

DATES
THEMES
EVENTS

SUMMER CAMP 2017



WELCOME TO CAMP!

The Y's groundbreaking camp programs emphasize fun while helping kids close the achievement gap. In our program, we also teach values and wellness, while reducing stress on busy families. It's a winning formula that gives kids the wrap-around support and mentoring they need to thrive, all summer long!

We offer camp Monday-Friday starting May 30 and ending on August 4th. Field trips will be every Friday. Camp will be closed on Tuesday, July 4th. Marion County schools start August 10, 2017. Separate Day Camps will be offered on August 7th, 8th and 9th. Welcome to camp! We can't wait for Summer!



Week #1: May 30-June 2

Aloha Summer
Field Trip TBA

Week #2: June 5-9

Dancing thru the 80's
Crayola Experience

Week #3: June 12-16

Treasure Hunters
Field Trip TBA

Week #4: June 19-23

Get In the Game
Celebrity Mascot Games

Week #5: June 26-30

Superhero
Movies

Week #6: July 3-7*

America the Beautiful
Bowling (*July 4-Holiday no camp)

Week #7: July 10-14

Medieval Madness
On-site Archery

Week #8: July 17-21

Rainforest Adventure
Alexander Springs

Week #9: July 23-28

Land of Imagination
Wonderworks

Week #10: July 31-Aug 4

Best of the Best
No field trip

YMCA SUMMER CAMP INFORMATION

DATES:

Tuesday May 30 through
Friday August 4

CAMP DAYS/HOURS:

Monday-Friday, 6:45am-6pm

PROGRAM FEES:

Members: \$120/wk

Non-Members: \$160/wk

Registration Fee: \$25

(Non-Refundable)

REGISTRATION:

Starts March 20th

**REGISTER
TODAY
FOR CAMP**

**SUMMER CAMP
2017**



How to complete your Frank DeLuca YMCA Family Center registration

Please follow the steps to complete your registration. One form is required for each camper.

- 1. Complete all pages of the registration form**
- 2. You'll need a check or money order for your first week, plus the \$25 non-refundable registration fee**
- 3. Choose the weeks to register for camp. Field trips are every Friday.**
- 4. Use the Weekly Themes sheet to indicate which weeks you plan to register for. Payments for future weeks are due the Wednesday prior to that week. A \$20 late fee is charged for late payments.**
- 5. Bring your registration packet to the Frank DeLuca YMCA.**
- 6. Drop off your registration packet at the front desk for processing. Please note that we cannot hold spots without a full payment for your first week of camp and the registration fee.**
- 7. Any future weeks we cannot hold spots without full payment.**

Questions? Email us at jcraig@cfymca.org

Registration Checklist:

- Completed Registration Form**
- Completed Authorization for Camper Release and waivers**
- Check/Money Order for Registration Fee (\$25)**
- Check/Money Order for First Week (\$120 Members and \$160 Non-Members)**

DATES
THEMES
FIELD TRIPS

SUMMER CAMP
2017



Week #1: May 30-June 2

Aloha Summer!
Field Trip TBA

It's time to party on the beach! We'll be splashing our way through the first week of Summer and then take a trip to ??

Week #2: June 5 - 9

Dancing thru the 80's
Crayola Experience

Back to the 80's! Learn to dance and relive the 80's fun and adventures. We are taking a trip to **Crayola Experience** in Orlando!

Week #3: June 12 - 16

Treasure Hunters
Field Trip TBA

All Aboard for a week of pirates and captains; ships and shores; and sharks and minnows! We'll explore the seven seas, hunt for treasure and find the gold!

Week #4: June 19 - 23

Get in the Game
Celebrity Mascot Games

Think you got what it takes to get on the field? This week is for all our Olympians, Athletes and Hall-of-Famers! We'll be learning new sports every day and staying active all week. We will travel to Orlando for the Celebrity Mascot Games!

Week #5: June 26 - 30

Superheroes
Movies

You've been chosen! Your skills are needed at our Superhero Training Program! This is a whole week of super powers and super fun! We'll even have a trip to the Movies!

Week #6: July 3 - 7*

American the Beautiful
Bowling

Discover what makes America Beautiful! Celebrate the Birthday of our Country through songs, skits and games!
*July 4 - There will be no camp due to Holiday.

Week #7: July 10 - 14

Medieval Madness
Wonderworks

We are going back in time to the land of dragons, knights and princess! Join us for a fabulous week of exploring castles and fighting dragons. Learn the skill of archery!

Week #8: July 17 - 21

Rainforest Adventure
Alexander Springs

It's time to go on an adventure through the rainforest. We will meet many animals, learn about their habitat and what makes the rainforest so important to our environment.

Week #9: July 23 - 28

Land of Imagination
Wonderworks

We will be on a crazy adventure all week, exploring all the mysterious make-believe worlds we can find! Field trip to Wonderworks!

Week #10: July 31 - Aug 4

Best of the Best
No field trip.

It's a Summer Rewind! We re-live all the best days of Summer in one week-long highlight reel!



SUMMER CAMP 2017 REGISTRATION FORM

- ___ Week #1
- ___ Week #2
- ___ Week #3
- ___ Week #4
- ___ Week #5
- ___ Week #6
- ___ Week #7
- ___ Week #8
- ___ Week #9
- ___ Week #10

CAMP LOCATION: _____

2016-2017 Grade: _____

2017-2018 Grade: _____

If you are a parent of a child with special needs requesting accommodations, an additional application is required

CAMPER'S INFORMATION:

First Name: _____ MI: _____ Last: _____

Gender: BOY GIRL DOB: ___/___/___ Age: _____

Current School Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Camper T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

How many years have you previously attended YMCA Camps? _____

PARENT/ GUARDIAN'S INFORMATION:

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Legal Guardian? YES NO

Address (if different than above): _____

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Legal Guardian? YES NO

Address (if different than above): _____

EMERGENCY CONTACTS:

Authorization to release child from program: Mother: YES NO Father: YES NO

**If NO, documentation must be provided at time of registration.*

Persons other than Parent/ Guardian who can be contacted in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Camp Location: _____

Camper Name: _____

Parent/Guardian: _____

SUMMER CAMP

2017 REGISTRATION FORM

MEDICAL RELEASE & HISTORY:

Health Statement: (to be completed by Parent/ Guardian and/or Medical Doctor.)

YES

NO

Respiratory problems - Asthma, persistent cough, etc.

Heart problems - High / low blood pressure, chest pain, etc.

Kidney, Stomach, Gall Bladder or Liver problems

Diabetes, hypoglycemia

Recent fractures, illness, exposure to contagious disease, etc.

Eye, ear, nose or throat problems - Skin disease

Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.

Nervous disorders - Epilepsy, convulsions, dizziness, etc.

Emotional disorders - Frequent anxiety, excessive fears, etc.

Any hospitalization in the last two years?

Do you have any physically limiting conditions?

Do you currently take medication?

The participant WILL be bringing medication to programs and activities

Explanations: _____

ALLERGIES: List all known,

Describe reaction and management of reaction.

Medical allergies:

Food allergies:

Emergency Medical Treatment: I understand that every effort will be made to contact the parent(s) or guardian(s) of student(s). If this is not possible, I hereby authorize the YMCA of Central Florida to obtain medical treatment.

Parent/ Guardian Signature: _____ **Daytime Phone:** _____

Family Physician/ Clinic: _____ **Location:** _____ **Phone:** _____

_____ **Insurance Company:** _____ **Policy #:** _____

ACCOMMODATION CLAUSE:

The YMCA of Central Florida does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. This holds true for all students who are interested in participating in any YMCA of Central Florida program.

Camp Location: _____

Camper Name: _____

Parent/Guardian: _____

SUMMER CAMP

2017 REGISTRATION FORM

AUTHORIZATION FOR CAMPER RELEASE:

Including yourself and any other legal guardians, please list all persons authorized to remove your child from the YMCA Camp Program. Include the name and contact number for each person.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give authorization to the above individuals to remove my child from the YMCA Camp Program. _____

WAIVER:

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation in camp is a privilege, and I release the YMCA of Central Florida, its agents, contract services and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of an emergency. The YMCA of Central Florida reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of camp, program, staff and/or other campers. I give my permission to the YMCA of Central Florida to use my/my child's image or voice for the purposes of promoting or interpreting YMCA of Central Florida programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or object (according to Parent Handbook and/or that may cause harm to self or others) may be present. I understand that damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave camp. No refunds or prorates will be given.

I hereby give permission for my child to be transported to and from any and all scheduled field trips: _____ Initial

I have received the parent handbook for the camp my child is attending. I understand and agree to abide by all the policies stated within. _____ Initial

I understand that no credits will be given for day's missed, late arrival or early departure during any YMCA of Central Florida Camp Program. _____ Initial

I understand that each camp may have additional registration material and that it is my responsibility to obtain, complete and turn in these materials. _____ Initial

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

YMCA of Central Florida Mission Statement:

The purpose of this Association is to improve the lives of all in Central Florida by connecting individuals, families, and communities with opportunities based on Christian values that strengthen Spirit, Mind, and Body.