

Summer Day Camp

For Boys and Girls in grades 1 - 6

DAY CAMP CONCEPT

Summer Camp provides boys and girls an opportunity to enjoy themselves and make new friends in an outdoor/camp atmosphere. A variety of activities will be offered including swimming, hiking, arts and crafts, sports, nature studies, fishing, bowling and more.

DAY CAMP PROGRAM

Summer Day Camp will have a different theme each week, ensuring a variety of activities at camp. Parents will receive a calendar at the beginning of each week which includes daily activities, swim time, overnights and the "trip of the week."

CAMP STAFF

Our staff is chosen for their experience, leadership skills, strong Christian character and enthusiasm for working with children.

DROP-OFF / PICK-UP

This camp will offer drop-off/pick-up at both the Piqua Branch and Robinson Branch, unless extended care is needed.

A Typical Day Camp Schedule

* 6:30-9:00 a.m.	Pre-Camp (State Licensed Child Care)
9:00 a.m.	Day Campers load the bus and will be driven to one of the following: <ol style="list-style-type: none"> 1. An area park, camp or nature preserve for outdoor camp activities. 2. The "Trip of the Week."
12:00 p.m.	LUNCH
12:30-3:30 p.m.	Outdoor activities, swimming, sports, games...
4:00 p.m.	Camp Closes - Camp ends at 6:00 p.m. on Trip Day
* 4:00-6:00 p.m.	Post-Camp (State Licensed Child Care)

* **Piqua Branch Only.** Robinson Branch is 9:00 a.m.-4:00 p.m. only. Anyone needing Pre / Post Camp **MUST** drop-off / pick-up at Piqua Branch.

In case of severe weather, camp activities may be changed.

Parents

What To Bring?

Daily Needs: Sack Lunch, suitable clothing, swim suit, towel, sunscreen, insect lotion, change of clothing.

Optional Needs: Swim goggles, aqua socks/sandals, sunglasses, "Trip Day" money.

Pre & Post Camp

For Parents' convenience, our State Licensed Child Care is available to all campers, at an additional fee. Campers will participate in supervised, informal activities, such as games, crafts, fellowship, and other educational activities.

A Day Camp Orientation Meeting Must be attended to participate in Pre and/or Post Camp!

Day Camp Orientations

Day Camp Orientation Meetings will be held for anyone needing information on our summer activities and for all Pre-camp and Post-Camp Participants.

Dates and Times: May 19 - 6:30 p.m. - Robinson
May 20 - 6:30 p.m. - Piqua

Shirts

All campers will receive a 2009 Miami County YMCA Summer Day Camp T-Shirt. T-Shirts **MUST** be worn on all "Trip of the Week" days.

Youth Membership

Children who learn the value of a healthy body, mind and spirit at an early age usually continue that life-style in their later years. A membership gives your child the chance to participate in an endless array of programs at a considerable savings! It also provides the opportunity for youth to participate in youth sports leagues, swim or gymnastics programs and open gym and swim times. Don't put it off, a youth membership almost guarantees a memorable year for your child and an economical one for you.

Sponsorships

Ask your YMCA Director about the required form needed.

Contact Information

For more information covering this year's program, please contact Donn Craig at 778-5247.



ALL AREAS MUST BE COMPLETED BEFORE REGISTRATION IS ACCEPTED

Camper Name _____ Birthdate _____ Sex _____ Age _____

Parent/Guardian (Spouse) _____

Home Address _____ Phone _____

Email Adress _____

Employer/Address _____ Phone _____

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____

Employer/Address _____ Phone _____

If not available in emergency, Notify:

Name _____ Relation _____

Address _____ Phone _____

Immunization Record: Enter Month/Year of each Immunization

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

TD

Polio 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Measles, Mumps, Rubella - Usually Combined as MMR _____ If separate: Measles _____ Mumps _____ Rubella _____

Tetanus (Date of last immunization) _____ HIB _____ TB test _____

Name of Physician or Clinic _____

Address _____ City _____ Zip _____ Phone _____

Name of Dentist or Clinic _____

Address _____ City _____ Zip _____ Phone _____

HEALTH RECORD

1. Describe any current health conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

2. List all allergies and any special precautions and treatment indicated for these allergies (ie. Foods, Medications, or Environmental) _____

3. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child: _____

4. List any chronic physical problems, diseases and any history of hospitalization: _____

(Special form must be completed for administration of prescribed medication by camp staff)

Important - This Box Must be Completed for Attendance*

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopies for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Minor _____

*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.

REGISTRATION FORM



Miami County YMCA

Piqua Branch

223 West High Street
Piqua, Ohio 45356

Robinson Branch

3060 South County Road 25A
Troy, Ohio 45356

NON-PROFIT ORG
U.S. POSTAGE PAID
PIQUA, OHIO

PERMIT #350

YMCA Mission Statement

To put Christian principles into practice through programs that promote good health, strong families, youth leadership, community development, and international understanding.



Member
Piquarea United Fund

MIAMI COUNTY YMCA

YDAY CAMP™

We build strong kids, strong families, strong communities.



Registration Fees

Member	Non-member
First child/additional child	First child/additional child
Weekly Fees (Includes Trip)	Pre & Post Camp Weekly Fee
\$105.00/\$95.00 - \$125.00/\$115.00	\$10.00 - \$15.00

Circle Camp and Pre & Post Camp Choices

Week	1	2	3	4	5	6	7	8	9	10	11	12
Pre & Post	1	2	3	4	5	6	7	8	9	10	11	12

Camper Name _____ T-Shirt Size YM (10-12) YL (14-16) A S AM AL XL

Balance Due on Monday of Camp Week.
EARLY REGISTRATION BEGINS APRIL 6, 2009 (Must register for 5 weeks or more)
SINGLE WEEK REGISTRATION BEGINS APRIL 20, 2009
(Spots are limited) Weeks can be reserved with a \$20.00 deposit/per week.

Miami County YMCA Photo Release

Model's Name: _____ Date: _____

I hereby give the Miami County YMCA the absolute and irrevocable right and permission, with respect to the photographs that have been taken of me or in which I may be included with others.

- A. To copyright the same in the Miami County YMCA's name or any other name that the Miami County YMCA may choose.
- B. To Use, re-use, publish, and re-publish the name, in whole or part, individually, or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but no by way of limitation) illustration, promotion and advertising and trade, television and multimedia.
- C. To use my name in conjunction therewith if the Miami County YMCA chooses.

I hereby release and discharge the Miami County YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of Miami County YMCA.

I hereby certify that I am the parent or guardian of the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her or them.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Witnessed by: _____

Date: _____ *Signature Of Witness*

2009 Summer Camp Sessions

You need not be a camper to participate in these exciting adventures.
Please contact director for prices and availability.

Session Dates and Trips

1. **June 1-5**
Young's Jersey Dairy - Mini Golf (June 3)
Bowling (June 4)
2. **June 8-12**
Cincinnati's Coney Island (June 10)
3. **June 15-19**
Red's vs. Atlanta Braves (Thursday, June 18)
4. **June 22-26**
Zoombezi Bay (June 24)
5. **June 29-July 3**
Overnight Camp-out @ Indian Hills 4-H Camp (July 1-2)
6. **July 6-10**
Cincinnati Museum at Union Terminal (July 8)
Bowling (July 9)
7. **July 13-17**
Cedar Point Overnight @ Sandusky YMCA (July 15-16)

Session Dates and Trips

8. **July 20-24**
Columbus Zoo (July 22)
9. **July 27-31**
Beach Waterpark (July 29)
10. **August 3-7**
King's Island (August 5*)
*Late arrivals at Robinson - 10:30 pm / Piqua - 10:30 pm
11. **August 10-14**
COSI (August 12)
Bowling (August 13)
12. **August 17-21**
Splash Moraine (Thursday, August 20)

Please Check on Departure and Return Times.

Weeks can be reserved with a \$20.00 non-refundable/Non-transferrable deposit.
This deposit can be applied toward that weeks balance ONLY.

WEEKS & THEMES