



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 SUMMER DAY CAMP

We've got the cure for summertime boredom!

Children will spend the days playing games, making new friends, enjoying various projects, swimming, and more!

Registration now open

Ages

For children entering grades 1st through 5th

When

Week long camps starting the week of June 11th and runs through August 10th. With the week of JULY 4TH off.

Day camp hours are 8:00am—4:00pm

Where

Montgomery County Family YMCA

Contact

For any questions please contact Missy Stickland

Registration

Member: \$75/week, sibling \$60/week

Potential member: \$90/week, sibling \$75/week

DAILY DROP IN COST AVAILABLE UPON REQUEST

TO RECEIVE THE 8 WEEK DISCOUNT, CHILD MUST BE REGISTERED BY JUNE 1ST

8 week discount is \$50 off your total cost of day camp



UPON REGISTRATION A NON REFUNDABLE DEPOSIT OF \$20/WEEK IS DUE AND WILL BE APPLIED TO YOUR REGISTRATION BALANCE.

MONTGOMERY COUNTY FAMILY YMCA

101 E. Cherry St, Red Oak IA 51566

P 712 623 2161 **F** 712 623 4920

www.mcyymca.com



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 SUMMER DAY CAMP REGISTRATION

CAMPER INFORMATION:

CHILD MUST BE ENTERING 1ST GRADE THROUGH 5TH GRADE FALL OF 2018 TO ATTEND

NAME: _____

ADDRESS: _____

City, State, Zip: _____

Parent/Guardian Name(s) _____ Contact #: _____

Grade Entering Fall 2018: _____ BIRTHDATE: _____ M/F

Member \$75/week

Potential Member \$90/week

In order to hold a spot for your child for multiple weeks, there is a \$20/week non-refundable deposit due upon registration. If choosing to register for all 8 weeks the deposit will be \$180, this is to reserve a spot for your child and will be applied to the registration balance. We appreciate your cooperation.

Sessions attending (circle) 1: June 11-15 2: June 18-22 3: June 25-29 4: July 9-13 5: July 16-20 6: July 23-27
7: July 30- Aug. 3 8: Aug. 6-10

EMERGENCY CONTACT: _____

Allergic reactions _____

Medications Currently Taking _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary:

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **YMCA's 2018 SUMMER DAY CAMP** does hereby consent to the child's participation in the activity. The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity. The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in day camp.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

SIGNED: _____

DATE: _____

PLEASE PROVIDE A COPY OF CHILD'S INSURANCE CARD TO BE KEPT ON FILE