

YMCA DAY CAMP SPRING LAKE SUMMER 2025 REGISTRATION

HOW TO REGISTER

Register online at ymcanorth.org/summer. For registration assistance contact 612–230–9622.

DAY CAMP

- A \$50 non-refundable deposit is required per camp session.
 The deposit is applied to the session fee. To receive the
 member rate, the child must be a family/dual member at the
 time of registration and during participation in the program.
 Please review the Day Camp handbook for important
 information.
- Confirmation will be sent via email after registration. You will be billed for the remaining balance two weeks prior to the start of session. Online registration requires automatic EFT, which will be processed the Tuesday, two weeks prior to each program session.

YMCA of the North is committed to offering programs and services that strengthen youth development, healthy living, and social responsibility. Please review our Day Camp refund policy, which supports delivery of our programs and services.

- A refund of program fees is available if you cancel your registration no later than 11:59 p.m. CT on the Monday two weeks before your program's start date.
- No refunds are available for changes or cancellations made after 11:59 p.m. CT on the Monday two weeks before your program's start date. Program deposits are non-refundable and non-transferable.
- YMCA of the North reserves the right to cancel or withdraw any program without notice. YMCA of the North is not responsible for costs incurred by a participant in preparing for a program that has been altered or canceled.

A parent handbook is available online at ymcanorth.org/summer after April 1, 2025.

Register online at daycampspringlake.org

Find forms under Forms and Publications.

FOR MORE INFORMATION:
YMCA Customer Service Center
651 Nicollet Mall, Ste 500, Minneapolis, MN 55402
(P) 612-230-9622 • (F) 612-223-6322

NON-DISCRIMINATION STATEMENT

The YMCA of the North is committed to the elimination of disparities and eradication of unjust systems to become a multicultural, anti-racist and anti-oppressive organization as we serve all. We do not and shall not discriminate on the basis of individuals' differences in age, color, abilities, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make each individual unique. The YMCA commits to continually conduct institutional racism and oppression review of our policies, procedures and practices and the ongoing development of a multicultural, anti-racist and anti-oppressive work environment, and culture that promotes equity and respect for the human dignity of all.

PROGRAM ACCESS

The Y is committed to the policy that all persons should have equal access to its programs, facilities, and enjoyment without regard to race, ability, creed, national origin and sex. The Y will accommodate special needs into existing programs to the extent that financial and physical resources permit. So we may provide a positive experience, please contact the Y if your child has any special needs requiring any accommodations.

ACCOMMODATION PROCESS

Consideration is given to the individual needs of every child and the ability of the program to meet those needs. Please inform the Y during the enrollment process if you or your child requires any special accommodation. It is helpful for a smooth program transition to have a conference prior to enrollment. This information enables the Y to better meet your needs or those of your child, within available resources and to the extent reasonable. All staff that will be working with a child with special needs will be informed of how to care for or meet those needs in a timely fashion through a meeting or written notification.

YMCA SCHOLARSHIPS

We look forward to having you with us! YMCA Scholarships is a needs-based scholarship fund made available through Y Annual Fund — individual and business contributions to our communities. Learn more about YMCA Scholarships and apply online at: ymcanorth.org/scholarships. Call 612-230-9622 if you have questions about the application process.

2025 YMCA Day Camp Spring Lake

PARTICIPANT INFORMATION

Use full legal names for all parties.

Child's First Name:				.MIL	.ast Name	:		t	Birth date:		Gender	:
Child's Grade in Fall 2	2025:				Pho	one:				Ema	ail:	
PUT AN "X" IN EA	ACH APPL	ICABLE B	OX Rate:	M—Child	is a Men	nber Part	icipant N	N—Child i	s a Non-	Member	Participa	nt
					DAY	CAMP						
PROGRAM	June 9–13	June 16–20	June 23–27	June 30–July 3	July 7–11	July 14–18	July 21–25	July 28–Aug. 1	Aug. 4-08	Aug. 11–15	Aug. 18–22	Aug. 25–29
Little Seeds (Full Day) Grade Pre K		□ \$339 M □ \$369 N	□ \$339 M □ \$369 N		□ \$339 M □ \$369 N			□ \$339 M □ \$369 N		□ \$339 M □ \$369 N		
Wee Backpackers Grade K	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$271 M □ \$295 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N	□ \$339 M □ \$369 N
4th of July Extravaganza Grades 1–8				□ \$255 M □ \$279 N								
Summer Extravaganza Grades 1–6											□ \$349 M □ \$379 N	□ \$349 M □ \$379 N
Traditional Explorers Grades 1–2	□ \$319 M □ \$349 N	□ \$319 M □ \$349 N	□ \$319 M □ \$349 N		□ \$319 M □ \$349 N							
Traditional Pathfinders Grades 3–5	□ \$319 M □ \$349 N	□ \$319 M □ \$349 N	□ \$319 M □ \$349 N		□ \$319 M □ \$349 N							
Traditional Trail Blazers Grades 6–8	□ \$319 M □ \$349 N											
					CDECIAI	.TY CAMP						
PROGRAM	June 9–13	June 16–20	June 23–27	June 30–July 3	July 7–11	July 14–18	July 21–25	July 28–Aug. 1	Aug. 4–08	Aug. 11–15	Aug. 18–22	Aug. 25–29
Arts & Crafts Grades 1–2	□ \$349 M □ \$379 N		□ \$349 M □ \$379 N	<u>, </u>	□ \$349 M □ \$379 N	□ \$349 M □ \$379 N	· ·		☐ \$349 M ☐ \$379 N			
Dragons, Fairies & Princes(s) Grades 1–2		□ \$349 M □ \$379 N						□ \$349 M □ \$379 N		□ \$349 M □ \$379 N		
Outdoor Adventure Grades 1–2	□ \$349 M □ \$379 N		□ \$349 M □ \$379 N		□ \$349 M □ \$379 N			□ \$349 M □ \$379 N				
Target Sports Grades 1–2				□ \$279 M □ \$303 N								
We Dig Dinos Grades 1–2						□ \$349 M □ \$379 N	□ \$349 M □ \$379 N		□ \$349 M □ \$379 N			
Wild About Nature Grades 1–2		□ \$349 M □ \$379 N					□ \$349 M □ \$379 N			□ \$349 M □ \$379 N		
Archers & Anglers Grades 3–5	□ \$399 M □ \$429 N		□ \$399 M □ \$429 N		□ \$399 M □ \$429 N			□ \$399 M □ \$429 N				
Arts & Crafts Grades 3–5		□ \$349 M □ \$379 N		□ \$279 M □ \$303 N				□ \$349 M □ \$379 N				
Climbing Grades 3–5			□ \$349 M □ \$379 N			□ \$349 M □ \$379 N	□ \$349 M □ \$379 N		□ \$349 M □ \$379 N			
Photography Grades 3–5	□ \$349 M □ \$379 N					□ \$349 M □ \$379 N			□ \$349 M □ \$379 N			
Target Sports Grades 3–5		□ \$399 M □ \$429 N		□ \$279 M □ \$303 N					□ \$349 M □ \$379 N	□ \$349 M □ \$379 N		
Theater Grades 3–5	□ \$349 M □ \$379 N		□ \$349 M □ \$379 N		□ \$349 M □ \$379 N		□ \$349 M □ \$379 N			□ \$349 M □ \$379 N		

2025 YMCA Day Camp Spring Lake

PUT AN "X" IN EACH APPLICABLE BOX

Rate: M—Child is a Member Participant N—Child is a Non-Member Participant

TEEN CAMP												
PROGRAM	June 9–13	June 16–20	June 23–27	June 30–July 3	July 7–11	July 14–18	July 21–25	July 28–Aug. 1	Aug. 4-08	Aug. 11–15	Aug. 18–22	Aug. 25–29
Archers & Anglers Grades 6–8					□ \$399 M □ \$429 N		□ \$399 M □ \$429 N					
Arts & Crafts Grades 6–8							□ \$349 M □ \$379 N			□ \$349 M □ \$379 N		
Climbing Grades 6–8	□ \$349 M □ \$379 N	□ \$349 M □ \$379 N			□ \$349 M □ \$379 N							
Extreme Adventure Grades 6–8			□ \$399 M □ \$429 N				□ \$399 M □ \$429 N		□ \$399 M □ \$429 N			
Theater Grades 6-8		□ \$349 M □ \$379 N				□ \$349 M □ \$379 N		□ \$349 M □ \$379 N				
Leaders in Training Grades 7–9		□\$4 □\$4	49 M 79 N		□\$4 □\$4			□\$4 □\$4		□\$4 □\$4		

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June 9–13	June 16–20	June 23–27	June 30–July 3	July 7–11	July 14–18	July 21–25	July 28–Aug. 1	Aug. 4–08	Aug. 11–15	Aug. 18–22
	NSPORTA Yes Bus		ation:							
current <i>"</i> uardian is	Authorizati s responsib	on of Servi le for full pa	DER INFORMA ce" must be on ayment until "A Idcare assistan	file before uthorizati	,		,	a county/	third party	agency. Parent/
•	•						70.1			
Agenc	y/County W (Required)	orker's Na	me					Phon		
AYMEN ¹	T INFORM	ATION	inty/Agency: ot be processe			egistratio	n fee.			
Check	c enclosed a	amount: \$_		(ра	yable to: \	MCA of th	ne North)			
	c#	Re	emaining balar	ice billed 1	week prio	r to the sta	art of each we	ekly sessi	on.	
Check		□Visa	_ ☐ MasterCard	☐ Disc	over \square	Am Expres	SS	-		
	e bill mv:					•				
Please	•					LAP. Date	_			
☐ Please	# e charge:	□ \$50 dep	•	session,	remaining	balance b	illed 1 week pı	rior to the		h weekly session. ion into Y system.

I agree to pay above total amount according to card issuer agreement.

FO_DC_Summer Registration | Updated Dec. 2024

2025 DAY CAMP REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE AT YMCANORTH.ORG/ADVENTURE/EXPERIENCES/DAY_CAMP

Please return this completed form with parental/quardian 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

Camper Name				
Last	First	Middle		
Preferred Name/Nickname	Gender/Pronouns	-		
This is my year at camp. Date of Birth	Grade in Fall 2025 Ethnicity (option	nal)		
1ST CONTACT PARENT/GUARDIAN Name	2ND CONTACT PARENT/GUARDIAN Name			
Date of Birth	Date of Birth			
Address	Address			
City State Zip	CityState _	Zip		
Home phone	Home phone			
Work phone	Work phone			
Cell phone	Cell phone			
Email	Email			
Child resides with: ☐ Mother ☐ Father ☐ Both ☐ Oth Mailing and Communication will be sent to 1st contact.	er			
SESSION INFORMATION How did you find out about this camp?				
FRIENDS you hope to share a cabin with: (To ensure positive group in age or grade.) We may not be able to honor all requests.	dynamics, please limit 2 friends per request	who are within 1 year		
1	2			
EMERGENCY CONTACT INFORMATION AND PICK UP AUTHOR The following people should be contacted in case of emergency, only if parent(s)		to pick up the child:		
First Emergency Contact	Relationship to Camper:			
Phone:	Phone type: ☐ Home ☐ Mobile ☐ Wo	rk 🗆 Other		
Second Emergency Contact	Relationship to Camper:			
Phone:	Phone type: \Box Home \Box Mobile \Box Wo	rk 🗆 Other		
Will your camper have health insurance at the time of their camp ses	ion? 🗆 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:			

FO_GE_Child Health form | Updated Mar 2025

CHILD HEALTH INFORMATION If special accommodations are required, contact the

If special accommodations are re	quired, contact the YMCA Custome	er Service Center at 612-230-9622 to be o	lirected to appropriate staff.
Are all of your childs immunizati	ons up to date? 🗆 Yes 🗀 Consc	ientious Objector	
Month, date and year of most re	cent immunizations: Information i	required including specific dates. Or atta	ach Immunization Record.
Does your child have any medica	al conditions that require special c	are? 🗆 Yes 🗆 No	
Has your child had any surgeries	s, illness, or injuries we should be a	aware of? 🗆 Yes 🗆 No	
Does your child have any allergi	es we should be aware of? 🛚 Yes	□ No	
Does your child have any dietary	restrictions? Yes No		
	_		
Does your child have any camp a	activities from which they should b	oe restricted for medical reasons?	S □ NO
RECORD OF PAST MEDICAL TI	REATMENT.		
	: pertain to this child/participant a s on staff administration of medica	and provide information about supportiv	e health care. Please check
		_	
□ Asthma	☐ Convulsions/Epilepsy	☐ Diabetes	☐ Hypertension
☐ Frequent Ear Infections	☐ Surgeries	☐ Bleeding/Clotting Disorder	☐Heart Defect/Disease
Provide information about nealt	h care need for each item checked	l:	
CHILD PERSONAL AND SOCIA	L INFORMATION		
•	to have a safe, fun, and enriching o we can make sure your child's ex	experience. We want every child to feel a	at home. Is there anything
you would like to share with us s	o we can make sure your crimus ex	rperience is spectacular:	
MEDICATIONS FROM HOME			
		ling if your camper will have an inhaler o for this form, or pick it up at your site.	r epi pen with them at camp,
Check all items your camper will	have at camp:		
☐ Medication	□ Inhaler	☐ Epi Pen	
PARENTAL/GUARDIAN SIGNA	TURE REQUIRED		
Please sign here	-	Date	1
. icase sign nere		Date	

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.
- 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 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.
- 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.
- 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 Releases 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

- 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 if applicable.
- 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 (DR GUARDIAN ADDITIONAL AGREEMENT (Must be co	mpleted for participants und	ler the age of 18)			
In consideration ofhold harmless Releasees from any o	PRINT minor's names) being pe claims alleging negligence which are brought by or on beh	ermitted to participate in this a alf of minor or are in any way o	ctivity, I further agree to indemnify and connected with such participation by minor			
Parent or Guardian	Print Name		Date			

FO_GE_General Release Agreement_Single | Updated March 2022