



OVERNIGHT CAMP

SUMMER 2025 REGISTRATION

TO REGISTER

- Online registration available at ymcanorth.org/camps/ymca_overnight_camp
- Mail, email and fax registrations must be accompanied with a \$50 non-refundable deposit. The completed registration materials, along with the deposit will secure your place at camp.
- Registrations accepted now throughout summer 2025.

PAYMENT PLAN

- Your balance is due in four monthly installments on Feb. 15, March 15, April 15, & May 15 unless you have a pre-arranged payment plan established with the Customer Service Center. If the balance is not paid by May 15, 2025, you may forfeit your place at camp along with the deposit.
- 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.

FINANCIAL ASSISTANCE — PERSONAL PRICING PLAN

The YMCA welcomes all who wish to participate in our programs regardless of income. The YMCA annually raises funds through our Annual Campaign to help make that possible. Financial Assistance is reviewed on a first come, first serve basis. Our goal is to work with each family to meet their needs. Please visit ymcacamps.org or contact the Customer Service Center.

NON-DISCRIMINATION STATEMENT

In the operation of the Summer Camp Program, no child, as defined by the program regulations, will be discriminated against because of race, sex, gender identity, color, national origin, age, or handicap. 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.

ANTI-RACISM COMMITMENT

YMCA of the North Camps are committed to creating anti-racist and anti-oppressive communities. We pledge to listen, learn and take action, acknowledging our historical role in perpetuating systemic racism within our programs. We are seeking additional partnerships and collaborations to help take this action and we ask you to join us in building a future that is actively anti-racist. We believe nature-based camp experiences should be available as a strategy for all communities to develop the children, families, and overall health and wellbeing they envision.

CANCELLATION & CHANGE POLICY

- Cancellations must be in writing and can be submitted to ymcanorth.org/contact_us or faxed to 612-223-6322.
- Cancellations received one-month prior to the start of each session will be refunded however, your deposit is non-refundable.
- No refunds are available for cancellations made less than one-month prior to the start of each session.
- Additional cancellation information, including change fees and deadlines, can be found in the the Camper Family Handbook.

PARTICIPATION REQUIREMENTS AND ACCESSIBILITY

Campers coming to a Y of the North overnight camp should be motivated and excited to experience residential summer camp, which involves working as a team, embracing physical and mental challenges, and embodying our five core values; Caring, Honesty, Equity, Respect and Responsibility.

If your child has a disability or mental health concern requiring an accommodation, or a special need, please let us know by filling out the accommodation request form (found in Forms & Publications on your camp's website) and submitting it to your camp's Program Director before your child comes to camp. This information enables us to better meet the needs of your child within available resources.

Y of the North Camps reserve the right to send any camper home early who does not abide by our code of community, 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 all campers. We do not issue refunds for campers that leave early due to code of community violations. Our Code of Community can be found in the Camper Family Handbook.

ADDITIONAL CAMP PAPERWORK

- Complete your camper’s information in our health record system, CampDoc. You will receive an invite to either create or (for return users) update your account via email.
- A new physical exam is required each year and should be uploaded to CampDoc.

CONFIRMATION

- Email confirmation will be sent immediately upon completion of online registration.
- Confirmations will be emailed within three weeks upon receiving mailed or faxed registrations.
- The Camper Family Handbook contains important camper information such as packing lists and session information. It can be found on your camp’s website. Please review thoroughly.

GETTING TO CAMP

Directions to your camp can be found on your camp’s website, and in the Camper Family Handbook.

DROP-OFF AND PICK-UP

Specific timing for drop off and pick up will be available in the Camper Family Handbook and pre-camp emails. Typically sessions are Sunday to Friday, but sampler sessions may start and end on different days.

REFER A FRIEND

Refer a friend to camp and receive \$25 credit off your camp fee for each NEW camper. You and your friend(s) must be registered by April 1, 2025 and they must be new to YMCA Camps. Referral discount does not apply for siblings. Referrals must be made in writing and can be submitted to ymcanorth.org/contact_us. Refer A Friend promotion ends April 1, 2025.

YMCA OF THE NORTH

ymcanorth.org/camps

(P) 612-230-9622 • (F) 612-223-6322

2025 REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE AT [YMCANORTH.ORG/CAMPS/YMCA_OVERNIGHT_CAMP](https://ymcanorth.org/camps/ymca_overnight_camp)

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

Camper Name _____
Last First Middle

Preferred Name/Nickname _____ Gender/Pronouns _____

This is my _____ year at camp. Date of Birth _____ Grade in Fall 2025 _____ 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

Camp Name _____ Session Name: _____ Session Dates: _____

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How did you find out about this camp? _____

FRIENDS you hope to share a cabin with: (To ensure positive group dynamics, please limit 2 friends per request who are within 1 year in age or grade.) We may not be able to honor all requests.

1 _____ 2 _____

PAYMENT INFORMATION

A non-refundable \$50 deposit per camper per session must accompany each registration form. Remaining fees are due in four monthly installments on Feb. 15, March 15, April 15, and May 15. Registrations after May 15, 2025 require full payment or an established payment plan.

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

Please bill my: Visa MasterCard Discover Am Express

Card # _____ Exp. Date _____

Please charge: Payment in Full

\$50 deposit now and the remaining balance in three installments on March 15, April 15, & May 15

Billing information if different from 1st contact:

Name _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION:

These individuals will be contacted if parents/guardian cannot be reached.

First Emergency Contact _____ Relationship to Camper: _____

Phone: _____ Phone type: Home Mobile Work Other _____

Second Emergency Contact _____ Relationship to Camper: _____

Phone: _____ Phone type: Home Mobile Work Other _____

Will your camper have health insurance at the time of their camp 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: _____

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

Date of last tetanus shot (MM/DD/YY)? _____/_____/_____

Does your camper have any medical conditions that require special care? Yes No _____

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

Does your camper have any allergies we should be aware of? Yes No _____

Does your camper have any dietary restrictions? Yes No _____

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

CAMPER PERSONAL AND SOCIAL INFORMATION

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

MEDICATIONS FROM HOME

Please list all medications from home, prescription or over-the-counter, that your camper will be taking at camp. All medications must be brought to camp in their original containers, which must be placed in a sealable plastic bag with your camper's name on it.

Medication name: _____ Purpose _____ Dosing Instructions _____

PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here _____

Please complete the Release Form and return with registration.

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 _____