YMCA IN HUDSON

YOUTH SUMMER POWER 2026 REGISTRATION

HOW TO REGISTER

We have gone green! Register online at ymcanorth.org/summer. For registration assistance contact 612-230-9622.

PROGRAMS

- Confirmation will be sent via email after registration. We've split tuition into three smaller payments for flexibility:

  One-Time Administrative Fee: $50, due at the time of registration (Non-Refundable).

  First Payment: $50, due 8 weeks before the program week starts (Non-Refundable and Non-Transferrable).

  Final Payment: Remaining balance, due 2 weeks before the program week starts.

- Schedule changes are based on availability. All changes and cancellations must be submitted in writing to **Customer Service** to reflect requested changes.
- **Changes and cancellations** are due Monday, 2 weeks before the program week starts. Any fees already paid at the time of cancellation are non-refundable and non-transferrable.
- A parent handbook is available online at ymcanorth.org/summer after April 1, 2026. It is important to review all information contained in this document.

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 FINANCIAL ASSISTANCE

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

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

Register online at ymcanorth.org/summer

2025 Youth Summer Program Registration: YMCA in Hudson

PARTICIPANT INFORMATION

Use full legal names for all parties.

Child's First Name: _____ MI _____ Last Name: _____ Birth date: _____

Gender: _____ Child's Grade in Fall 2026: _____ Phone: _____ Email: _____

Child's Shirt Size: YOUTH ☐ S ☐ M ☐ L ADULT ☐ S ☐ M ☐ L ☐ XL

PUT AN "X" IN EACH APPLICABLE BOX Select ONE program per week.

*No program July 3

☐ SUMMER POWER

Entering Grades K–5

Child must be 5 years old and going into kindergarten on/by the first day of the program.

FEES: 5 days/week $265 4 days/week (M/W/F) $230 3 days/week (T/Th) $190

SITE: YMCA in Hudson

June 8–12	June 15–19	June 22–26	June 29–July 2	July 6–10	July 13–17	July 20–24	July 27–31	Aug. 3–7	Aug. 10–14	Aug. 17–21
☐ M	☐ M	☐ M	☐ M	☐ M	☐ M	☐ M	☐ M	☐ M	☐ M	☐ M
☐ T	☐ T	☐ T	☐ T	☐ T	☐ T	☐ T	☐ T	☐ T	☐ T	☐ T
☐ W	☐ W	☐ W	☐ W	☐ W	☐ W	☐ W	☐ W	☐ W	☐ W	☐ W
☐Th	☐Th	☐Th	☐Th	☐Th	☐Th	☐Th	☐Th	☐Th	☐Th	☐Th
☐F	☐F	☐F	HOLIDAY	☐F	☐F	☐F	☐F	☐F	☐F	CLOSED

Office use C___ S___ E___

FO_SP_Summer Program Registration | Updated Jan 2026

CHILDCARE SUBSIDY PROVIDER INFORMATION

A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.

Our family currently receives childcare assistance from:

☐ County _____ ☐ Third Party Agency ☐ Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # (Required) _____

Paperwork submitted to County/Agency: ☐ Yes ☐ No

PAYMENT INFORMATION

Please note, registrations will not be processed without deposit/adminisrative fee.

☐ Check enclosed amount: $_____ (payable to: YMCA of the North)

Check # _____ Remaining balance will be billed in two additional payments. First payment of $50 is due 8 weeks prior to start of each weekly session, and remaining balance is due 2 weeks prior to start of each weekly session.

☐ Please bill my: ☐ Visa ☐ MasterCard ☐ Discover ☐ Am Express

Card # _____ Exp. Date _____

Please charge: ☐ $50 deposit **per Summer Program administrative fee**. You will be billed for the remaining balance, in two additional payments. $50 first payment is due 8 weeks prior to session start date, and remaining balance 2 weeks prior to start date.

☐ Charge entire fee for all programs selected. Full payment will be charged upon registration into Y system.

Name on Card_____ Card Number: _____ Exp Date: _____

Signature:

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

2026 SUMMER PROGRAM REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE AT YMCANORTH.ORG/SUMMER

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
Please use one registration per child, per session. Submissions/Questions: ymcanorth.org/contact_us

Child Name _____
Last First Middle

Preferred Name/Nickname _____ **Gender/Pronouns** _____

This is my _____ year in the program. Date of Birth _____ Grade in Fall 2026_____

Ethnicity (optional) _____

1ST CONTACT PARENT/GUARDIAN

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

2ND CONTACT PARENT/GUARDIAN

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Child resides with: ☐ Mother ☐ Father ☐ Both ☐ Other _____

Mailing and Communication will be sent to 1st contact.

SESSION INFORMATION

How did you find out about this program? _____

EMERGENCY CONTACT INFORMATION AND PICK UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

First Emergency Contact v_____ Relationship to Child: _____

Phone: _____ Phone type: ☐ Home ☐ Mobile ☐ Work ☐ Other _____

Second Emergency Contact _____ Relationship to Child: _____

Phone: _____ Phone type: ☐ Home ☐ Mobile ☐ Work ☐ Other _____

Will your child have health insurance at the time of their session? ☐ 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: _____

CHILD HEALTH INFORMATION

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

Are all of your childs immunizations up to date? ☐ Yes ☐ Conscientious Objector

Month, date and year of most recent immunizations: Information required including specific dates. Or attach Immunization Record.

Does your child have any medical conditions that require special care? ☐ Yes ☐ No

Has your child had any surgeries, illness, or injuries we should be aware of? ☐ Yes ☐ No

Does your child have any allergies we should be aware of? ☐ Yes ☐ No

Does your child have any dietary restrictions? ☐ Yes ☐ No

Does your child have any camp activities from which they should be restricted for medical reasons? ☐ Yes ☐ No

RECORD OF PAST MEDICAL TREATMENT.

Chronic Concerns: Check all that pertain to this child/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

☐ Asthma ☐ Convulsions/Epilepsy ☐ Diabetes ☐ Hypertension

☐ Frequent Ear Infections ☐ Surgeries ☐ Bleeding/Clotting Disorder ☐Heart Defect/Disease

☐ Other:

Provide information about health care need for each item checked:

CHILD PERSONAL AND SOCIAL INFORMATION

We want every child that comes to have a safe, fun, and enriching experience. We want every child to feel at home. Is there anything you would like to share with us so we can make sure your child's experience is spectacular?

MEDICATIONS FROM HOME

If medication needs to be administered during the program, including if your camper will have an inhaler or epi pen with them at camp, a **Medication Permission Form** must be completed. Call the YMCA for this form, or pick it up at your site.

Check all items your camper will have at camp:

☐ Medication ☐ Inhaler ☐ Epi Pen

PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here 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.
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 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

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**_____