

YDAY CAMP™

We build strong kids, strong families, strong communities.

YMCA Day Camp, for children in **grades K-4** sets the stage for an unforgettable summer experience. Every child is given the opportunity to learn many new things ranging from nature activities, canoeing, fishing, games, crafts, swimming and more.

At the YMCA children work together in many activities which develop teamwork and leadership skills. In addition, children will gain an understanding of the YMCA's four Character Development Values of Caring, Honesty, Respect and Responsibility.

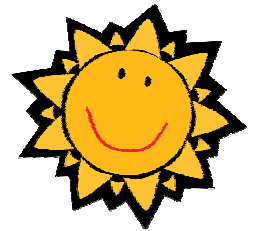
2009 Day Camp Dates & Themes

June 9-12	Krazy Kickoff
June 15-19	Animal Week
June 22-26	Back in time
June 29-July 3	Salute a Soldier
July 6-10	Sports of all sorts
July 13-17	Reality show week
July 20-24	Fun in the Sun
July 27-31	Water Week
August 3-7	YMCA Fair
August 10-14	Crafts Galore
August 17-21	Wacky Water
August 24-28	Summerpalooza
August 31-Sept. 4	Grand Finale Week

(themed weeks subject to change)

HOURS

Camp Hours: 7:30 a.m. – 6 p.m.



Flexible Options to fit your schedule!

	YMCA Member	Comm. Member
5-Day	\$123	\$150
3-Day	\$81	\$100
1-Day	\$29	\$37

Each camper must pay the one-time \$10 registration fee which includes a camp t-shirt.

Exploring the
Great Outdoors

Just a few of the Fun Adventures we'll go on!

- Camp Vanasek
- Area Parks & Beaches
- Paul Bunyan Nature Learning Center
- Parker Scout Reserve
- Paul Bunyan Land

An additional \$5 transportation fee is required for field trips (Typically scheduled on Tuesdays or Thursdays.)

Brainerd Family YMCA Summer Day Camp • 2009 Registration Form

Participant Information

Child's Name _____ Gender _____ Birthdate _____ Grade in fall 2009 _____

Parent/Guardian Name _____ E-mail address _____

Billing Address _____ City/State/Zip _____

Home Phone _____ This will be my child's _____ year at YMCA Day Camp or Summer Programs.

Payment Information This is a (check one): Deposit Full Payment Amount \$ _____ (Don't forget the \$10 registration fee)

Payment Method Check Enclosed Credit Card: Visa MC Discover Am Ex
 Name on Card _____

Card Number _____ Exp. Date _____

 I agree to pay above total amount according to card issuer agreement **X**

Dates	5 DAYS	3 DAYS	1 DAY	Field Trip Fee
June 9 -12	<input type="checkbox"/> \$100 Y Member <input type="checkbox"/> \$120 CM Member <i>special 4-day rate this week</i>	<input type="checkbox"/> \$80 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle T W TH F</i>	<input type="checkbox"/> \$28 Y Member <input type="checkbox"/> \$36 CM Member <i>please circle T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
June 15 – 19	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
June 22-26	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
June 29- July 3	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
July 6 – July 10	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
July 13-17	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
July 20-24	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
July 27-31	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
Aug 3-7	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
August 10-14	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
August 17-21	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
August 24-28	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)
August 31- Sept 4	<input type="checkbox"/> \$123 Y Member <input type="checkbox"/> \$150 CM Member	<input type="checkbox"/> \$81 Y Member <input type="checkbox"/> \$100 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$29 Y Member <input type="checkbox"/> \$37 CM Member <i>please circle M T W TH F</i>	<input type="checkbox"/> \$5 (If Applicable)

Each new registration must include the \$10 registration fee (one time fee), includes a camp t-shirt.

Brainerd Family YMCA • 2009 Summer Day Camp Emergency & Health Information Form

602 Oak Street • Brainerd MN 56401 • 218-829-4767 • Fax 218-829-4768

PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Date Completed _____

Child's First Name _____ Middle Initial _____ Last Name (if different) _____ Birthdate _____
Gender F M Grade in Fall 2009 _____ Age _____ Name of School Attending in 2009 _____
Child resides with Mother Father Both Other _____ Are you a YMCA member? Yes No

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ E-mail _____
Parent/Guardian's Work Phone (_____) _____ Cell Phone/Pager (_____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ E-mail _____
Parent/Guardian's Work Phone (_____) _____ Cell Phone/Pager (_____) _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION - The following people should be contacted in case of emergency, only if parent or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____ Relationship to child _____
Phone: Day (_____) _____ Cell (_____) _____
2. Name _____ Relationship to child _____
Phone: Day (_____) _____ Cell (_____) _____

Family Doctor _____ Phone (_____) _____
Family Dentist _____ Phone (_____) _____

Do you carry family medical/hospital insurance? Yes No Carrier _____ Policy/Group # _____

MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT _____ Polio _____ Measles _____ Mumps _____
Rubella _____ HIB _____ Tetanus _____

IS THE CHILD TAKING ANY MEDICATIONS? Yes No

If yes, what kind and why: _____
If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

- Special needs _____ Allergies or Asthma _____
- Dietary restriction/s _____ Chronic or recurring illnesses _____
- Operations or serious injuries (include date/s) _____
Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

If yes, please comment: _____

SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW:

Waiver of Liability - I understand that Brainerd Family YMCA assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. I hereby release and discharge the YMCA to its' directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a results of participating in these activities.

Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
3. My child has my permission to be transported by the YMCA to and from field trips.
4. I authorize the YMCA staff to administer syrup of ipecac when instructed to do so by a poison control center.
5. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
6. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature _____ Date ____ / ____ / ____