



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Defiance Area YMCA

BEST TIME EVER!
BEST. SUMMER. EVER.



Camp Dates and Themes

Please check the box of the camp you will be attending

- June 5th-9th Superheroes
- June 19th-23rd Ooey Gooy
- 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)

SUMMER DAY CAMP

- **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: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

School Name: _____ Gender: _____ Age: _____



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/guardian. 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 overnights 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 Parent/guardian _____

PHOTO RELEASE

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

Yes No Signature of Parent/guardian _____

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 notify:

_____ Phone _____

Name/Relation

Area/Number

Parent's Authorization– The health history is correct so far as I know and the person herein described has permission to engage in all described camp activities on and off premises. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Defiance Area YMCA to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian's Signature _____ Date _____

Please mark this box if you DO NOT wish to permit camp staff to apply Sunscreen to you camper. Please note: By marking this box your camper may be limited in their daily activities.

Health History for Child To be completed by parent.

1. Does your child have any significant allergies?

Hay Fever ___ Bee Stings ___ Insects ___ Poison Ivy ___ Foods ___ Others _____

Medicines ___ If Yes, what are they? _____

2. Have they been exposed to any communicable disease to which they may be at risk for developing during their camp stay? If so, when

3. Are there any health reasons which would limit your child's ability to participate in any activities?

4. Do they take any medicines regularly? Yes _____ No _____

Medications being taken at camp– This section must be signed off by the prescribing physician. Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Please note over the counter or nonprescription medication dosages that exceed the recommended dosages per the manufacturer **MUST** be signed off by a physician or will not be administered. No prescription medication will be given that is not in its properly labeled prescription bottle-**NO EXCEPTIONS!** Prescriptions must be in the original packaging/bottle that identifies the camper's name, the prescribing physician, the name of the medication, the dosage, route, and times of administration, prescription date, expiration date, and conditions for storage. Camp administration times are after lunch or snack.

MEDICATION	DOSAGE	TIMES	RECEIVED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I certify that these medications have been prescribed for the above listed individual:

_____ _____
Signature of Authorized Prescriber Date

5. Date of last tetanus shot _____

6. Is your child covered by a Family Medical/Hospital Insurance YES ___ NO ___

Is pre-authorization required before treatment? 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 complete vaccination record.

-END-