

Bryan Family YMCA Summer Camp Policies

An 'authorization to give medication form' **MUST** be completed by the parent (guardian) if your child requires medication to be administered while at the program. Medicine **MUST** be in the original container. Please give specific written instructions regarding dosage of any medicine.

If your child has any the following, you need keep him or her home from camp (or you will be required to pick your child up):

- 1- **Temperature of 100° or more.**
- 2 - **Any Contagious Illness**
- 3 - **Vomiting and / or Diarrhea.**

All children need to be picked up from camp **no later than 6:00 PM**. For every 10 minutes your child is picked up after 6:00 PM, there will be a **\$10 late fee per child**.

Full Payment must be made the **Friday BEFORE the week(s)** your child (ren) is attending, or there will be a **\$10 late fee** applied per child to that week's balance. If payment is not recieved by **7:00 AM the following Monday**, your child(ren) will not be permitted to attend that week or any future weeks until that balance is paid in full.

PROGRAM COSTS & REGISTRATION:

Camp Hours: Monday through Friday, 7:30am—6:00 pm

Weekly Costs:

YMCA Members: \$105 week
Non-Members: \$130 week

Registration Fee: \$30 for 1st child and
\$15 for each additional child
(not included in weekly cost)

In Addition To: \$15 deposit per week / per child
(included in weekly cost)

Please Note: The registration fee of \$30 and a \$15 deposit per week per child is due upon registration of your child(ren) for the summer camp program.

Weekly balances are due the Friday before each week of camp.

Parent / Guardian is responsible for balance due of each week registered unless a 7 day's written notice of cancellation has been received by the YMCA.

Deposit(s) are non-refundable & non-transferable.

Please note there is a \$20 service charge on all returned checks

Our Mission: To put Judeo-Christian values into practice through programs that build a healthy spirit, mind, and body for all.



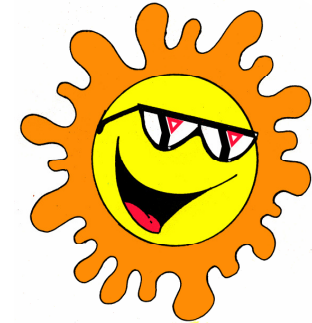
Bryan Family YMCA
501 W. Market Street
Greensboro, NC 27401
336-478-9622

Bryan Family YMCA SUMMER DAY CAMP

ARTS & CRAFTS!

SWIMMING

CHARACTER
BUILDING!



SPORTS & GAMES!

FIELD TRIPS!

AND MUCH,
MUCH

For Children Ages 5-12

5-year old children must have completed Kindergarten to be eligible for the program.

SUMMER 2009

*A Summer to remember for
Friends, Fun, and Adventure!!*

Enroll your child(ren) for a summer day camp experience they will never forget!

The Bryan Family YMCA Summer Camp Staff strives to encourage caring, honesty, respect and responsibility while creating a safe and fun atmosphere for your child.

For more info. please call the BRYAN FAMILY YMCA at 478-9622 or check us out on the web at www.bryanymca.org

Weekly Dates / Themes

<i>Week 1 – June 15—19</i>	SHARED PLANET!
<i>Week 2 - June 22—26</i>	MUSICAL MANIA!
<i>Week 3 - June 29—July 3rd</i>	AMERICAN HEROES!
<i>Week 4 - July 6th—10th</i>	THE 'PLAY' IS THE THING!
<i>Week 5 - July 13th—17th</i>	NATURE UNLEASHED!
<i>Week 6 - July 20th—24th</i>	ART IS FOR EVERYONE!
<i>Week 7 - July 27th—31st</i>	CINEMAGIC!
<i>Week 8 - August 3rd—7th</i>	WILD WORLD OF SPORTS!
<i>Week 9 - August 10th—14th</i>	MAD SCIENCE!
<i>Week 10 - August 17th—21st</i>	WATER WARS!

****THEMES MAY OR MAY NOT NECESSARILY COINCIDE WITH SCHEDULED FIELD TRIPS**

Important Information:

- ◆ Your child will have swim time at the pool every day of the week, except on some days of field trips or other special events. Please be sure to have your child(ren) bring a swimsuit and towel with them each day. All children will be swim tested weekly to determine their swimming ability. Non-swimmers are encouraged to bring a lifejacket for use in the pool. If you are unable to provide a lifejacket for a non-swimming child, a community lifejacket will be provided for use in the pool.
- ◆ Be sure to have your child(ren) bring a packed lunch, 2 snacks, and 2 drinks every day. Lunches and snacks can be refrigerated, but not cooked or re-heated.
- ◆ Be sure to clearly label all your child(ren)'s belongings.
- ◆ Balance of each week's payment is due on the **FRIDAY BEFORE** your child(ren) will be attending. You may pay in advance for future weeks you have your child registered for. **Please note that you are required to give a 7 days written notice in order to cancel a week your child(ren) is registered for. If you do so, you will not be responsible for the week you cancelled, but please note the deposit is non-refundable and non-transferable.**
- ◆ Please be sure to have your child bring sun block and a hat or visor for protection from sun exposure during the day.
- ◆ The YMCA encourages an atmosphere of caring, honesty, respect, and responsibility. Any inappropriate behavior or repeated disciplinary action may result in your child being dismissed from the program for a day, week, or even the remainder of the summer.

Important Phone Numbers:

James Wright, Program Director 478-9634



Bryan Family YMCA Summer Day Camp Registration and Parent/Guardian Waiver & Permission

Weeks Registering For: 1 2 3 4 5 6 7 8 9 10 (Please circle all weeks you wish to register for)

Child's Name: _____ DOB: ____/____/____ Age: ____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____ Gender: M / F
 Name(s) of Parent(s) / Guardian(s): EMAIL: _____
 Mother: _____ (H) _____ (W) _____ (C) _____
 Father: _____ (H) _____ (W) _____ (C) _____
 Other Emergency Contact: (Authorized to pick up your child(ren))
 Name: _____ (H) _____ (W) _____ (C) _____

Request for Permission: I, the above youth's parent/guardian, hereby register my child to participate in the Bryan Family YMCA Summer Camp Program.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in participation of activities during the summer program. I understand that my child will be under supervision and direction of a staff person. I agree that my child is to follow the instructions of his/her counselor at all times in order to avoid injury to my child. However, I acknowledge and understand that injuries may and do occur. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in the summer camp program.

Release: In consideration of the Branch allowing my child to participate in the summer camp program activities, I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the branch, the YMCA of Greensboro, and their respective volunteers, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits, or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities.

Photographs: Photographs may occasionally be taken of the children during the summer camp program. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child.
Parent / Guardian Initials: _____

Parents are responsible for providing transportation for their child to and from the summer camp program.

Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in the summer program activities for which she has been registered. In addition, I understand that in the case of the illness or injury of my child, the branch will notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at the time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials to obtain the necessary medical care and/or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment. If your child has any allergies, asthmatic conditions or the like which the Branch should be aware of, please list: _____

Name of Insurance Company: _____ **Insurance Policy Number:** _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification form with full knowledge of its contents on this date: _____/_____/_____

Parent / Guardian Signature

Print Parent / Guardian Name