



# Summer of Opportunity 2025

## YMCA DAY CAMP GATHERING PINES Scholarship

Open to current K-7 Edina Public School Students, eligible based on household income

YMCA Gathering Pines is a day camp located in Lakeville. A bus from Edina will take the students to and from camp. Day camp is about learning skills, developing character and making friends. Kids create a community as they learn both how to be more independent and how to contribute to a group as they engage in physical, social and educational activities.

**NEW!** Each camper will register for a **Core Adventure:** Aquatic Camp, Arts & Imagination, Nature & Science, or Outdoor Sports. Campers will be divided up into groups based on their grade. **Bring a lunch and two snacks.**

**Applications will be accepted Feb 6-Feb 21, 2025 or until spots are filled, whichever comes first.**

### How to Register:

Complete and return this registration (5 pages) along with your **immunization record** and fee to:

**Edina Resource Center, 5701 Normandale Road, Edina, MN 55424** (in the Edina Community Center)

### Questions?

**Camp Program:** Nick Dyson- Camp Program Director - Phone: 952-835-3331 Email: [nicholas.dyson@ymcamn.org](mailto:nicholas.dyson@ymcamn.org)

**Scholarship:** Edina Resource Center - Phone: 952-848-3936 Email: [krista.phillips@edinaschools.org](mailto:krista.phillips@edinaschools.org)

**Student Name:** \_\_\_\_\_ **Current Grade (K-7)** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**# Individuals in Household:** \_\_\_\_\_ **Gross Household Income:** \$ \_\_\_\_\_  Yearly  Monthly  Weekly

Eligibility is determined by household size and income criteria for 200% of Poverty

**Camp Choice:** SPOTS FOR EACH CAMP ARE EXTREMELY LIMITED. Mark an X by your camp choice below.

**Core Adventure:**  Aquatic Camp  Arts & Imagination  Nature & Science  Outdoor Sports

Pick one week:

JUNE CAMPS (5 days)	JULY CAMP (4 days)	JULY CAMPS (5 days)	AUGUST CAMPS (5 days)
<input type="checkbox"/> June 16-20 (\$25)	<input type="checkbox"/> June 30-July 3 (\$20) 4 <sup>th</sup> of July Extravaganza Camp	<input type="checkbox"/> July 7-11(\$25)	<input type="checkbox"/> August 4-8 (\$25)
<input type="checkbox"/> June 23-27 (\$25)		<input type="checkbox"/> July 14-18 (\$25)	<input type="checkbox"/> August 11-15 (\$25)
		<input type="checkbox"/> July 21-25 (\$25)	
		<input type="checkbox"/> July 28-Aug 1 (\$25)	

### Preferred bus stop:

- Yancey Park (5520 Hansen Rd, Edina) (Vernon Ave & Hansen Rd)
  - Southdale YMCA (7355 York Ave S, Edina – bus pick-up behind the building)
  - I will drive my child to/from camp\* (23701 Zane Ave, Lakeville, MN 55044)
- \*If you select to drive your child, busing will not be available if you change your plans.

### Family Payment:

**Due:** \$ \_\_\_\_\_ \$25, \$20 depending on camp selection [scholarship will cover the rest of the camp fee]

Check Enclosed: Check # \_\_\_\_\_ (payable to YMCA of the North Memo: Gathering Pines/child's name)

Please bill my Credit Card:  VISA  MasterCard  Discover  American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_



# YMCA DAY CAMP GATHERING PINES 2025

## Core Adventures Camp Descriptions:

Campers will have the opportunity to choose between one of four core adventures (Aquatics, Nature & Science, Arts & Imagination or Outdoor Sports.) This ensures each camper gets the most out of their camp experience. It will also allow us to focus on delivering high-quality, focused experiences that cater to the interests and wellness of each camper.

### Aquatic Camp:

Aquatic camps inspire a lifelong love for water activities while promoting safety, skill development, and environmental stewardship.

Campers will experience LOTS of swimming and aquatic fun that includes boating, kayaking and more!

### Arts & Imagination

Arts & Imagination camps spark creativity through diverse artistic experiences that ignite imagination, foster creative world-building, and instill confidence, while nurturing a lifelong appreciation for art and self-expression.

Campers will participate in daily art activities that explore various mediums. When engaging in imaginative play, campers will explore the hero's journey as they build worlds develop characters, and embark on adventures, challenges and quests.

### Nature & Science

Nature & Science camps give campers the opportunity to play outdoors while developing curiosity for the natural world and a lifelong relationship with nature.

Campers will experience in daily nature & STEM themed activities. Special activities (such as launching rockets) will be featured throughout the summer!

[No Nature & Science offering Aug 11-15 for grades 5-7]

### Outdoor Sports

Outdoor sports camps give campers the opportunity to try new outdoor activities that inspire lifelong recreation.

Campers will experience at least 10 different age-appropriate outdoor sports! Examples may include climbing, archery, geocaching, swimming, boating and more!

### Camp Extravaganza (June 30-July 3)

Camp Extravaganza allows campers to experience many of camps' greatest activities, all in one week! It also features activities that are exclusive to these extravaganza sessions. Camp Extravaganza is ONLY offered June 30-July 3 (4 day camp)

## Tips on Registration Form (next 3 pages):

- 1st Contact listed will receive email communications about camp
- Emergency Contacts are also authorized to drop/off pick-up your child at the bus
- Print & attach Immunization Record or you can list the date on the health information form
- Signature needed in all 3 required spots

## Parent Resources:

[Camp Handbook](#)

[www.ymcanorth.org/adventure/locations/day\\_camp\\_gathering\\_pines](http://www.ymcanorth.org/adventure/locations/day_camp_gathering_pines)

# 2025 DAY CAMP REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE AT [YMCANORTH.ORG/ADVENTURE/EXPERIENCES/DAY\\_CAMP](https://ymcanorth.org/adventure/experiences/day_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](https://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

How did you find out about this camp? \_\_\_\_\_

~~FRIENDS you hope to share a cabin with:~~ 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 \_\_\_\_\_

## 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 \_\_\_\_\_ 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: \_\_\_\_\_

## CAMPER 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 campers immunizations up to date?  Yes  Conscientious Objector

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

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

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

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

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Does your camper have any dietary restrictions?  Yes  No \_\_\_\_\_

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

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### RECORD OF PAST MEDICAL TREATMENT.

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Hypertension         |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Surgeries            | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Heart Defect/Disease |
| <input type="checkbox"/> Other: _____            |   |   |   |

Provide information about health care need for each item checked: \_\_\_\_\_

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### 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?

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### MEDICATIONS FROM HOME

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Medication name:	Purpose	Dosing Instructions
_____	_____	_____
_____	_____	_____

### PARENTAL/GUARDIAN SIGNATURE REQUIRED

**Please sign here** \_\_\_\_\_

# 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** \_\_\_\_\_