn at [info@campmenogyn.org](mailto:info@campmenogyn.org) for more information about the financial assistance 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://ymcanorth.org/contact\\_us](http://ymcanorth.org/contact_us)



## Online registration available at [campmenogyn.org](http://campmenogyn.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://ymcanorth.org/contact\\_us](http://ymcanorth.org/contact_us)  
Please use one registration per child, per session.

# 2026 SUMMER REGISTRATION

Camper's Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
(last) (first) (middle)

Gender \_\_\_\_\_ Pronouns \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ This will be my \_\_\_\_\_ year at camp.

Camper Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_ Grade in fall 2026 \_\_\_\_\_ School attending \_\_\_\_\_

### 1st Contact Parent/Guardian \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

### 2nd Contact Parent/Guardian \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

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

### SESSION INFORMATION

| Canoe or Backpack | Session Name | Session Dates | Session Fees |
|-------------------|--------------|---------------|--------------|
| _____             | _____        | _____         | _____        |
| _____             | _____        | _____         | _____        |
| _____             | _____        | _____         | _____        |

**PAYMENT INFORMATION** A non-refundable \$50 per camper per session must accompany each registration form. (\$500 for invitational trips.) Remaining fees are due in four monthly installments on February 1, March 1, April 1, and May 1. Registrations after May 1 require full payment of an established payment plan.

Check enclosed amount: \$ \_\_\_\_\_ (payable to: YMCA Camp Menogyn)

Please bill my:  Visa  MasterCard  Discover  Am Express

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

Please charge:

Payment in Full

\$50 deposit now and the remaining balance in four installments on February 1, March 1, April 1, and May 1.

Billing information if different from camper: Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

### PARENTAL/GUARDIAN SIGNATURE REQUIRED

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

### TRAILMATE REQUEST

Please place me in the same group with (one friend):

\_\_\_\_\_

Please limit your request to one friend. Requests must be mutual.

### TRANSPORTATION SELECTION

Menogyn provides bus transportation to and from camp. Indicate mode of transportation below.

- Parent transportation:  to camp  from camp
- White Bear YMCA:  to camp  from camp
- Duluth:  to camp  from camp

### TRANSPORTATION FOR OUT-OF-STATE CAMPERS

Menogyn can arrange lodging and transportation for out of state campers. Please fill out an out of state transportation form found on our website under forms and publications.

Please complete the Release Form and return with registration.

## HEALTH, MEDICAL, AND ACCESSIBILITY ACCOMMODATIONS

Menogyn 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 Menogyn administrative team, the group leader, and the Camp's medical staff.

## ADDITIONAL INFORMATION

How did you find out about Menogyn? \_\_\_\_\_

# 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 \_\_\_\_\_



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# 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 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. **This form is not necessary if your camper's CampDoc portal is complete.**

## CAMPER INFORMATION

Camper's Legal Name \_\_\_\_\_  
(last) (first) (middle)

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in fall 2026 \_\_\_\_\_

## INSURANCE INFORMATION

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, 2026. Fax: 612-223-6322 or upload document at [www.ymcanorth.org/contact\\_us](http://www.ymcanorth.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 epinephrine 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.) \_\_\_\_\_

Has participant received the Covid-19 Vaccination (not required but recommended)? \_\_\_\_\_

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 Menogyn at [info@campmenogyn.org](mailto:info@campmenogyn.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, eating disorder, self-harm etc.)? If yes, please describe symptoms and time frame.   |  |
| 3                | <input type="checkbox"/> Yes <input type="checkbox"/> No | During the past 12 months, seen a professional to address mental/emotional/behavioral health concerns?   |  |
| 4                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Received a mental health diagnosis? Please list.   |  |
| 5                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enrolled in an inpatient or outpatient treatment program or been hospitalized due to a mental health concern during the past 12 months?  |  |
| 6                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a significant life event that continues to affect the camper's life? (History of abuse, suicide attempt or recurrent suicidal ideation, gender transition, 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 a seizure or seizure disorder?  |  |
| 9  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Regularly experience 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?  |  |
| 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 | Have any new (within 6 months) piercings?   |  |
| 22 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Traveled outside the country in the past 9 months?  |  |
| 23 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have any drug-resistant infections?   |  |
| 24 | <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? |  |

## MEDICATIONS

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. All trail groups will carry basic over-the-counter medications (ibuprofen, acetaminophen, Benadryl, etc.) for first aid purposes.. If your camper takes any OTC medications on a scheduled basis, we recommend sending those medications to camp.

| Medication | Dosage | Frequency | Start Date | 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 \_\_\_\_\_