



# 2018 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

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

Member: \$145/week; 2 children-\$275/week; 3 children-\$405/week  
Non member: \$180/week; 2 children-\$345/week; 3 children-\$510/week

\*Weeks prorated due to holidays:

Member: \$116/week; 2 children-\$217/week; 3 children-\$318/week  
Non member: \$144/week; 2 children-\$273/week; 3 children-\$402/week

### CHOOSE YOUR WEEKS:

Please check the weeks that apply.

- May 29-June 1\* (No program May 28th) ..... Welcoming Week
- June 4-8..... Under the Sea
- June 11-15..... Camp ROCKS!
- June 18-22..... Gameshow Mania
- June 25-29..... Survive It!
- July 2-6\* (No program July 4th)..... Hometown Heroes
- July 9-13..... Backyard Bash
- July 16-20..... Show Us Your Y Spirit
- July 23-27..... Summer Fiesta
- July 30-August 3..... Y Leaders
- August 6-10..... Y Leaders Pick the Theme!
- August 13-17 (Council Bluffs & Mills County)..... Welcoming Week

## PRESCHOOL SUMMER DAY CAMP

Sarpy YMCA: Ages 4-5 (Not yet attended Kindergarten.)

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

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

Member: \$145/week; 2 children-\$275/week; 3 children-\$405/week  
Non member: \$180/week; 2 children-\$345/week; 3 children-\$510/week

\*Weeks prorated due to holidays:

Member: \$116/week; 2 children-\$217/week; 3 children-\$318/week  
Non member: \$144/week; 2 children-\$273/week; 3 children-\$402/week

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

- May 29-June 1\* (No program May 28th)
- June 4-8
- June 11-15
- June 18-22
- June 25-29
- July 2-6\* (No program July 4th)
- July 9-13:
- July 16-20
- July 23-27
- July 30-August 3
- August 6-10

Refer to the 2018 Summer Camp Guide to find more information!

### Scholarship Opportunities

Scholarships are available to those in need of financial assistance. Child Care Subsidy is accepted at all locations except for Armbrust and Southwest and specialty camps. Scholarship is given after Child Care Subsidy options have been denied.

Please complete the financial aid application (available at the Welcome Center) and return with your Child Care Subsidy denial letter. Scholarships are awarded on a first come, first serve basis within the resources of the Y.

## SPECIALTY CAMPS

Armbrust YMCA, Southwest YMCA, Sarpy YMCA

### HALF DAY CAMPS

Member: \$125/week; Non member: \$150

### FULL DAY CAMPS

Member: \$200/week; Non member: \$250

	ARMBRUST YMCA	SOUTHWEST YMCA	SARPY YMCA
<b>WEEK 3:</b> June 11-15	<b>Hip Hop Dance Camp:</b> <input type="checkbox"/> 9:00 am-12:00 pm (ages 5-9) <input type="checkbox"/> 1:00-4:00 pm (ages 10-12)	<b>HomeRUN Baseball Camp:</b> <input type="checkbox"/> 9:00 am-4:00 pm (ages 7-9)	
<b>WEEK 4:</b> June 18-22		<b>Dragons, Fairytales &amp; Princess Camp:</b> <input type="checkbox"/> 9:00 am-4:00 pm (ages 6-8) <b>Healthy Habits Camp:</b> <input type="checkbox"/> 1:00-4:00 pm (ages 10-14)	<b>Babysitting Certification Camp:</b> <input type="checkbox"/> 9:00 am-12:00 pm (ages 10-13)
<b>WEEK 5:</b> June 25-29	<b>Babysitting Certification Camp:</b> <input type="checkbox"/> 9:00 am-12:00 pm (ages 10-13)	<b>Dance &amp; Cheer Camp:</b> <input type="checkbox"/> 9:00 am-4:00 pm (ages 7-12)	
<b>WEEK 6:</b> July 2-6 *No camp July 4			
<b>WEEK 7:</b> July 9-13	<b>Healthy Habits Camp:</b> <input type="checkbox"/> 1:00-4:00 pm (ages 10-14)	<b>Amusement FUN Camp:</b> <input type="checkbox"/> 9:00 am-4:00 pm (ages 9-12)	
<b>WEEK 8:</b> July 16-20		<b>Discover Adventure Camp:</b> <input type="checkbox"/> 9:00 am-4:00 pm	<b>LEGO-mination Camp:</b> <input type="checkbox"/> 9:00 am-12:00 pm
<b>WEEK 9:</b> July 23-27	<b>Babysitting Certification Camp:</b> <input type="checkbox"/> 9:00 am-12:00 pm (ages 10-13)	<b>Mindful Movements Camp:</b> <input type="checkbox"/> 1:00-4:00 pm	

## PRESCHOOL MINI CAMPS

SARPY YMCA

Ages 3-5

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

Member: \$27/week

Non member: \$40/week

### CHOOSE YOUR WEEKS:

May 29-June 1\* (No program May 28th)

June 4-8

June 11-15

June 18-22

June 25-29

July 2-6\* (No program July 4th)

July 9-13:

July 16-20

July 23-27

July 30-August 3

August 6-10

### CHOOSE YOUR DAYS & TIME: (Specify for multiple weeks)

Monday/Wednesday 9:30-11:30am

Tuesday/Thursday 9:30-11:30am

## TEEN CAMPS

### Junior Leaders Camp (12-16 years)

Training Course Location: Downtown YMCA

May 12 - 9:00am-12:00pm

May 19 - 9:00am-5:00pm

Training Fee: \$50/teen (includes 2 t-shirts)

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

Weekly Fee: \$25/week

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

Volunteers can choose which projects to participate in throughout the summer based on their availability and interest.

\$60 Yearly Registration Fee

## STEM AT THE YMCA CAMPS

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

### STEM CAMP RATES

#### MEMBER:

\$120/one camp • \$200/two camps\*

#### NON MEMBER:

\$140/one camp • \$220/two camps\*

\*Two camps in one week at one location

No registration fee for STEM camps.

#### Charles E. Lakin YMCA

June 18-22	6 <sup>th</sup> -8 <sup>th</sup> grades	<input type="checkbox"/> 9:00 am-12:30 pm Everyday Engineers	<input type="checkbox"/> 1:00-3:30 pm Forensic Fascination
July 9-13	Kindergarten-2 <sup>nd</sup> grades	<input type="checkbox"/> 9:00 am-12:30 pm The Magic of Flight	<input type="checkbox"/> 1:00-3:30 pm Everyday Engineers
July 16-20	3 <sup>rd</sup> -5 <sup>th</sup> grades	<input type="checkbox"/> 9:00 am-12:30 pm Everyday Engineers	<input type="checkbox"/> 1:00-3:30 pm Forensic Fascination

#### Location TBD - Near the Sarpy YMCA

June 11-15	3 <sup>rd</sup> -5 <sup>th</sup> grades	<input type="checkbox"/> 9:00 am-12:30 pm Everyday Engineers	<input type="checkbox"/> 1:00-3:30 pm Forensic Fascination
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#### Location TBD - Neart the Armbrust YMCA

June 25-29	3 <sup>rd</sup> -5 <sup>th</sup> grades	<input type="checkbox"/> 9:00 am-12:30 pm Everyday Engineers	<input type="checkbox"/> 1:00-3:30 pm Forensic Fascination
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## YMCA CAMP PLATTE

### COST PER WEEK

Nature Buddies (6-7 years)	Member: \$215	Non member: \$240
Wilderness Pals (8-12 years)	Member: \$215	Non member: \$240
Riders (8-12 years)	Member: \$235	Non member: \$260
Shooting Sports Camp (10-15 years)	Member: \$225	Non member: \$250

### 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 4-8	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
June 11-15	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
June 18-22	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
June 25-29	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 9-13	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 16-20	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 23-27	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 30-August 3	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp

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

Week	Southwest	Armbrust	Maple Street	Sarpy
June 4-8	<input type="checkbox"/>	<input type="checkbox"/>		
June 11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 18-22	<input type="checkbox"/>	<input type="checkbox"/>		
June 25-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 9-13	<input type="checkbox"/>	<input type="checkbox"/>		
July 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 23-27	<input type="checkbox"/>	<input type="checkbox"/>		
July 30-Aug 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# REGISTRATION INFORMATION

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 \_\_\_\_\_

### 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

# CHILD INFORMATION & HEALTH FORM

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

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

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

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

**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

**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 AGREEMENT

**Scheduled Payments:** Weekly Payments must be scheduled at time of registration. Payments will be withdrawn automatically 3 days prior to the camp start date.

### DEBIT/CREDIT CARD INFORMATION

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

Last 4 of credit card \_\_\_\_\_ (Card must be presented at time of registration)

Please use the account the YMCA has on file. Last 4 of credit card \_\_\_\_\_

#### Please note:

Returned payments will be assessed a \$10 return payment fee and may be electronically collected. Camp Fees not collected will be referred to an outside collection agency.

**Child Care Subsidy:** Families who receive State Assistance will be responsible for all unpaid fees, copays, or fees if authorization expires. Proof of Authorization must be provided to YMCA before child can be registered for Camp. Copays are due at the beginning of each month.

**Attendance:** I understand I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made .

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

- The registration fee is a one time \$25 administrative fee. Only one registration fee per camper will be collected.
- A non-refundable \$20 deposit per child/per week is required to secure your child's spot at time of registration. The remaining weekly fee is due 3 days prior to the week of camp your child is attending.
- Registration fee and deposits are non-refundable.
- You are responsible for all fees associated with each week your child is registered, even if they do not attend.
- All weeks are filled on a first come, first serve basis.
- Other activities will be offered throughout the summer for an additional fee.

### I'D LIKE TO SPONSOR A KID 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 EVERY 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: \_\_\_\_\_