



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHERE SUMMER HAPPENS

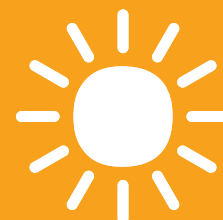
SUMMER DAY CAMP
MIAMI COUNTY YMCA



Member
Piquarea United Fund

SUMMER DAY CAMP

For Boys and Girls in grades 1-3 & 4-6



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, and more.

DAY CAMP PROGRAM

During activities, campers will be broken into groups based on their grade in school. First through third graders will focus on activities involving arts & crafts and physical activity (sports, games, etc.). Fourth through sixth graders will focus on leadership building activities and physical activity. Groups will also combine for large camp activities.

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

COUNSELOR IN TRAINING (CIT) PROGRAM

The CIT Program is designed for youth in grades seven and up. This program gives these youth a chance to take a leadership role during camp, helping counselors with supervision within their groups and with running camp activities. Many CITs go on later to become Counselors themselves. Potential participants must meet with the Day Camp Director, Jaime Hull, before registering.

CAMP STAFF

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

A TYPICAL DAY CAMP SCHEDULE

*6:30-9:00am	Pre-Camp (State Licensed Child Care) Must complete YMCA Child Care paperwork before attending (Pre/Post)
9:00am	Day Campers load the bus and will be driven to one of the following: 1. An area park, camp or nature preserve for outdoor camp activities. 2. The "Trip of the Week"
12:00pm	LUNCH
12:30-3:30	Outdoor activities, swimming, sports games...
4:00pm	Camp Closes - Camp ends at 6:00pm on Trip Day
*4:00-6:00pm	Post-Camp (State Licensed Child Care)

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

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

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.

2019 CAMP SESSIONS

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

1. June 3-7 Columbus Zoo (June 6)
2. June 10-14 Coney Island (June 13)
3. June 17-21 Swim Adventure/36 Skate (June 20)
4. June 24-28 Camp Willson Overnight (June 27)
5. July 1, 2, 3, 5 Beach Waterpark (July 3)
6. July 8-12 Kings Island (July 11)
7. July 15-19 COSI (July 18)
8. July 22-26 Cincinnati Zoo (July 25)
9. July 29-August 2 Cedar Point Overnight (August 1)
10. August 5-9 Zoombezi Bay (August 8)
11. August 12-16 EnterTRAINment Junction (August 15)

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.

REGISTRATION FORM

ALL AREAS MUST BE COMPLETED BEFORE REGISTRATION IS ACCEPTED

Camper Name _____ Birth date _____ Sex _____ Age _____ Grade _____

Parent/Guardian (Spouse) _____

Home Address _____ Phone _____

Email Address _____

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 (must be turned in to register)

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 that 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 form may be photocopied for the trips out of camp.

Signature of parent or guardian or adult camper/staffer

Parent/Guardian _____ 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, then the camp should be contacted for a legal waiver which must be signed for attendance.

REGISTRATION FEES

MEMBER	NONMEMBER	CIT FEE	PRE & POST CAMP WEEKLY FEE
First Child/Additional Child Weekly Fees (Includes Trip) \$110/\$100	First Child/Additional Child Weekly Fees (Includes Trip) \$130/\$120	Weekly Fees (Includes Trip) \$55 member /\$75 nonmember T-shirt Fee = \$35	\$10 member \$15 nonmember

CIRCLE CAMP AND PRE AND POST CAMP CHOICES

CAMP WEEK	1	2	3	4	5	6	7	8	9	10	11
PRE & POST	1	2	3	4	5	6	7	8	9	10	11

Camper Name _____ T-Shirt Size YS (6-8) YM (10-12) YL (14-16) AS AM AL XL

Balance Due on Monday of Camp Week. **REGISTRATION BEGINS APRIL 1, 2019**
(Spots are limited) Weeks can be reserved with a \$20.00 deposit/per week.

MIAMI COUNTY YMCA PHOTO RELEASE

Camper'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 name in conjunction there with 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*

FOR 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 13 - 6:00 pm - Robinson
May 15 - 6:00 pm - Piqua

SHIRTS

All campers will receive a 2019 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 Jaime Hull at 440-9622.