



Spring Break Camp 2020 Spectacular Spring! March 16-20



Kites, Bees, and Tiny Seeds! Campers will experience nature this week with activities such as wind powered mazes, butterfly squish art, and a cheese powder pollination experiment, that will celebrate the windy weather, buzzing insects, and vibrant flowers that we welcome during spring.

Locations:

East Communities YMCA
Bluebonnet Trail Elementary
Baranoff Elementary
Spicewood Elementary
Carpenter Hill Elementary

How to register:

Complete the registration form on the back of this flyer and email it to EACY@AustinYMCA.org
OR
Register online at <https://www.austinyymca.org/programs/spring-break-camp>

Dates: March 16-20

Eligibility: Ages 5-12 years old

Hours of Operation:

7:30am to 6:00pm at all sites except Baranoff, which will pilot expanded hours (7:15am to 6:30pm)

Cost: \$205/child/week

Full payment is due at time of registration.

When to register:

Registration Begins: **February 10th**
Last Day to Register: **March 9th**

Financial Assistance

"YMCA of Austin programs and activities are designed to benefit persons of all backgrounds, and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee."

Other Information:

- Please bring a sack lunch and water daily. The YMCA will provide a morning and afternoon snacks.
- Children will take one field trip and swim twice during the week of camp. *Please refer to www.AustinYMCA.org for specific details.*
- Swimsuit and towels will also be needed on swim days
- The YMCA recommends that children wear close-toed shoes.
- We ask that all children please leave all electronic devices and toys at home.





YMCA of AUSTIN – SPRING BREAK CAMP 2020

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Please select the location for which you would like to register your child:

East Communities ___ Bluebonnet Trail ___ Baranoff ___ Spicewood ___ Carpenter Hill ___

FA

Child (1) Name: _____

Gender: [M] [F] (circle one) Date of Birth: ___/___/___

Child's Elementary School: _____

Grade Level: _____

Allergies and/or Special Conditions: _____

IMMUNIZATION: I can provide the immunization record and/or records are on file at my child's school. If not, please provide a copy of your child's immunization upon registration. All required immunizations and/or immunizations and/or tuberculosis tests are current. Initial _____

FOOD ALLERGIES: If your child has food allergies we require a separate Food Allergy Emergency plan that includes your child's name and date of birth, their specific food allergies and symptoms and the steps necessary if your child has a reaction, created by their doctor and signed and dated by both the parent and the healthcare professional. DOES YOUR CHILD HAVE FOOD ALLERGIES YES NO

Child (2) Name: _____

Gender: [M] [F] (circle one) Date of Birth: ___/___/___

Child's School: _____

Grade Level: _____

Allergies and/or Special Conditions: _____

IMMUNIZATION: I can provide the immunization record and/or records are on file at my child's school. If not, please provide a copy of your child's immunization upon registration. All required immunizations and/or immunizations and/or tuberculosis tests are current. Initial _____

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Primary Guardian Information: [Mother] [Father] [Other: _____]

Authorized to Pick-up: [Yes] [No]

(Person Listed as Primary Guardian will be the sole person to authorize changes to information and/or cancellation of care.)

Name: _____ Email: _____ Cell Ph: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

___ Opt In Text to receive occasional text message updates from the Y.

Secondary Guardian [Mother] [Father] [Other: _____]

Authorized to Pick-up: [Yes] [No]

Name: _____ Email: _____ Cell Ph: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

___ Opt In Text to receive occasional text message updates from the Y.

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):*(Must list at least one additional emergency contact. Please note that anyone listed must be of 16 years of age or older and are authorized to pick up)*

Name: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Name: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

I Authorize my child to participate in the following activities: View a PG rated film, travel on YMCA arranged transportation, participate in all activities planned including water activities, participate in photo and/or video activities and participate in planned YMCA field trips.**Waiver, Release, Indemnification and Hold Harmless Agreement:** I understand that YMCA activities have inherent risks and in consideration for membership at the YMCA and participation in YMCA programs I hereby assume all risks and hazards incident to my participation in all YMCA activities, due to the negligence of the YMCA or otherwise 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 affiliated with the YMCA, including volunteer service. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property or participation in programs.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AND MEMBERSHIP AGREEMENT.

****I UNDERSTAND THAT IF I DO NOT CANCEL MY CHILD'S REGISTRATION AT LEAST 14 DAYS IN ADVANCE, I WILL BE CHARGED A \$25.00 CANCELLATION FEE. NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS LESS THAN 5 DAYS PRIOR TO EACH SESSION.**

Primary Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION-FULL PAYMENT IS DUE AT TIME OF REGISTRATIONPayment Method (Check One): Cash Paid \$ _____ Check# _____ Credit/Debit Card

Credit/Debit Card Type (Circle One): VISA, AMEX, MASTERCARD, DISCOVER Card Holder's Name: _____

Card Last Four Digits only: _____ On File with YMCA of Austin: Yes No Expiration Date: _____/_____/_____

Signature to authorize payment: _____

I would like to donate to the Annual Campaign so that another child can attend camp. Please charge me: ___\$20 ___\$50 ___\$100