

# REGISTRATION FEES

MEMBER	NONMEMBER	CIT FEE	PRE & POST CAMP WEEKLY FEE
First Child/Additional Child Weekly Fees (Includes Trip) \$107/\$97	First Child/Additional Child Weekly Fees (Includes Trip) \$127/\$117	Weekly Fees (Includes Trip) \$55 member /\$75 nonmember T-shirt Fee = \$35	\$10 member \$15 nonmember

## CIRCLE CAMP AND PRE AND POST CAMP CHOICES

CAMP WEEK	1	2	3	4	5	6	7	8	9	10	11
PRE & POST	1	2	3	4	5	6	7	8	9	10	11
Camper Name _____	T-Shirt Size YS (6-8) YM (10-12) YL (14-16) AS AM AL XL										

Balance Due on Monday of Camp Week. **REGISTRATION BEGINS APRIL 1, 2016**  
(Spots are limited) Weeks can be reserved with a \$20.00 deposit/per week.

## MIAMI COUNTY YMCA PHOTO RELEASE

Model's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give the Miami County YMCA the absolute and irrevocable right and permission, with respect to the photographs that have been taken of me or in which I may be included with others.

- A. To copyright the same in the Miami County YMCA's name or any other name that the Miami County YMCA may choose.
- B. To Use, re-use, publish, and re-publish the name, in whole or part, individually, or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but no by way of limitation) illustration, promotion and advertising and trade, television and multimedia.
- C. To use my name in conjunction therewith if the Miami County YMCA chooses.

I hereby release and discharge the Miami County YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of Miami County YMCA.

I hereby certify that I am the parent or guardian of the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her or them.

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_ *Signature of Witness*

# FOR PARENTS

### WHAT TO BRING?

**Daily Needs:** Sack Lunch, suitable clothing, swim suit, towel, sunscreen, insect lotion, change of clothing.

**Optional Needs:** Swim goggles, aqua socks/sandals, sunglasses, "Trip Day" money.

### PRE & POST CAMP

For Parents' convenience, our State Licensed Child Care is available to all campers, at an additional fee. Campers will participate in supervised, informal activities, such as games, crafts, fellowship, and other educational activities.

**A Day Camp Orientation Meeting Must be attended to participate in Pre and/or Post Camp!**

### DAY CAMP ORIENTATIONS

Day Camp Orientation Meetings will be held for anyone needing information on our summer activities and for all Pre-camp and Post-camp Participants.

**Dates and Times:** May 12 - 6:00 pm - Robinson  
May 19 - 6:00 pm - Piqua

### SHIRTS

All campers will receive a 2016 Miami County YMCA Summer Day Camp T-Shirt. T-Shirts **MUST** be worn on all "Trip of the Week" days.

### YOUTH MEMBERSHIP

Children who learn the value of a healthy body, mind and spirit at an early age usually continue that life-style in their later years. A membership gives your child the chance to participate in an endless array of programs at a considerable savings! It also provides the opportunity for youth to participate in youth sports leagues, swim or gymnastics programs and open gym and swim times. Don't put it off, a youth membership almost guarantees a memorable year for your child and an economical one for you.

### SPONSORSHIPS

Ask your YMCA Director about the required form needed.

### CONTACT INFORMATION

For more information covering this year's program, please contact Jaime Hull at 440-9622.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

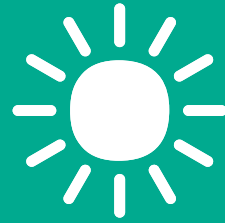
# A SUMMER OF FRIENDSHIP

## SUMMER DAY CAMP MIAMI COUNTY YMCA



# SUMMER DAY CAMP

For Boys and Girls in grades 1-3 & 4-6



## DAY CAMP CONCEPT

Summer Camp provides boys and girls an opportunity to enjoy themselves and make new friends in an outdoor/camp atmosphere. A variety of activities will be offered including swimming, hiking, arts and crafts, sports, nature studies, and more.

## DAY CAMP PROGRAM

During activities, campers will be broken into groups based on their grade in school. First through third graders will focus on activities involving arts & crafts and physical activity (sports, games, etc.). Fourth through sixth graders will focus on leadership building activities and physical activity. Groups will also combine for large camp activities.

Each week will have a different theme, ensuring a variety of activities at camp. Parents will receive a calendar at the beginning of each week which includes daily activities, swim time, upcoming overnights, and the "trip of the week"

## COUNSELOR IN TRAINING (CIT) PROGRAM

The CIT Program is designed for youth in grades seven and up. This program gives these youth a chance to take a leadership role during camp, helping counselors with supervision within their groups and with running camp activities. Many CITs go on later to become Counselors themselves. Potential participants must meet with the Day Camp Director, Jaime Hull, before registering.

## CAMP STAFF

Our staff is chosen for their experience, leadership skills, strong Christian character and enthusiasm for working with children.

## A TYPICAL DAY CAMP SCHEDULE

*6:30-9:00am	Pre-Camp (State Licensed Child Care) Must complete YMCA Child Care paperwork before attending (Pre/Post)
9:00am	Day Campers load the bus and will be driven to one of the following: 1. An area park, camp or nature preserve for outdoor camp activities. 2. The "Trip of the Week"
12:00pm	LUNCH
12:30-3:30	Outdoor activities, swimming, sports games...
4:00pm	Camp Closes - Camp ends at 6:00pm on Trip Day
*4:00-6:00pm	Post-Camp (State Licensed Child Care) * Piqua Branch Only. Robinson Branch is 9:00am-4:00pm only. Anyone needing Pre/Post Camp MUST drop-off / pick-up at Piqua Branch. In case of severe weather, camp activities may be changed.

## DROP-OFF / PICK-UP

This camp will offer drop-off/pick-up at both the Piqua Branch and Robinson Branch, unless extended care is needed.

# 2016 CAMP SESSIONS

You need not be a camper to participate in these exciting adventures. Please contact director for prices and availability for trip of the week.

1. June 6-10 | Columbus Zoo (June 9)
2. June 13-17 | Coney Island (June 16)
3. June 20-24 | COSI (June 23)
4. June 27-July 1 | Beach Water Park (June 30)
5. July 5-8 | Cincinnati Zoo (July 7)
6. July 11-15 | Kings Island (July 14)
7. July 18-22 | Camp Willson Overnight (July 21)
8. July 25-29 | Zoombezi Bay Water Park (July 28)
9. August 1-5 | Cincinnati Reds Baseball (August 4)
10. August 8-12 | Cedar Point (August 11)
11. August 15-19 | Cincinnati Museum at Union Terminal (August 18)

Please Check on Departure and Return Times.

Weeks can be reserved with a \$20.00 non-refundable/non-transferrable deposit. This deposit can be applied toward that weeks balance ONLY.

# REGISTRATION FORM

ALL AREAS MUST BE COMPLETED BEFORE REGISTRATION IS ACCEPTED

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Parent/Guardian (Spouse) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer/Address \_\_\_\_\_ Phone \_\_\_\_\_

Second Parent or Guardian or Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer/Address \_\_\_\_\_ Phone \_\_\_\_\_

If not available in emergency, Notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immunization Record: Enter Month/Year of each Immunization

DPT 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

TD

Polio 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Measles, Mumps, Rubella - Usually Combined as MMR \_\_\_\_ If separate: Measles \_\_\_\_ Mumps \_\_\_\_ Rubella \_\_\_\_

Tetanus (Date of last immunization) \_\_\_\_\_ HIB \_\_\_\_ TB test \_\_\_\_

Name of Physician or Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist or Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Health Record

1. Describe any current health conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_
2. List all allergies and any special precautions and treatment indicated for these allergies (ie. Foods, Medications, or Environmental) \_\_\_\_\_
3. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child: \_\_\_\_\_
4. List any chronic physical problems, diseases and any history of hospitalization: \_\_\_\_\_

(Special form must be completed for administration of prescribed medication by camp staff)

### Important - This Box Must be Completed for Attendance\*

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby Give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the Physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed form may be photocopied for the trips out of camp.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Minor \_\_\_\_\_

\*If for religious reasons you cannot sign, then the camp should be contacted for a legal waiver which must be signed for attendance.