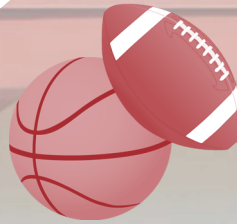




**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**



# Teen Camp @ THE LAB



## Teen Camp

**Price:** \$75 Per Day Member  
\$115 Per Day Non-Member  
\$65 Per Day Afterschool Participants

**Time:** 8:00am-6:00pm  
Drop Off: 8:00am-9:00am  
Pick-Up: 4:00pm-6:00pm

## Activities

**Description:** When Schools out the YMCA Teen LAB will be open! Teens are inspired and empowered as they experience field trips, work in teams, play fun games, new challenges and strengthen friendships. See examples of activities below

- **Field Trips**
- **Sports**
- **Team Building**
- **E-Gaming**
- **Arts**
- **STEM**
- **Music**
- **So Much More!**

## Dates & TRIPS

**September 25, 2023**  
(Movies: Haunted Mansion)  
**October 13, 2023** (Bowling)  
**November 1, 2023** (Top Golf)  
**January 8, 2024** (Off the Wall)  
**January 15, 2024** (Movies: Aquaman)  
**February 19, 2024** (Beach & CiCi's)  
**March 25, 2024** (Mini Golf)  
**April 10, 2024** (Roller Skating)

**Questions? Contact Teen Program Director, James Rodriguez**  
561-300-3206 or [jrodriguez@ymcaspbc.org](mailto:jrodriguez@ymcaspbc.org)  
**The LAB • 6631 Palmetto Circle S • Boca Raton, FL 33433**

# Peter Blum Family YMCA

## Teen LAB Fun Day Registration Form

Choose Date/s: Sept 25 \_\_\_\_ Oct 13 \_\_\_\_ Nov 1 \_\_\_\_ January 8 \_\_\_\_ Jan 15 \_\_\_\_ Feb 19 \_\_\_\_ Mar 25 \_\_\_\_  
Apr 10 \_\_\_\_

### Childs Information:

\_\_\_\_\_  
Teens 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

**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: \_\_\_\_\_

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