

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## **Defiance Area YMCA**



# Camp Dates and Themes

Please check the box of the camp you will be attending

June 5th-9th Superheroes
June 19th-23rd Ooey Gooey
June 26th-30th Lego
July 10th-14th Splish Splash
July 17th-21st Dodgeball
July 31st-August 4th Disney/Nickelodeon

### **Attention Members:**

All children listed on your Family Membership receive one FREE week of Day Camp (ages 7-13) **OR** one FREE week of KinderCamp (ages 5-7 see separate flyer at the front desk)!

**Registration:** Begins February 13th for all camps

Ages: 7-13 years

Cost: \$75 Member/\$110 Nonmember

Where: All camps will be held at the YMCA

**Time:** 8:30am-3:30pm Monday-Friday (Drop off and pick up at Youth Center)



- Payment due at registration. May register by phone or at front desk.
- All campers must be registered the Wednesday prior to attending.
- Medical form must be signed and completed by the Wednesday prior to attending.

Child's Name:		Date of Birth	l:			•
Parent's Name:		Phone:				
Address:	City:		_ State:	Zip:		
Email Address:						ı
School Name:		Gender:			Age:	<u>.</u>



#### Hello Everyone!

I am Alicia Rakes, the Day Camp Director, and on behalf of all us here, welcome to the Defiance Area YMCA Day Camp Summer 2017!!! We are very excited to have you all joining us. This summer promises to be a stimulating and entertaining time for us all. Be prepared to play strong, laugh hard, and make new friends!

To make for a fun and successful camp for your camper, please read through the list below!

**CAMPER DROP OFF/PICK UP:** We at the Defiance Area YMCA take our responsibility for the welfare of your child very seriously. Please fill out the Pick-up Authorization Form so that we make sure the campers are going home with the correct people! All individuals picking up a child must present a current PHOTO ID EVERYDAY matching their name as it appears on the approved pick-up list provided by the parent/quardian. Drop off and pick up will be at the Youth Center each day.

**CAMPER LUNCH/SNACKS:** You are required to provide a bag lunch each day. We will provide refrigeration and fresh drinking water throughout the day, as well as an afternoon snack.

**EQUIPMENT:** Please do not allow your campers to bring items of value to camp. We cannot be responsible for lost, misplaced, stolen or damaged items or money. Please mark all campers' belongings with their last name. Please remember cell phones and other electronic devices are not permitted at camp.

**WHAT TO BRING:** Pack a lunch every day! We will provide an afternoon snack. Bring spray on sunscreen with your kid OR spray the sunscreen on before dropping off you're your kid for the day. Please be sure to provide a swimsuit and towel, as we will be swimming every day! Please bring a filled water bottle every day, as we will be playing quite a bit and want to stay hydrated!

**SCHEDULE:** Camp will run Monday thru Friday from 8:30am-3:30pm daily. There will be NO overnighters during duration of the camps.

**HEALTH FORMS:** Your campers' health and safety is our utmost priority. That being said, please be sure to fill out and return the Health Form so that we can safely treat your camper if any illness or injury arise.

If you have any questions, or concerns, please feel free to contact me at 419-784-4747. Thank you, and we are looking forward to exciting summer with you!!

Alicia Rakes
Day Camp Director
Defiance Area YMCA



# YMCA DAY CAMPS

### LIABILITY FORM

I understand the physical activities which my child may participate in at the YMCA, include but may not be limited to swimming, hiking, and playing sports. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child's presence in a YMCA facility or on account of my child's involvement in any activity at a YMCA facility whether caused by negligence of the YMCA, of another person on the premises or at the sponsored activity.

Signature of	f Parent/guardian	

### **PHOTO RELEASE**

I give consent for my child's photographs and/or video to be used for the promo	tion an	ıd
publicity of the Defiance Area YMCA.		

es No Si	gnature of Parent/quardian	
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#### **DAILY ESSENTIALS**

A packed lunch

Swim suit and towel

Water bottle

Dressed for physical activity and appropriate for the weather.

Wear tennis shoes!

Any medications that are needed.

#### **DO NOT BRING**

Cell phones or any other electronic devices.

Money

No flip flops except for pool use only

We are not responsible for any lost or stolen items. Bring only what you need.



## **DEFIANCE AREA YMCA**

# Day Camp Health Form

Camper's name	Birth date
Nick name	Sex Age
Parent or Guardian	Phone
Home address	
If parent is not available, in an emergency notif	·y:
	Phone
Name/Relation	Area/Number
<b>Parent's Authorization</b> — The health history is herein described has permission to engage in all premises. In the event that I cannot be reached permission to the physician selected by the Definition proper treatment for and to order injection and child as named above.	II described camp activities on and off d in an emergency, I hereby give Fiance Area YMCA to hospitalize, secure
Parent/Guardian's Signature	Date
☐ Please mark this box if you DO NOT wish to property you camper. Please note: By marking this box yactivities.  Health History for Child To be completed by property or the complete or th	our camper may be limited in their daily
1. Does your child have any significant allergies	
Hay Fever Bee Stings Insects P  Medicines If Yes, what are they?	Poison Ivy Foods Others
2. Have they been exposed to any communicabl for developing during their camp stay? If so, wh	e disease to which they may be at risk
3. Are there any health reasons which would lin	nit your child's ability to participate in

4. Do they take any medicines r	egularly? Yes	No			
Medications being taken at comphysician. Please list ALL medic drugs) taken routinely. Please in dosages that exceed the recomposition of by a physician or will not be that is not in its properly labeled be in the original packaging/bot physician, the name of the med prescription date, expiration date after lunch or snack.	ations (including one of over the countries over the countries over the countries over the countries over the that identifies ication, the dosage	ver the counter or ter or nonprescrip er the manufactur prescription medi tle-NO EXCEPTION the camper's nam e, route, and times	nonprescription tion medication er MUST be signed cation will be given NS! Prescriptions must e, the prescribing s of administration,		
MEDICATION	DOSAGE	TIMES	RECEIVED		
1					
2.					
3					
4					
Signature of Authorized F	Prescriber	Г	Date		
5. Date of last tetanus shot					
6. Is your child covered by a Family Medical/Hospital Insurance YES NO					
Is pre-authorization required	d before treatme	nt? YES NO			
Insurance Carrier	Policy/	Group number			
PHOTOCOPY OF THE FRONT AND BACK OF THE INSURANCE CARD MUST BE ATTACHED TO THIS FORM.					
7. Name of family physician		Phone			
Please note that all medical expenses incurred because of your child's illness/injury while at camp are the parents/guardians responsibility. The Defiance Area YMCA does not submit medical insurance forms for your child.					
8. Is your child attending an Ohio School?					
YES Name of School					
NO Please provide com	nlete vaccination i	ecord.			