

# Winter Weekend Registration Form

## Family Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female  
Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female  
Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female  
Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female

*If necessary, please use additional sheet to list family members*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Contact

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

## Health Insurance and Disclosure

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Please identify family members with medical conditions, dietary restrictions, or any special needs that may affect program participation.

\_\_\_\_\_  
\_\_\_\_\_

## Cabin Assignments

Please indicate if there is anyone you would like to share a cabin with.

\_\_\_\_\_

## Camp Arrival

*Lake crossings are scheduled for both 7:00 PM and 10:00 PM. Please call the camp at 218-388-4497 if you need to arrive at a different time so we can meet you and help you across the lake.*

Arrival Date \_\_\_\_\_ Estimated Arrival Time \_\_\_\_\_

*Admission Prices:*  
**Adult** (age 13+) - **\$195**  
**Youth** (ages 6-12) - **\$100**  
**Child** (under age 6) - **FREE**

## Payment Information – Payment is 50% refundable until January 2

- Check enclosed – Please make payable to “Friends of the BWW”
- Credit card – An invoice for electronic payment will be sent to the email address listed above

**Mail hard-copy payment and registration to:**  
Friends of the Boundary Waters Wilderness  
401 N 3<sup>rd</sup> Street, Suite 290  
Minneapolis, MN 55401

**Email scanned registration to:**  
Cori Mattke  
cori@friends-bwca.org



**YMCA Camp Menogyn  
Medical Review and Informed Consent**

**\*Please have everyone in your group sign, if under 18, the guardian must sign\***

**Name:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Date of Program:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**In an Emergency Notify:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

YMCA Camp Menogyn spends most of the time outdoors. As a result, participants take certain risks due to weather conditions, natural hazards, and/or physical infirmities. The YMCA takes precautions to follow rigorous safety procedures, but the risks cannot be totally eliminated. Please answer all of the following questions. Participation in this program is voluntary and you can decline participation in all, or any part of, the activities occurring during this program.

Has a physician told you or are you aware of any medical conditions that could be aggravated by physical activity, such as: heart disease, high blood pressure, lung disease, diabetes, pregnancy or others?

\_\_\_\_\_Yes      \_\_\_\_\_No

Has a physician told you or are you aware of any problems with your neck, back, shoulders, wrist, hips, ankles, or knees that may be aggravated by physical activity?

\_\_\_\_\_Yes      \_\_\_\_\_No

Has a physician told you or are you aware of any problems with life threatening allergic reactions that may be aggravated by physical and/or outside activity?

\_\_\_\_\_Yes      \_\_\_\_\_No

Has a physician told you or are you aware of any problems with seizures that may be aggravated by physical activity?

\_\_\_\_\_Yes      \_\_\_\_\_No

Has a physician told you or are you aware of other physical problems, which you think we should know about before activities begin?

\_\_\_\_\_Yes      \_\_\_\_\_No

If you answered yes to any of the conditions above, please name the condition and give a detailed description below (including dates and restrictions, if any).

The information provided here is a complete and accurate statement of the physical factors, which may effect my participation in the YMCA Camp Menogyn. I have decided to voluntarily participate in this program, or segments of the program, and in consideration of the YMCA Camp Menogyn accepting me into this program, I hereby waive and release all rights and claims which I may have against YMCA Camp Menogyn, its employees and its agents for any and all injuries and damages suffered by me in participating in this program. This release does not, however, apply to injuries or damages caused by the gross negligence or willful misconduct by YMCA Camp Menogyn, its employees or its agents. I agree to hold YMCA Camp Menogyn, its employees and its agents harmless if all relevant information is not disclosed. This information will be kept confidential except in the case of emergency. In case of emergency, this consent includes the release of medical and accident report forms to insurance companies, my employer, or any other agency deemed appropriate by YMCA Camp Menogyn.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_