



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL'S OUT THE Y IS IN

Holiday Camp **YMCA OF THE CAPITAL AREA**

During the Holidays, your child can enjoy arts & crafts, sports, games, swimming and other fun activities at the YMCA Holiday Camps. Holiday Camp is open to children ages 4 (must be enrolled in Pre-K) to 12.

HOLIDAY CAMP SCHEDULE:

March 4 & 6 (Mardi Gras)

April 19-26 (Americana YMCA)

April 22-26 (Spring Break)

TIME: 7:00AM-6:00PM

DAILY FEES:

PRE-REGISTER RATE:

Member - \$25 per day

Program Participant - \$35 per day

DAY-OF RATE:

Member- \$40 per day

Program Participant-\$50

WHAT TO BRING:

2 snacks, 3 drinks, a lunch, a towel, swim clothes and wear closed toed shoes.

Register at the Y or online at ymcabr.org





FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARTICIPANT INFORMATION:

Child's Name: _____ Gender: M/F
Address: _____ Zip: _____
Phone: _____ Age: _____
DOB: ____/____/____ School: _____ Grade: _____
E-Mail: _____
Mother/Guardian Name: _____
Cell Phone: _____ E-Mail: _____
Father/Guardian Name: _____
Cell Phone: _____ E-Mail: _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Individuals authorized to pick up my child are: (provide first and last name and phone number)

*If a parent is not allowed to pick up, we must have a copy of court documentation.

Allergies: _____

Past or Present Medical History:

Prescribed medications to be administered while attending camp: _____

RELEASE:

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose myself or my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident to myself and/or to my child and I am unable to respond or be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself and/or my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of myself and/or my child for promotional purposes of the YMCA. I have read and understand the above information and therefore grant myself and/or my child permission to participate in this YMCA Program in accordance with the conditions set forth above.

Signature of Participant/Parent/Guardian: _____

Date: _____

The Y is non-profit, community service organization, with a focus on strengthening the community through program that focus on youth development, healthy living and social responsibility.