



# 2017 YMCA SUMMER DAY CAMP

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

YMCA Member  Non Member  E-mail \_\_\_\_\_

**NOTE: There is a one time, non-refundable \$25 registration fee per child required to secure your spot. The registration fee covers all camps and includes a t-shirt. Day Camp and Platte Camps require a \$20 non-refundable deposit per child per week.**

## SUMMER DAY CAMPS

### CHOOSE YOUR CAMP AND LOCATION:

Ages 5-12 (Must have attended Kindergarten)

Deposit (non-refundable): \$20 per child per week

All camps run Monday-Friday, except on the noted holidays

9:00-4:00 pm

Extended Care offered for no additional cost (7:00-9:00am & 4:00-6:00pm)

- |  |  |
|--|--|
| <input type="checkbox"/> Armbrust YMCA       | <input type="checkbox"/> Sarpy YMCA                |
| <input type="checkbox"/> Downtown YMCA       | <input type="checkbox"/> South YMCA Program Center |
| <input type="checkbox"/> Council Bluffs YMCA | <input type="checkbox"/> Southwest YMCA            |
| <input type="checkbox"/> Maple Street YMCA   | <input type="checkbox"/> Twin Rivers YMCA          |
| <input type="checkbox"/> Mills County YMCA   |  |

Member: \$140/week; 2 children-\$265/week; 3 children-\$390/week  
Non member: \$175/week; 2 children-\$325/week; 3 children-\$480/week

\*Weeks prorated due to holidays:

Member: \$112/week; 2 children-\$212/week; 3 children-\$312/week  
Non member: \$140/week; 2 children-\$260/week; 3 children-\$384/week

### CHOOSE YOUR WEEKS:

Please check the weeks that apply and selected extended care.

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> May 30-June 2* (No program May 29th)         | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 5-9                                     | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 12-16                                   | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 19-23                                   | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 26-30                                   | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 3-7* (No program July 4th)              | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 10-14:                                  | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 17-21                                   | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 24-28                                   | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 31-August 4                             | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> August 7-11                                  | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> August 14-18 (Council Bluffs & Mills County) | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> August 21-23 (Council Bluffs & Mills County) | <input type="checkbox"/> Before | <input type="checkbox"/> After |

## PRESCHOOL SUMMER DAY CAMP

Sarpy YMCA: Ages 4-5

All Day Preschool Camps: 9:00am-4:00pm

Extended Care offered for no additional cost (7:00-9:00am & 4:00-6:00pm)

All camps run Monday-Friday, except on the noted holidays

Member: \$145/week; 2 children-\$270/week; 3 children-\$395/week

Non member: \$180/week; 2 children-\$330/week; 3 children-\$485/week

\*Weeks prorated due to holidays:

Member: \$116/week; 2 children-\$216/week; 3 children-\$316/week

Non member: \$144/week; 2 children-\$264/week; 3 children-\$388/week

**CHOOSE YOUR WEEKS: Please check the weeks that apply and selected extended care.**

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> May 30-June 2* (No program May 29th) | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 5-9                             | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 12-16                           | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 19-23                           | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> June 26-30                           | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 3-7* (No program July 4th)      | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 10-14:                          | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 17-21                           | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 24-28                           | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> July 31-August 4                     | <input type="checkbox"/> Before | <input type="checkbox"/> After |
| <input type="checkbox"/> August 7-11                          | <input type="checkbox"/> Before | <input type="checkbox"/> After |

Refer to the 2017 Summer Camp Guide to find our weekly themes!

Scholarships are available to those in need of financial assistance. Please ask your YMCA for more information.

# YOUTH SPECIALTY CAMPS

**FULL DAY** 9:00am-4:00pm (AD)

**HALF DAY** 9:00am-12:00pm or 1:00-4:00pm (listed in schedule as AM or PM) unless listed otherwise.

## CHOOSE YOUR CAMP AND LOCATION:

Check the box for the camp(s) your child will attend.

Check the box for extended care, before or after camp or both.

Refer to bottom chart for camp age requirements.

	ARMBRUST YMCA	SOUTHWEST YMCA	TWIN RIVERS YMCA	MAPLE STREET YMCA	DOWNTOWN YMCA	COUNCIL BLUFFS YMCA	SARPY YMCA	Before Camp Check YES	After Camp Check YES
<b>WEEK 1:</b> June 5-9		<input type="checkbox"/> Space Camp (AM) (6-8 yrs) <input type="checkbox"/> Space Camp (PM) (9-12 yrs)	<input type="checkbox"/> Fishing Camp (9:30-11:00am) (5-12 yrs)					<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 2:</b> June 12-16	<input type="checkbox"/> Hip Hop Dance Camp (AD)	<input type="checkbox"/> Forensic Fascination (PM) (9-12 years)	<input type="checkbox"/> Canoeing Camp (9:30-11:00am) (5-12 yrs)	<input type="checkbox"/> Soaring, The Magic Flight (AM) (6-8yrs) (no extended care) <input type="checkbox"/> Soaring, The Magic Flight (PM) (9-12yrs) (no extended care)			<input type="checkbox"/> Everyday Engineers (AM)(6-8yrs) <input type="checkbox"/> Everyday Engineers (PM) (9-12 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 3:</b> June 19-23		<input type="checkbox"/> Soaring, The Magic Flight (AM) (6-8 yrs) <input type="checkbox"/> Soaring, The Magic Flight (PM) (9-12 yrs)	<input type="checkbox"/> Dance Camp (5:00-6:00pm) (5-12 yrs) <input type="checkbox"/> Everyday Engineers (PM) (9-12 yrs)		<input type="checkbox"/> Hip Hop Dance Camp (PM) (5-12yrs)	<input type="checkbox"/> Space Camp (AM) (6-8 yrs) <input type="checkbox"/> Space Camp (PM) (9-12 yrs)		<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 4:</b> June 26-30	<input type="checkbox"/> Space Camp (AM) (6-8 yrs) <input type="checkbox"/> Space Camp (PM) (9-12 yrs)	<input type="checkbox"/> Everyday Engineers (AM) (6-8 yrs) <input type="checkbox"/> Everyday Engineers (PM) (9-12 yrs)	<input type="checkbox"/> Fishing Camp (9:30-11:00am) (5-12 yrs)			<input type="checkbox"/> Hip Hop Dance Camp (AM)	<input type="checkbox"/> Soaring, The Magic Flight (AM) (6-8 yrs) <input type="checkbox"/> Soaring, The Magic Flight (PM) (9-12 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 5:</b> July 10-14		<input type="checkbox"/> Hip Hop Dance Camp (AD)	<input type="checkbox"/> Fishing Camp (9:30-11:00am) (5-12 yrs) <input type="checkbox"/> Dance Camp (5:00-6:00pm) (5-12 yrs) (no extended care)	<input type="checkbox"/> Space Camp (AM) (6-8 yrs) (no extended care) <input type="checkbox"/> Space Camp (PM) (9-12 yrs) (no extended care)		<input type="checkbox"/> Soaring, The Magic Flight (AM) (6-8 yrs) <input type="checkbox"/> Soaring, The Magic Flight (PM) (9-12 yrs)		<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 6:</b> July 17-21	<input type="checkbox"/> Soaring, The Magic Flight (AM) (6-8 yrs) <input type="checkbox"/> Soaring, The Magic Flight (PM) (9-12 yrs)		<input type="checkbox"/> Space Camp (PM) (6-8 yrs)					<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 7:</b> July 24-28		<input type="checkbox"/> Creative Writing (8-12 yrs) (AM) <input type="checkbox"/> Basketball Camp (PM) (6-12 yrs)	<input type="checkbox"/> Canoeing Camp (9:30-11:00am) (5-12 yrs) (no extended care)		<input type="checkbox"/> Hip Hop Dance Camp (PM) (5-12yrs)		<input type="checkbox"/> Forensic Fascination (AM) (9-12 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 8:</b> July 31 - August 4		<input type="checkbox"/> Baseball Camp (AM) (6-12 yrs)	<input type="checkbox"/> Fishing Camp (9:30-11:00am) (5-12 yrs) <input type="checkbox"/> Soaring, The Magic Flight (PM) (6-8 yrs)	<input type="checkbox"/> Hip Hop Dance Camp (AD)		<input type="checkbox"/> Everyday Engineers (AM)(6-8yrs) <input type="checkbox"/> Everyday Engineers (PM) (9-12 yrs)		<input type="checkbox"/>	<input type="checkbox"/>
<b>WEEK 9:</b> Aug. 7-11		<input type="checkbox"/> Water Week (AD) (6-12 yrs)	<input type="checkbox"/> Canoeing Camp (9:30-11:00am) (5-12)					<input type="checkbox"/>	<input type="checkbox"/>

**HALF FULL DAY DAY**

## COST PER WEEK

Water Week Camp (6-12 years)	Member: \$200/wk	Non member: \$250/wk
Hip Hop Dance Camp	Member: \$100/wk	Non member: \$125/wk
Forensic Fascination: Whodunit (9-12 years)	Member: \$150/wk	Non member: \$175/wk
Soaring: The Magic Flight (6-8 or 9-12 years)	Member: \$150/wk	Non member: \$175/wk
Everyday Engineers (6-8 or 9-12 years)	Member: \$150/wk	Non member: \$175/wk
Space Camp (6-8 or 9-12 years)	Member: \$150/wk	Non member: \$175/wk
Fishing Camp (5-12 years)	Member: \$45/wk	Non member: \$65/wk
Hip Hop Dance Camp (5-12 years)	Member: \$50/wk	Non member: \$75/wk
Baseball Camp (6-12 years)	Member: \$150/wk	Non member: \$175/wk
Canoeing Camp (5-12 years)	Member: \$45/wk	Non member: \$65/wk
Dance Camp (5-12 years)	Member: \$45/wk	Non member: \$65/wk
Basketball Camp (6-12 years)	Member: \$150/wk	Non member: \$175/wk
Creative Writing Camp (8-12 years)	Member: \$150/wk	Non member: \$175/wk

**Extended Care is offered for your convenience.**  
**Before care for morning camps, After care for afternoon, and both before & after for full day camps.**  
 \*Extended Care is not available for all camps

Before Camp: 7:00-9:00am  
 Member: \$20/week  
 Non member: \$35/week

After Camp: 4:00-6:00pm  
 Member: \$20/week  
 Non member: \$35/week

## PRESCHOOL MINI CAMPS

### CHOOSE YOUR CAMP AND LOCATION:

Ages 3-5

All Morning Preschool Camps: 9:30-11:30 am

#### Monday/Wednesday:

- Armbrust YMCA
- Council Bluffs YMCA
- Maple Street YMCA
- Sarpy YMCA
- Southwest YMCA

Member: \$24/week Non member: \$35/week

#### Tuesday/Thursday:

- Armbrust YMCA
- Council Bluffs YMCA
- Maple Street YMCA
- Sarpy YMCA
- Southwest YMCA

Member: \$24/week Non member: \$35/week

### CHOOSE YOUR WEEKS:

May 30-June 2\*  
(No M/W camp)

June 5-9

June 12-16

June 19-23

June 26-30

July 3-7\* (No T/Th camp)

July 10-14

July 17-21

July 24-28

July 31-August 4

August 7-11

## PRESCHOOL AFTERNOON SPECIALTY CAMPS Located at the Southwest YMCA - just for preschoolers!

Ages 3-5

Southwest YMCA

Monday-Friday - 1:00-3:00 pm

Member: \$40/week

Non member: \$60/week

**Tumbling**

June 12-16  July 10-14

**Dance**

June 19-23  July 17-21

**Sports of All Sorts**

June 26-30  July 24-28

## TEEN CAMPS

### Leaders In Training (13-14 years)

Training Course Times - 9:00 am-12:00 pm

- Downtown YMCA (May 31-June 2)
  - Southwest YMCA - Westwood Church (July 5-7)
- Training Fee: \$50/teen (includes 2 t-shirts)

LITs will complete training and then will be placed at location of choice for the remainder of the week.

### Counselors In Training (15-17 years)

Training Course Times - 9:00 am-4:00 pm

- Downtown YMCA (May 31-June 2)
  - Southwest YMCA - Westwood Church (July 5-7)
- Training Fee: \$50/teen (includes 2 t-shirts)

CITs will complete training and then will be placed at location of choice for the remainder of the week.

### Youth Volunteer Corp (11-18 years)

- South YMCA Program Center

Monthly Member Fee: \$60/month

Monthly Non member Fee: \$75/month

Registration Fee: \$25

## YMCA CAMP PLATTE

### COST PER WEEK

Nature Buddies (6-7 years)	Member: \$200	Non member: \$225
Wilderness Pals (8-12 years)	Member: \$200	Non member: \$225
Riders (8-12 years)	Member: \$220	Non member: \$240
Shooting Sports Camp (10-15 years)	Member: \$220	Non member: \$240
Optional: YMCA After Care (4:00-6:00 pm)	Member \$20/wk	Nonmember \$35/wk

### Deposit

To secure a spot for YMCA Camp Platte, a \$20 per child/week non-refundable deposit is required.

### CHOOSE YOUR WEEKS: Please check the weeks that apply.

Weeks	Theme (You must select one)				
June 5-9	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care
June 12-16	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care
June 19-23	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care
June 26-30	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care
July 10-14	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care
July 17-21*	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders		<input type="checkbox"/> After Care
July 24-28	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care
July 31-August 4	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp	<input type="checkbox"/> After Care

### Camp Platte Bus Stop Schedule (Please check which bus stops you plan on using)

Week	Southwest	Armbrust	Maple Street	Sarpy
June 5-9	<input type="checkbox"/>	<input type="checkbox"/>		
June 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 19-23	<input type="checkbox"/>	<input type="checkbox"/>		
June 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 10-14	<input type="checkbox"/>	<input type="checkbox"/>		
July 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 24-29	<input type="checkbox"/>	<input type="checkbox"/>		
July 31-Aug 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# REQUIRED INFORMATION

ANY KNOWN ALLERGIES? \_\_\_\_\_

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? \_\_\_\_\_

ANY ACTIVITIES YOUR CHILD MAY NOT ENGAGE IN? \_\_\_\_\_

ANYONE UNAUTHORIZED TO PICK UP OR VISIT? \_\_\_\_\_

FIRST AND LAST NAME

## CHILD INFORMATION & HEALTH FORM

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade going into \_\_\_\_\_

### Family's Annual Income

- Under \$10,000
- \$10,000 - \$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 and over
- Unknown

### Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

### Race

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

How did you hear about us? \_\_\_\_\_

Mother's (or Guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's DOB \_\_\_\_\_ (We must have this to register your child)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Father's (or Guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's DOB \_\_\_\_\_ (We must have this to register your child)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:**

(Please list names in order you would like them to be called)

A. \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

B. \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

C. \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_



**Authorized person(s) to take child from site:**

(You MUST list anyone who may pick up your child, including parents or guardians and emergency contacts)

A. \_\_\_\_\_ Relation to child \_\_\_\_\_

B. \_\_\_\_\_ Relation to child \_\_\_\_\_

C. \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is NOT authorized to pick-up or see child.

**GENERAL HEALTH QUESTIONS**

Medication, if any: \_\_\_\_\_ Possible side effects: \_\_\_\_\_

Will this medication be taken while he/she is at Summer Day Camp?  Yes  No

Please note, it is the parent's responsibility to supply the staff with the medication paperwork and directions.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? \_\_\_\_\_

Any special devices used (glasses, hearing aids, crutches, etc.)? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Names and ages of child's brothers and sisters: \_\_\_\_\_

Does your child have any fears we should be aware of? (insects, water, heights, animals, etc.) \_\_\_\_\_

Has any event occurred that could cause an emotional concern that we should be aware of? (Death in the family, divorce, etc.?) \_\_\_\_\_

Any known intolerance to food, insect bites/stings, or other factors that result in medical reaction? Please provide us with clear instructions in the event of an exposure to the factor. \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. \_\_\_\_\_ at \_\_\_\_\_

PREFERRED HOSPITAL ADDRESS

PHONE

or the nearest hospital for emergency medical treatment of \_\_\_\_\_

CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

**CONVENIENT AUTOMATIC PAYMENT OPTIONS:** We offer convenient automatic payments. Payment will be drafted 3 days prior to the camp start date. If you would like automatic payments please check the credit card or bank draft option and fill out the information below.

### EFT/BANK DRAFT

- Please use the account the YMCA has on file. Please be ready to verify this information at the time of registration.
- I will provide my account information at the time of registration. Account type, checking or savings, routing number and account number will be needed.

### DEBIT/CREDIT CARD DRAFT

Card Type (check one):  Visa  Mastercard  American Express  Discover

- Please use the account the YMCA has on file. Last 4 Numbers of Credit Card: \_\_\_\_\_
- I will provide my credit card information at the time of registration.

**PAYMENT AGREEMENT:** Weekly payment is due on the Friday before the start of each week. Payment is due in full and your child cannot attend camp until we have received your payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FEES

- The non-refundable registration fee(s), non-refundable deposit fee(s) and weekly fee(s) are due prior to your child's participation in Summer Day Camp and YMCA Camp Platte.
  - The registration fee is a one-time \$25 administrative fee.
  - A minimum non-refundable \$20 deposit per child is required to secure each week's registration. Deposits must accompany the registration form. **The remaining weekly fee is due prior to the week(s) for which your child is attending.**
  - All weeks are filled on a first-come, first-served basis.
  - You are responsible for all fees associated with each week for which your child is registered.
  - Other activities will be offered throughout the summer for an additional fee.
  - In order to receive the YMCA member fee for Summer Day Camp, the participant(s) must be a YMCA member for the entire summer.
- If I have a copay, or if my state assistance authorization expires, I understand I am responsible for any outstanding fees.

Signature \_\_\_\_\_

### I'D LIKE TO SPONSOR A YOUTH WITH A CAMPSHIP

Many of our campers attend Summer Day Camp each week on scholarships. We could not provide this to these families without help from people like you. Make a difference for a child & family in need.

By checking this box, I give the YMCA permission to add \$\_\_\_\_\_ to my payment for a one-time tax deductible contribution to the Strong Communities Campaign.

## MEDICATION PERMISSION AND COMPETENCY

I \_\_\_\_\_ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

**Parent Signature:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

### Parent/Guardian Permission (check all that apply)

- My child has permission to swim during camp.
- My child has permission to swim in the deep end. Swimming ability: Non-Swimmer  Fair  Good   
**Child must pass a deepwater test prior to being allowed to swim in the deep end each day.**
- I give my child permission to participate in field trips during camp. **Field Trips will include both walking and bus transportation.**
- I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education.

**Signature**

\_\_\_\_\_

# TRANSPORTATION RELEASE

**Parent or guardian:** This form must be completed entirely as a necessary prerequisite for participation in transportation services. The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

**THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.**

**THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.**

**THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/ or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.**

**THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.**

**I HAVE READ THIS RELEASE (Parent and/or Guardian)**

\_\_\_\_\_ Printed name of participant  
(First, Middle, Last, Suffix (Jr./Sr./II/III))

\_\_\_\_\_ Signature of parent or guardian

\_\_\_\_\_ Date of signature

\_\_\_\_\_ Other names used by parent or guardian  
(Maiden/Previous Married/Alias/Nicknames)



## CAMP PLATTE TRAIL RELEASE

By signing my name at the bottom of this Release, for and in consideration of the opportunity to ride a horse provided by this state park, I agree to pay for this ride and further agree as follows:

- 1) That I know and understand that this horse riding activity is a walking ride only (no galloping) and involves specific risks of property damage or personal injury or death to me or to my minor child arising from approaching, handling, mounting, riding, and dismounting the horse and from observing or participating in this activity; that I know and understand that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fight which is likewise, is an inherent risk assumed by a horseback rider.
- 2) That I hereby release and forever discharge the State of Nebraska, its agents, and employees all present and future claims arising from personal injury or property damage sustained by me or by my minor children during the use of the horse, and I shall assume all risk related to horseback riding.
- 3) That I waive my right to file and promise not to file any legal proceedings against the State of Nebraska, its agents, or employees for any personal injury or property damage sustained by me or my minor children during this activity; and I shall pay all costs and attorney's fee from any legal proceeding which I may bring contrary to this agreement and which is resolved in favor of the State of Nebraska, its agents, or employees.
- 4) That I sign this Release Agreement for and in consideration of the agreed price, and I hereby request the State of Nebraska, its agents or employees to chose for me and my minor children a horse for the purpose of riding, same knowing that the Sate of Nebraska, its agents, or employees are relying upon this Release Agreement and the information that I have given to them concerning my experience and that of my minor children with horses, including the potential hazards involved.
- 5) That I have read the foregoing release and sign it freely with full knowledge of its meaning and content.
- 6) No double riding.
- 7) No one under the age of 8 years old may ride.
- 8) No refunds for any reasons.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_