



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHEN SCHOOL IS OUT, THE Y IS IN!

August 28, 2018	January 7, 2019
September 10, 2018	January 21, 2019
September 19, 2018	February 8, 2019
October 19, 2018	March 25, 2019
November 6, 2018	April 19, 2019

Thanksgiving Break: November 19–21, 2018
Winter Break: December 26–28, 2018 & January 2–4, 2019
Spring Break: March 18–22, 2019

****Keep a look out for our Thanksgiving Break, Winter Break
& Spring Break Camp flyers for additional pricing and
information****

Time: 7:30am–6:00pm

Ages: 5–11 years old

**Program Fee: \$30 per day – Member
After School Participants**

\$40 per day – Members

**\$60 per day – Non Member
Afterschool Participant**

\$70 per day – Non Members

***Registration is required the day prior to
scheduled Fun Day at 6pm or payment
is subject to a \$20 late fee ***

**Peter Blum Family YMCA
6631 Palmetto Circle S. Boca Raton, FL 33433
561.395.9622 • www.ymcaspbc.org**

**When school is out for the
day come play at the Y!
Join the Y After school
staff for a fun fully themed
day off from school.
Children will engage in a
variety of activities
throughout the day
including swimming, arts
and crafts, sports, games
and socialization with
others.**



Peter Blum Family YMCA Fun Day Registration Form

Choose Camp: Traditional ___ or Special Needs ___

Choose Date's: Aug 28 ___ Sept 10 ___ Sept 19 ___ Oct 19 ___ Nov 6 ___
Jan 7 ___ Jan 21 ___ Feb 8 ___ Mar 25 ___ April 19 ___

Childs Information:

Child's Last Name *First Name* *M.I* *Date of Birth* *Age*

Street Address *City* *State* *Zip Code*

Parent/Guardian Name 1 *Parent/Guardian Name 2*

Primary Number *Secondary Number* *E-Mail Address (recommended for program updates)*

<p>Emergency Medical Treatment: I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the YMCA of South Florida to obtain medical treatment.</p> <p>Parent/Guardian Signature: _____ Day Time Phone: _____</p> <p>Family Physician/Clinic: _____ Phone: _____</p> <p>Insurance Company: _____ ID# _____ Group# _____</p> <p>Preferred Hospital: _____</p>

Authorization to Remove Child:

Father: Yes ___ No ___ Mother: Yes ___ No ___

(If "NO", please provide documentation stating such.)

Emergency Contacts and Pick Up: (Parent/Guardian and any other person to whom your child may be released and/or may be contacted in case of an emergency)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

ACTIVITY & ALLERGY RESTRICTIONS (I.E. WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY.):

BEHAVIOR, PHYSICAL, EMOTIONAL & MENTAL HEALTH

Please provide us with information about your child's behavior, physical, emotional, and mental health about which the camp staff should be aware. Your feedback helps us to fulfill our goal in creating an environment that provides optimal support for each and every camper.

Agreement & Release of Liability Statement

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand, and expressly acknowledge, that when my child attends the YMCA premises, he/she does so at his/her own risk. I release the YMCA and it's staff members, its directors, officers and agents from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, offices, members, agents, representatives and guests. I have read this form and grant permission for my child, _____ to participate in all activities provided by the YMCA of Boca Raton. I authorize the staff of the YMCA of Boca Raton, or appropriate medical personnel, to administer emergency medical treatment to my child. I also understand that I am solely responsible for all costs incurred for such treatment. I will permit my child to attend field trips and swimming lessons within the YMCA programs. I have read and am voluntarily signing this authorization and release. I also give my permission for photographs of my child to be used in YMCA brochures, flyers, videos and to be released to the news media. _____

Parent/Guardian Signature