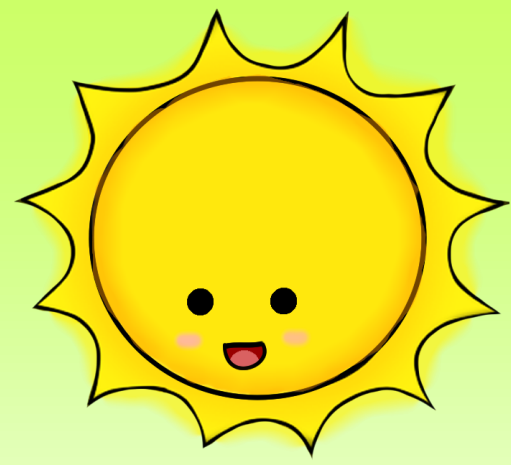




Spring Break Camp

March 20th—24th



Traditional Camp

Ages: 5-11 Years Old

Time: 7:30am-6:00pm

Daily Rate: \$50 Member or \$80 Non-Member

5 Day Rate: \$220 Member or \$320 Non-Member

Special Needs Camp

Ages: 5-22 Years Old

Time: 7:30am-6:00pm

Daily Rate: \$50 Member or \$80 Non-Member

5 Day Rate: \$220 Member or \$320 Non-Member

Intake Interview required prior to registration

What to Bring

- Nut Free Lunch
- Nut Free Morning Snack
- Nut Free Afternoon Snack
- Refillable Water Bottle
- Bathing Suit, Towel, Goggles
- Change of Clothes



Sports Camp

Ages: 5-11 Years Old

Time: 9:00am -2:00pm

Daily Rate: \$55 Member or \$85 Non-Member

5 Day Rate: \$225 Member or \$325 Non-Member

Aqua Camp

Ages: 5-11 Years Old

Time: 9:00am -2:00pm

Daily Rate: \$55 Member or \$85 Non-Member

5 Day Rate: \$225 Member or \$325 Non-Member

Extended Care (AM and PM)

Ages: 5-11 Years Old

Time: 7:30am-9:00am (AM Extended)

Daily Rate: \$7 Member or \$11 Non-Member

5 Day Rate: \$35 Member or \$50 Non-Member

Ages: 5-11 Years Old

Time: 2:00pm-6:00pm (PM Extended)

Daily Rate: \$8 Member or \$14 Non-Member

5 Day Rate: \$40 Member or \$60 Non-Member

Peter Blum Family YMCA Spring Break Camp 2023 Registration Form

Select Camp: Traditional _____ Sports _____ Aqua _____ SN _____ Teen _____ AM _____ PM _____

Select Date/s: Mar 20 _____ Mar 21 _____ Mar 22 _____ March 23 _____ Mar 24 _____ All 5 Days _____

****Sports & Aquatic Camp only run from 9am-2pm, if you need extended care please select AM and/or PM****

Childs Information:

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

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

Parent/Guardian Name *Parent/Guardian Name*

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

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.

Parent/Guardian Signature: _____ Day Time Phone: _____

Family Physician/Clinic: _____ Phone: _____

Insurance Company: _____ ID# _____ Group# _____

Preferred Hospital: _____

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: _____

3. Name: _____ Phone #: _____ Relationship: _____

4. Name: _____ Phone #: _____ Relationship: _____

MEDICAL PROBLEMS (I.E. ALLERGIES, PHYSICAL LIMITATIONS, ETC.)

BEHAVIOR, EMOTIONAL & MENTAL HEALTH. **DOES YOUR CHILD HAVE AN IEP? (INDIVIDUALIZED EDUCATION PLAN)**

Please provide us with information about your child's behavior, 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 its 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

Date