



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP ST. CROIX ACTIVE OLDER ADULT RETREAT MAY 10-11, 2016 REGISTRATION

Return these completed forms to your local YMCA location.

Name _____

Date of Birth ____/____/____ Male Female

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Alternate Phone _____ Home Y Location _____

Emergency Contact _____ Relationship _____

Emergency contact phone _____ Other _____

HEALTH INSURANCE:

Health Insurance Carrier _____ Policy _____

Doctor _____

Hospital/Clinic _____

Phone _____

PARTICIPANT LEVEL:

Full Retreat (Tues.-Wed.); 4 Meals/snacks, Lodging for one night and programs/activities

Cabins with indoor bathroom \$95 members/\$100 non-members (2-3 people per room, no private rooms)

Request to Room with a friend/spouse Name(s): _____

Camper Cabins (up to 10 people per cabin) with nearby bathhouse \$75 members/\$80 non-members

Request for a cabin mate(s) Name(s): _____

Tuesday Only 8am to 10pm; 2 Meals/snacks & Programs/activities: \$50 members/\$55 non-members

Transportation \$5 member/\$7 non-member transportation fee

Pick Up Location Eagan Ridgedale Heritage Park

Select T-shirt Size (check one) Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL



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PAYMENT METHOD:

Amount Due: \$ _____ Check Enclosed Visa MC Discover American Express

Credit Card #: _____ Exp: ____/____/____ Name on card: _____

I acknowledge there are no refunds given, but my fee may be transferred to another participant.

Signature _____ Date ____/____/____

HEALTH RECORD (check all that apply)

Food Allergies, List: _____ Environmental Allergies Insect Stings Hay Fever

Seasonal Allergies Mold/Mildew Other _____

Asthma; do you carry/use an inhaler Yes No

Allergic to Penicillin Diabetes Seizures Heart Condition Do you carry/use an Epi pen Yes No

Are you currently taking any medications? Yes No If yes, please list medications: _____

Description of any current physical, conditions requiring medication, treatment or special restrictions or consideration while in the program: _____

Is your tetanus shot current? Yes No Date of last tetanus shot _____

DIETARY CONSIDERATIONS: Vegetarian Vegan Lactose and/or Dairy Free Gluten Free

Signature _____ Date ____/____/____

Office use only: Payment Received Sold in Personify Courier Registration to Amy Kohn At Hastings YMCA

ADDITIONAL INFORMATION:

1. Complete all 3 pages of the registration form
2. Return both registration pages to any YMCA branch to register and pay for the program
3. Registration is limited. Registration closes May 2. Register early for best selection of accommodations.
4. Campers are responsible for their own transportation to and from Camp St. Croix (please consider carpooling with other campers from your Y to make new friends and reduce vehicle traffic).
5. Limited bus transportation is available ONLY to overnight campers from three pick up locations. Sign up for this option on the registration form.
6. Dress for the weather. Programs will be held outside in most weather conditions. Not all pathways are paved.
7. Camp will offer a variety of activities of varying physical activity levels. Participation in the activities is not mandatory; you will be given the option to spend time independently or socializing with campers in common areas if desired.
8. All meals will be served family-style in the camp dining hall with other groups who may also be onsite during this time.
9. A packing list, directions to camp and final activity schedule will be emailed to all all registered participants prior to camp. You will be asked to provide your own pillow and bedding/sleeping bag.

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

YMCA CAMP ST. CROIX AOA CAMP, MAY 10-11, 2016

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/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. 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.

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.
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.

I Agree

Signature _____

Print Name _____

Address _____

City State Zip _____

Telephone _____

Date _____