

Day Camp Ihduhapi 2009 Registration Form

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • fax 612-465-0559**

Participant Information:

Child's Name _____

YMCA Member? Yes member # _____ No, Participant only

Office Use Only

\$50 non-refundable deposit per week enclosed

PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX

Program	June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
Wee Backpackers	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>
Day Camp Grades 1-7	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>	\$185 <input type="checkbox"/>
Colts Grades 2-6	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	
Buckaroos Grades 3-7	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$240 <input type="checkbox"/>	
Junior Angler Fishing Camp Grades 3-7		\$215 <input type="checkbox"/>					\$215 <input type="checkbox"/>			\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>		
Archery Camp Grades 3-7								\$215 <input type="checkbox"/>					
Challenge Course Camp Grades 4-7			\$215 <input type="checkbox"/>		\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>			\$215 <input type="checkbox"/>				
Leaders-In-Training Camp Grades 6-9					\$370 <input type="checkbox"/>	Two-week session							

Additional Requests:

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	June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4
Before & After Care	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
SITES:	<input type="checkbox"/> Day Camp Ihduhapi												
Bus Transportation	<input type="checkbox"/> No <input type="checkbox"/> Yes Bus Stop: _____ Location: _____												

BUS ROUTE

**Offered the weeks of
June 8, June 22, July 6, July 20, Aug 3 and Aug 17**

Buffalo Middle School 8:00 a.m./ 5:00 p.m.
 Delano Elementary School 8:25 a.m./4:35 p.m.
 Orono Discovery Center, Maple Plain 8:45 a.m./4:15 p.m.
 YMCA Camp Ihduhapi 9:00 a.m./4:00 p.m.

BUS ROUTE

**Offered the weeks of
June 15, June 29, July 13, July 27, Aug 10, Aug 24 and Aug 31**

Hanover Elementary 8:00 a.m./4:45 p.m.
 Rush Creek Elementary 8:20 a.m./4:25 p.m.
 Medina Entertainment Center 8:40 a.m./4:10 p.m.
 YMCA Camp Ihduhapi 9:00 a.m./4:00 p.m.

Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives subsidy from: County _____ YMCA Financial Assistance Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # Required _____ Paperwork submitted to County/Agency: Yes No

Third Party Agency Name: _____ Third Party Member #: _____

Payment Information: Please note, Registrations will not be processed without deposit

Check Enclosed Amount: \$ _____ Full Payment **Credit Card** Visa MasterCard Discover American Express

Weekly EFT Authorization (Electronic Funds Transfer)

Please charge Entire fee for all camps selected \$50 deposit/session now, remaining balance one week prior to the start of the session.

Name on Card _____ Card Number: _____ Exp Date: _____

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

Day Camp Ihduhapi Emergency & Health Information Form

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • fax 612-465-0559**

PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Child's First Name _____ Middle Initial _____ Last Name _____ Birthdate _____ Gender F M
 Grade in Fall 2009 _____ Age _____ This is my _____ year in Summer Programs

Friends you would like to be grouped with : (To ensure positive group dynamics, please limit **two** friends per request who are within the same age group.) _____

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Change of Address

Parent/Guardian's Birthdate _____ Gender F M Home Phone (_____) _____ E-mail _____

Parent/Guardian's Work Phone (_____) _____ Cell Phone(_____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender F M Home Phone (_____) _____ E-mail _____

Parent/Guardian's Work Phone (_____) _____ Cell Phone(_____) _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

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

1. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

2. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

Family Doctor _____

Phone (_____) _____

Family Dentist _____

Phone (_____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT _____	Polio _____
Measles _____	Mumps _____
Rubella _____	HIB _____
Tetanus _____	

IS THE CHILD TAKING ANY MEDICATIONS? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

- Special needs _____
- Allergies or Asthma _____
- Dietary restriction/s _____
- Chronic or recurring illnesses _____
- Operations or serious injuries (include date/s) _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others?

Yes No

If yes, please comment: _____

SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW: _____

Waiver of Liability

I understand that The Young Men's Christian Association of Metropolitan Minneapolis assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to it's directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a results of participating in these activities.

Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
2. 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.
3. My child has my permission 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.
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 hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature _____ Date _____ / _____ / _____