



JOIN US FOR A FUN DAY!

On days off from school, the YMCA is here to engage your child in different activities such as sports, arts & crafts, recreational activities, swimming and much more! SPACE LIMITED

TIME: 7:30am –6:00pm

AGES: 5 – 11

FEES: After school participants: \$40

Members: \$50, Non Members: \$80

CAMP FEES LOCATED ON THE REGISTRATION FORM

WHAT TO BRING: Bathing suit, towel and peanut- free lunch and snack.

CONTACT: Youth & Family Services Director
Sandra Dejesus

561-536-1430, sdejesus@ymcaspb.org

No School Days

09/25/23

10/13/23

11/01/23

01/08/24

01/15/24

02/19/24

03/25/24

04/10/24

Thanksgiving Break

November

20,21,22

Winter Break Camp

December

27,28,29,

Winter Break Camp

January

2, 3,4, 5

Spring Break Camp

March

18,19,20,21,22



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DeVos-Blum Family YMCA | YMCASPBC.ORG | 561-738-9622

Fun Day Registration 2023-2024 (Please circle all that apply)

Sep. 25th / Oct. 13th / Nov. 1st / Nov. 8th / Nov. 20th / Nov. 21st / Nov. 22nd
/ Jan. 8th / Jan. 15th / Feb. 19th / Mar. 25th

Camp Fees: Winter Break Dec. \$120/\$220 Winter Break Jan \$200/\$300 Spring Break \$200/\$300

CAMPS: Winter Break Dec. 27, 28, 29 / Winter Break Jan. 2, 3, 4, 5 / Spring Break Mar. 18th – 22nd

Parents/Guardians: These forms are extremely **IMPORTANT!** They provide the camp staff with information about your child that will help us get to know him/her quicker and treat him/her with greater care and effectiveness. These forms are confidential and will only be viewed by camp administration and your child's counselors

A. Child Information

Child's Name (First & Last) _____ Nickname _____ Date of Birth _____

Gender Male/Female Eye Color _____ Hair Color _____ Skin Color _____ Height _____ Weight _____

Identifying Marks _____

Child Lives Primarily With Mother/Father/Both _____ Adopted Yes/No _____ Legal Custody Mother/Father _____

➤ Health Conditions (Circle all that apply) ADD/ADHD ASTHMA DIABETIC SEIZURES

➤ Medications _____ Allergies _____

IEP YES/NO

➤ Treatment Information _____

➤ Other (Behavior/Physical/Emotional/Mental) Health: Please provide us with any additional information about your child's well-being that our staff should be aware of in order to create a supportive environment for every camper. Any additional health information may be listed here also.

B. Parent Information

Parent/Guardian Name (First & Last) _____

Parent/Guardian Name (First & Last) _____

Primary Home Address _____

City _____ ZIP _____

Cell # _____ Home/Work # _____

E-mail Address _____

C. Emergency Contacts & Authorized Pick-Up List (MUST PROVIDE PHOTO ID UPON SIGN-OUT)

Persons other than the Parent/Guardian Listed above to whom the camper may be released and/or contacted in case of an emergency (in the order below).

NOTE: In order to deny parental access to a child, the YMCA must have a copy of a court order stating that access is specifically denied, verbally or physically.

1. Name _____

Phone # _____ Relationship _____

2. Name _____

Phone # _____ Relationship _____

E. Payment Information

ELC: Yes / No

Name on Card _____ Last 4 _____ Exp. Date _____ VISA/MASTERCARD/DISCOVER/AMEX

I agree to pay the total amount according to the issuer agreement. If not paying in full, I agree to have payments scheduled automatically to the above card.

Signature _____ Date _____

THERE WILL BE NO REUNDS OR CREDIT FOR LAST MINUTE CANCELLATIONS 72 HOUR NOTICE IS REQUIRED

F. Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of South Palm Beach County for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representative, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees, agents, and volunteers (hereinafter collectively referred to as "YMCA") from all liability to the undersigned, his personal representatives assigns, heirs, and next of kin for any loss or damage, and any and all claims or demands therefore on account of injury to the person or property or resulting in death to the undersigned, whether caused by the active or passive negligence of the YMCA or otherwise noted, while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS THE YMCA and each of them from any and all claims for loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities of the YMCA or participating in any program affiliated with the YMCA whether caused by the active or passive negligence of the YMCA or otherwise, including gross negligence of the YMCA.
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR DAMAGES OF ANY KIND INCLUDING, BUT NOT LIMITED TO: RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE allegedly attributed to the active or passive negligence of the YMCA or otherwise, including gross negligence of the YMCA, while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program or activity or activity affiliated with the YMCA.
- 4) THE UNDERSIGNED HEREBY gives permission to the YMCA, without obligation, to take and use any photographs film footage, video tape recordings which may include the undersigned or any member of the undersigned's family's image or voice for purposes of promoting or interpreting YMCA programs.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned understands that his waiver includes any and all claims based on negligence, action or inaction of the YMCA, including gross negligence of the YMCA.

Signature _____ Date _____