

YGYMNASTICS DAY CAMP

Gymnastics Day Camp (includes rock climbing*)

Circle Days/Dates that apply:

Friday, October 30
09OCT-1GMDAY10/30

Tuesday, December 29
09DEC-1GMDAY12/29

Monday, March 29
10MAR-1GMDAY3/29

Wednesday, November 25
09NOV-1GMDAY11/25

Wednesday, December 30
09DEC-1GMDAY12/30

Tuesday, March 30
10MAR-1GMDAY3/30

Monday, December 21
09DEC-1GMDAY12/21

Monday, January 18
10JAN-1GMDAY1/18

Wednesday, March 31
10MARR-1GMDAY3/31

Tuesday, December 22
09DEC-1GMDAY12/22

Tuesday, January 19
10JAN-1GMDAY1/19

Thursday, April 1
10APR-1GMDAY4/1

Wednesday, December 23
09DEC-1GMDAY12/23

Monday, February 15
10FEB-1GMDAY2/15

Monday, December 28
09DEC-1GMDAY12/28

Friday, March 26
10MAR-1GMDAY3/26

*All Campers will do 30 minutes of rock climbing.

Check if applies: Early care 7 am - 9 am add \$2.00/day Late care 5 pm - 6 pm add \$2.00/day

Check one:

COST: YMCA Member \$24.00 /day x _____ days = \$ _____ + \$ _____ early/late care = \$ _____

COST: YMCA Non-mbr \$36.00 /day x _____ days = \$ _____ + \$ _____ early/late care = \$ _____

Participant's Name _____ Birthdate _____

Grade _____ School _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ e-mail _____

Parent's Names _____

Father's Work Phone # _____ Mother's Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Medical Information

Does your child have any allergies? Y / N List: _____

Does your child have emotional/physical problems that our staff should be aware of: Y / N
List: _____

Can she/he swim? Y / N Does he/she need a Floatie: Y / N

Medications taken on a regular basis? _____

Emergency Contacts:

Name _____ Phone # _____

Name _____ Phone # _____

Authorized person's able to pick up my child:

Please list person's authorized to pick up your child. *NOTE: We will not release your child to anyone who is not listed on this form. If BOTH parents are listed, that indicates to us that either parent is authorized to pick up your child unless noted. Please let us know of any changes; for any changes please notify the director in writing. Authorized people must show photo I.D.

Name: _____ **Relationship:** _____

Address: _____ **City:** _____

Phone # _____ **Cell #** _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____

Phone # _____ **Cell #** _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____

Phone # _____ **Cell #** _____

I understand the Venice YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry medical insurance for my child.

Health Insurance Information:

Insurance Company: _____ **Policy #** _____

Family Doctor: _____ **Phone #** _____

Dentist: _____ **Phone #** _____

Release/Authorization for Medical Treatment:

I accept all risks incidental to YMCA program activities and do hereby release the YMCA, its officers and instructors from all liability. I understand that I am responsible for carrying my own primary accident insurance. If my child should become ill or be injured at a YMCA program, I understand that the facility will try to contact me immediately and contact the persons I have designated if I cannot be reached. Should the facility be unable to reach me or the designated persons, I give my permission for the YMCA to arrange for immediate emergency treatment. The medical facility is authorized to administer emergency medical treatment necessary to insure the safety of my child.

Parent's Signature _____ **Date** _____