

# YMCA Camp Menogyn 2009 MEA & Winter Registration Form

Please return this completed form with *parental/guardian signature* to  
YMCA Business Center • 2125 E. Hennepin Ave. Suite 100 Mpls, MN 55413 • Phone 612-230-9622 • Fax 612-465-0559  
Please use one registration per child, per session. Please use a pen and print neatly.

Camper Name \_\_\_\_\_ Camper e-mail \_\_\_\_\_  Male  Female  
Home Phone \_\_\_\_\_ Are you a new or returning camper?  New  Returning This is my \_\_ year at camp.  
Camper Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_/\_\_\_/\_\_\_ Age at camp \_\_\_\_\_ Grade in fall \_\_\_\_\_ School attending \_\_\_\_\_  
**First Parent** \_\_\_\_\_ **Second Parent** \_\_\_\_\_  
Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Work phone \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
Home phone (if different than camper's) \_\_\_\_\_ Home phone (if different than camper's) \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Session Information** (\$260.00 Per Camp or  
Sign me up for: \$450 for both camps)  
 MEA Camp  Winter Camp  Both Camps  
Friend you would like to be with: \_\_\_\_\_

**Transportation Options**  
Bus - REI in Bloomington  To Camp  From Camp  
Bus - Forest Lake  To Camp  From Cam  
Bus - Duluth  To Camp  From Camp  
I will provide transportation  To Camp  From Camp

## Payment Information

Enclosed is a **non-refundable** full payment of either \$260.00 for one of the camps or \$450.00 for both MEA and winter sessions to hold my reservation. **Payment must be paid in full at time of registration.**

Check made payable to YMCA for \$260 for one session  \$450 for both sessions

Please bill my:  Visa  Mastercard  Discover Card  American Express

Amount:  \$260 for one session  \$450 for both sessions

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)

Card Holder Signature: \_\_\_\_\_

## This section must be signed by a parent or guardian of camper before registration can be accepted.

I wish to enroll my child in the session of YMCA Camp Menogyn as noted and agree to pay all camp fees at the time of registration. I understand that in the event of cancellation, or dismissal or withdrawal on account of homesickness, misconduct, or any other cause, except illness requiring the attention of a physician, payment of camp fee will not be refunded. I authorize the YMCA staff to give my child reasonable first aid and arrange transportation of my child to a health care facility for health services as needed. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

### Acknowledgement of Risks and Release of Liability

I understand that although the YMCA and Camp Menogyn have taken reasonable steps to provide my child with appropriate training, equipment, and skilled staff for his/her outdoor experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of this activity. Such risks include, but are not limited to those associated with horseback riding, climbing, or other activities that involve inherent risk.

As the parent/guardian of this child, I recognize the inherent risk that is involved in horseback riding and being around horses, climbing, and other activities that involve inherent risk at camp and in its programs and agree to hold the YMCA and Camp Menogyn harmless from any and all claims. In the event that my child needs immediate medical attention for injuries received while participating in the YMCA and Camp Menogyn program, I authorize the YMCA and camp Menogyn staff to give my child reasonable first aid and to arrange transport of my child to a health care facility for medical services as needed. My child has my permission to be transported by the YMCA and Camp Menogyn to and from any field trips, organized activities and/or time on the trail. I authorize the YMCA and Camp Menogyn staff to administer syrup of ipecac when instructed to do so by a poison control center. I hereby acknowledge that the YMCA and Camp Menogyn will assume there is a pertinent court documentation on-file at the YMCA and Camp Menogyn that indicated otherwise. I hereby release all pictures of my child taken at the YMCA and Camp Menogyn for promotional purposes and programming material including the YMCA and Camp Menogyn website.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_