



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHEN SCHOOL IS OUT, THE Y IS IN!

September 7, 2021
September 16, 2021
October 15, 2021
November 11, 2021
December 23, 2021
January 3, 2022
January 4, 2022
January 17, 2022
February 24, 2022
March 21, 2022
April 15, 2022

****Keep a look out for our Holiday Camp Flyers for additional dates, pricing and information****

When school is out for the day come play at the Y! Join the Y Youth Development 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.

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 prior to the day of to avoid a \$20 late fee and possibility of being turned away if full.

**For More Information, Please Contact:
Kathy Muzaurieta, Youth Program Coordinator
561-237-0933 / KMuzaurieta@ymcaspb.org**



Peter Blum Family YMCA

Fun Day Registration Form

Choose Camp: Traditional ___ or Special Needs ___

Choose Date/s: Sept 7 ___ Sept 16 ___ Oct 15 ___ Nov 11 ___ Dec 23 ___ Jan 3 ___ Jan 4 ___
Jan 17 ___ Feb 24 ___ Mar 21 ___ April 15 ___

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*

<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