



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FIND THE MAGIC IN WINTER!

YMCA Winter Break Camp 2020
December 21st-23rd & December 28th-30th



Experience the magic at Winter Break Camp as children have the opportunity to participate in themed activities, stir up their imagination, go swimming, and make new friends. Campers will have fun just being a kid in a safe and encouraging environment.

Traditional Camp

Ages: 5-11 Years Old

Time: 7:30am-6:00pm

Daily Rate: \$45 Member or \$75 Non-Member

3 Day Rate: \$130 Member or \$220 Non-Member

Sports Camp

Ages: 5-11 Years Old

Time: 9:00am -2:00pm

Daily Rate: \$50 Member or \$80 Non-Member

3 Day Rate: \$145 Member or \$235 Non-Member

Special Needs Camp

Ages: 5-22 Years Old

Time: 7:30am-6:00pm

Daily Rate: \$45 Member or \$75 Non-Member

3 Day Rate: \$130 Member or \$220 Non-Member

Intake Interview required prior to registration

Aqua Camp (Week 1 ONLY)

Ages: 5-11 Years Old

Time: 9:00am -2:00pm

Daily Rate: \$50 Member or \$80 Non-Member

3 Day Rate: \$145 Member or \$235 Non-Member

Teen Camp

Ages: 12-16 Years Old

Time: 7:30am-6:00pm

Daily Rate: \$45 Member or \$75 Non-Member

3 Day Rate: \$130 Member or \$220 Non-Member

Peter Blum Family YMCA

• 6631 Palmetto Circe South • Boca Raton, FL 33433 • 561-395-9622 •

Peter Blum Family YMCA Winter Break Camp 2020 Registration Form

Choose Your Camp: Traditional _____ Sports _____ Aqua _____ Special Needs _____ Teen _____

Choose Date/s: Dec 21 ___ Dec 22 ___ Dec 23 ___ All 3 Days ___
(No Aqua) Dec 28 ___ Dec 29 ___ Dec 30 ___ All 3 Days ___

****Sports & Aquatic Camp only run from 9am-2pm, there is NO AM or PM Extended Care****

Childs Information:

<i>Child's Last Name</i>	<i>First Name</i>	<i>M.I</i>	<i>Date of Birth</i>	<i>Age</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Parent/Guardian Name

Primary Number

Secondary Number

E-Mail Address (recommended for program updates)

Emergency Medical Treatment: I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the YMCA of South Florida to obtain medical treatment.

Parent/Guardian Signature: _____ Day Time Phone: _____

Family Physician/Clinic: _____ Phone: _____

Insurance Company: _____ ID# _____ Group# _____

Preferred Hospital: _____

Authorization to Remove Child:

Father: Yes ___ No ___ Mother: Yes ___ No ___

(If "NO", please provide documentation stating such.)

Emergency Contacts and Pick Up: (Parent/Guardian and any other person to whom your child may be released and/or may be contacted in case of an emergency)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

ACTIVITY RESTRICTIONS (I.E. WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY.) **ALLERGIES?**

BEHAVIOR, PHYSICAL, EMOTIONAL & MENTAL HEALTH. **DOES YOUR CHILD HAVE AN IEP? (INDIVIDUALIZED EDUCATION PLAN)**

Please provide us with information about your child's behavior, physical, emotional, and mental health about which the camp staff should be aware. Your feedback helps us to fulfill our goal in creating an environment that provides optimal support for each and every camper.

Agreement & Release of Liability Statement

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand, and expressly acknowledge, that when my child attends the YMCA premises, he/she does so at his/her own risk. I release the YMCA and its staff members, its directors, officers and agents from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, offices, members, agents, representatives and guests. I have read this form and grant permission for my child, _____ to participate in all activities provided by the YMCA of Boca Raton. I authorize the staff of the YMCA of Boca Raton, or appropriate medical personnel, to administer emergency medical treatment to my child. I also understand that I am solely responsible for all costs incurred for such treatment. I will permit my child to attend field trips and swimming lessons within the YMCA programs. I have read and am voluntarily signing this authorization and release. I also give my permission for photographs of my child to be used in YMCA brochures, flyers, videos and to be released to the news media.

Parent/Guardian Signature

Date