

YMCA CAMP PEPIN 2019 REGISTRATION FORM

By Mail: Red Wing YMCA Camp Pepin 434 Main Street Red Wing, MN 55066

Phone: (651)388-4724 Fax: (651)388-5340 Online: www.camppepin.org

Please print below all requested information

Camper Name: _____ Gender: ___ M ___ F
Date of Birth: _____ Age at camp: _____ Entering _____ Grade Next Fall _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Name of Parent/Guardian in household: _____ Relationship to camper: _____
Are you a YMCA member? YES _____ NO _____ To which Y do you belong? _____

List all sessions you camper will be attending

Session Name	Date of Session	
(e.g. Adventure Sail)	(e.g. July 8-14)	3. _____
1. _____	_____	4. _____
2. _____	_____	5. _____

List your campers cabin mate requests, if any _____

Requests must be mutual and within 1 school year of each other. *Please note that while we do our best to accommodate every possible request, we cannot guarantee that all requests will be met.

IMPORTANT! THIS SECTION MUST BE SIGNED BY A PARENT/GUARDIAN: Please enroll this camper for the session(s) noted above. I understand a \$25 transfer fee will be charged if my child changes sessions. My child has permission to participate in all camp activities including out of camp trips by van, bus, or boat. In the event of cancellation after June 1st, or dismissal or withdrawal on account of homesickness, misconduct, or any other cause, except illness requiring the attention of a physician, I will pay the camp fee in full. In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize and/or secure treatment for my child named above. I understand the related expenses for this medical attention will be my/the camper's responsibility. I agree to waive any claims against the YMCA, its employees, and its volunteers for injuries or damages that may result from the conduct of other persons, including participants in YMCA programs. I will notify the camp director if my child has any restrictions related to his or her participation in any camp activity. I hereby give permission for YMCA Camp Pepin to use for promotional purposes, any photos and videos of my child while involved in camp activities. I (Parent/Guardian) have read and agree to all the conditions of this registration.

Signature: _____ Date: _____

DEPOSIT: A \$100.00 non-refundable deposit is due with each registration, with the balance due by June 1st. All registrations received after June 1st are required to be paid in full upon submission. Campers may not attend summer camp until all outstanding balances are cleared. Registration deposits and fees may be paid with Visa, Discover or Master Card. A separate registration form is required for each camper. (A photocopy of the registration form is also acceptable.) Registering early is advised, since sessions can fill quickly.

Check the amount you would like to pay now:

_____ \$100 Deposit _____ Full Registration fee

Would you like to donate to the Camp Scholarship Fund?

_____ No, Thank you _____ \$25 _____ \$50 _____ \$100

Camp Store Account: How much would you like to deposit into your camper's Camp Store account?

_____ None _____ \$10 _____ \$20 _____ \$25 _____ \$30 _____ \$50

Other \$ _____ *all remaining camp store balances will be donated to the Camp Pepin Scholarship Fund.

Indicate your preferred payment method

_____ My payment for the above amount is enclosed

_____ Please charge my credit card for the above amount

_____ Visa _____ Discover _____ MasterCard _____ Amex

Name on the Card: _____

Billing Address: _____

Credit Card # _____ Exp: _____

Security Code: _____

AFTER REGISTRATION: you will be required to download, complete, and submit informational forms and waivers for each camper by June 1st. These forms are located on our website (www.camppepin.org). Click on the Forms button on the homepage.

Camp Session: _____ Type of Camp: _____

YMCA CAMP PEPIN CAMPER INFORMATION FORM

Camper's Name: _____ Parent's Name: _____

The Red Wing YMCA wants you to have a happy, healthy and meaningful experience at YMCA Camp Pepin. Please have you camper fill out this form so our staff can get to know a few things about them that would help make Camp Pepin a fun experience.

Full Name: _____ Nickname _____

Favorite Food: _____ Animal: _____ Color: _____

What is your biggest fear? _____

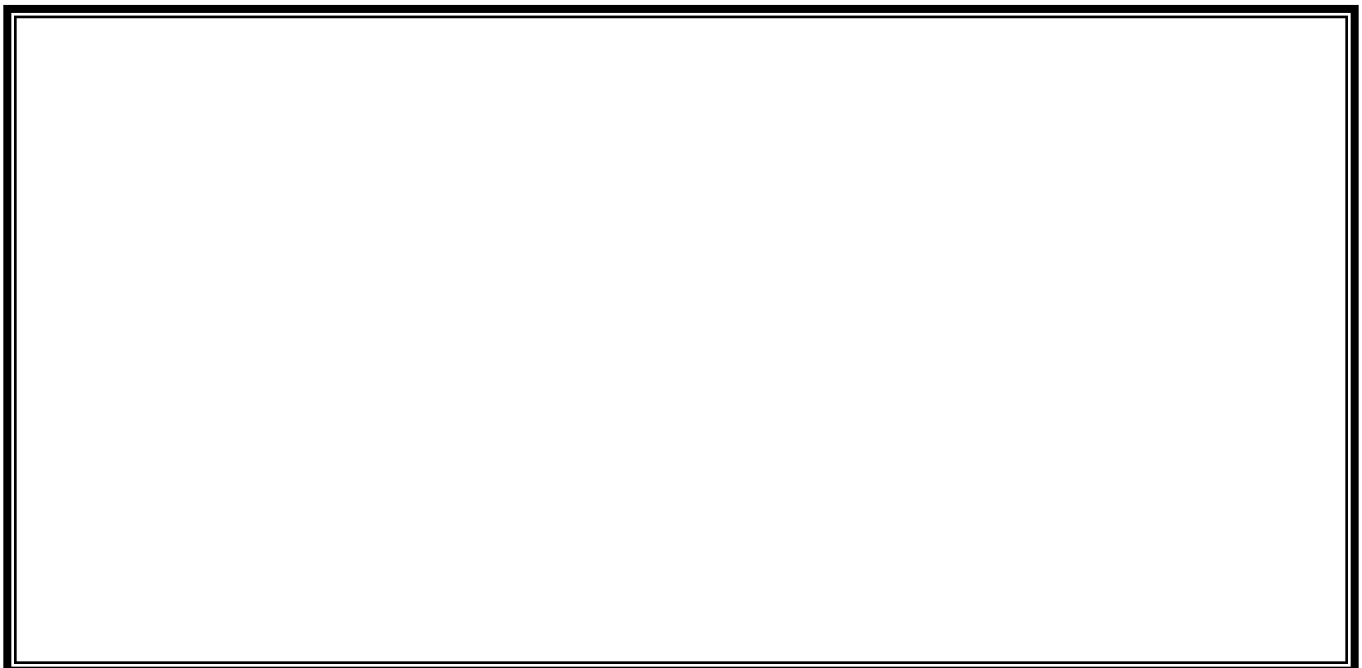
What is something you do well? _____

What do you like about yourself? _____

What do you like to do in your free time? _____

What would you like to achieve while at camp? _____

Please draw us a picture of your favorite summertime memory!!



**Red Wing Family YMCA Camp Pepin
Health Form**

For staff use only at check-in:

These initials indicate that the information on this form is current when the participant named below checks into camp.



THE FOLLOWING INFORMATION MUST BE COMPLETED BY AN ADULT 18 YEARS OF AGE OR OLDER.

The intent of the completed information in this Health Form is to provide camp health care personnel the background to administer appropriate care to the participant named below while he or she is attending camp. Any changes to this form should be provided to camp health care personnel upon the participant's arrival.

Personal Information

Name of Participant: _____ Birth Date: _____ Age at Camp: _____

Gender (Male/Female): _____ The participant will be a (Camper/Staff Member/Volunteer): _____

Current Address: _____

Permanent Address: _____

Current Phone: _____ Permanent Phone: _____

Custodial Parent/Guardian (if under 18): _____ Relation: _____

Parent's/Guardian's Home Address (if different from above): _____

Parent's/Guardian's Home Phone (if different from above): _____

Parent's/Guardian's Business Name and Phone: _____

2nd Custodial Parent/Guardian (if applicable): _____ Relation: _____

2nd Parent's/Guardian's Address (if different from above): _____

2nd Parent's/Guardian's Phone (if different from above): _____

2nd Parent's/Guardian's Business Name and Phone: _____

In an emergency, if no parent or guardian is available, please contact:

Name: _____ Relation: _____ Phone: _____

Address: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? (Yes/No): _____

If so, indicate carrier or plan name: _____ Group #: _____

Name of Policy Holder: _____ Relation to Participant: _____

Social Security # or Insurance ID # of Policy Holder: _____

Medical Provider Information

Name of Family Physician: _____ Phone: _____

Address: _____

Name of Family Dentist/Orthodontist: _____ Phone: _____

Address: _____

Health History

Circle "Yes" or "No."

- | | | | | | |
|---|-----|----|--|-----|----|
| 1. Had a recent injury, illness or disease? | Yes | No | 16. Ever had high blood pressure? | Yes | No |
| 2. Have a chronic illness or condition? | Yes | No | 17. Ever had back problems? | Yes | No |
| 3. Ever been hospitalized? | Yes | No | 18. Ever had arthritic problems? | Yes | No |
| 4. Ever had surgery? | Yes | No | 19. Have an orthodontic appliance? | Yes | No |
| 5. Have frequent sinus infections? | Yes | No | 20. Have any skin problems? | Yes | No |
| 6. Have frequent headaches? | Yes | No | 21. Have diabetes? | Yes | No |
| 7. Ever had a head injury? | Yes | No | 22. Have asthma? | Yes | No |
| 8. Ever been knocked unconscious? | Yes | No | 23. Had mononucleosis in the past 12 months? | Yes | No |
| 9. Have frequent stomach upsets? | Yes | No | 24. Had problems with diarrhea? | Yes | No |
| 10. Wear glasses or contacts? | Yes | No | 25. Had problems with constipation? | Yes | No |
| 11. Have frequent ear infections? | Yes | No | 26. Have problems with sleepwalking? | Yes | No |
| 12. Ever been dizzy during/after exercise? | Yes | No | 27. If female, have abnormal menstruation? | Yes | No |
| 13. Ever passed out during/after exercise? | Yes | No | 28. Have a history of bed-wetting? | Yes | No |
| 14. Ever had a seizure? | Yes | No | 29. Ever had an eating disorder? | Yes | No |
| 15. Ever had heart problems? | Yes | No | 30. Ever had emotional difficulties? | Yes | No |

Explain any "Yes" answers, noting the number of the question.

Dietary Restrictions

List any specific dietary limitations (e.g., does not eat red meat, pork, seafood, poultry, eggs, dairy products, etc.).

Allergies

List all known.

Type of allergy	Possible reaction	Care for reaction

Medications

List all medications, including over-the-counter drugs taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original container that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. The administration of medications will be followed according to what is prescribed on the medication bottle; if there are any changes to this, a signed physician's note stating these changes must accompany the medication.

_____The participant takes no medications on a routine basis.

_____The participant takes medications routinely as follows: (If more space is needed, list the information below on a separate sheet.)

Medication	Dosage	Specific time(s) of day	Reason for taking

Attach another page for additional medication.

Immunizations

Provide immunization dates (Mo/Yr) for the following vaccines:

Hepatitis B	_____	_____	_____	_____	_____
Haemophilus infl. B (Hib)	_____	_____	_____	_____	_____
DTP	_____	_____	_____	_____	_____
TD	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

Physical Restrictions

Explain any restrictions to camp activity (e.g. what cannot be done, what adaptations are necessary).

Authorization

IMPORTANT: THE FOLLOWING MUST BE COMPLETE TO ATTEND CAMP!

This health history is correct and complete to the best of my knowledge. I hereby give permission to the camp personnel to provide routine health care for the participant. In case of a life or death emergency, I hereby give permission to the physician/facility selected by the camp personnel to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the participant in the event that the participant cannot make the decision on his or her own. The camp and its employed personnel shall be relieved of any responsibility. This completed form may be photocopied for trips off of the camp property.

Signature of Camper's Parent/Guardian, *Staff Member, or Volunteer	Date
*Signature of Parent/Guardian for Staff Members under 18 yrs of age	Date

Red Wing Family YMCA Camp Pepin Pick-up Authorization Form

At YMCA Camp Pepin, we take our responsibility for the welfare of your child very seriously. We need to make sure that the person picking up your child does so with your authorization. Even if you are the person dropping off and picking up your child, we need you to complete this form and send it back to us.

Child's name _____

Dates attending camp _____

I, _____ (printed parent's or guardian's name), give permission for my child to be released from the camp to either of the following adults (18 years of age or older):

- | | | |
|----|--|----------|
| 1. | Name (as it appears on Driver's License) | Relation |
| 2. | Name (as it appears on Driver's License) | Relation |

Parent/Guardian signature: _____ Date: _____

FOR CAMP USE ONLY ON CLOSING DAY

I am picking up the above-named child, _____, and am assuming full responsibility for her/him.

Name (as it appears on Driver's License)	Relation
--	----------

Signature: _____ Date: _____

Released by: _____

RED WING FAMILY YMCA
MEMBER/CHILDREN/GUEST/PARTICIPANT RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED agrees participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Photo and Video/Audio Recording Release

I hereby give my permission and consent, now and for all time, to the Red Wing Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with Red Wing Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack, recordings and photo reproductions of me and/or my narrative account of my experience at Red Wing Family YMCA, for publications, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial service. I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

_____ **Initial Here I have read Page1**

Continued on Back

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Printed Name: _____

Date of Birth: _____

Address _____

City _____ STATE _____ ZIP _____

Phone _____

E-Mail _____

Signature of Applicant/Parent: _____

Signature of Second Adult: _____

Date of Birth: _____

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Printed Name of Child: _____ DOB: ___/___/___

Emergency Contact _____

Phone _____

Y Use Only

Entered in Daxko by _____

Reviewed by _____