



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WHEN SCHOOL IS OUT, THE Y IS IN!

September 25, 2023      January 15, 2024  
October 13, 2023      February 19, 2024  
November 1, 2023      March 25, 2024  
January 8, 2024      April 10, 2024

**\*\*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 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: \$45 per day - Member  
Afterschool Participant**

**\$55 per day - Members**

**\$75 per day - Non Member  
Afterschool Participant**

**\$85 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**



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

# Peter Blum Family YMCA

## Fun Day Registration Form

Choose Camp: Traditional \_\_\_ or Special Needs \_\_\_

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

### 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><b>Emergency Medical Treatment:</b> 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>
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### 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 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