



South Lake YMCA Summer Day Camp

Registration Begins April 20th

Ages 5* - 15

(*All 5 year olds must have completed a year of Kindergarten)



- ★ Team Building
- ★ Field Trips
- ★ Quality Staff/Child Ratios
- ★ Character Development
- ★ Specialty Camps

Soccer Camp:



British Soccer Camp
June 22nd—26th
July 13th—17th
August 3rd—7th

Summer camp will be held for 10 weeks.

Camp Begins: **June 8th through August 14th.**

COST: \$35 registration fee (non-refundable)
\$100 per week

CAMP HOURS:
7am- 9am (before care)
9am-4pm (Program time)
4pm-6pm(after care)

CAMP LOCATION:

Camp will be held at
Celebration of Praise Church

**3700 South Hwy 27th
Clermont, FL 34711**

- ★ Arts and Crafts
- ★ Organized Sports/Games
- ★ Counselor Challenges
- ★ Lasting Friendships
- ★ Songs and Chants
- ★ Camper Challenges
- ★ Physical Fitness

Are you looking for something **fun** and **exciting** for your child to do during the summer? Then the **YMCA** is the place for you. Registration for Summer Day Camp 2009 is going on now. Don't delay sign up today to reserve your child's spot. **Space is limited!!**

If you have any **questions** contact the Program Director at **(352) 394-7243** or by email at **southlakeymca@cfymca.org**. We look forward to this summer!!

South Lake YMCA* 305 East Highway 50* Clermont, FL, 34711
Phone: (352) 394-7243 Fax (352) 394-9847 www.CentralFloridaYMCA.org

YMCA Mission: The purpose of this Association is to improve the lives of all in Central Florida by connecting individuals, families, and communities with opportunities based on Christian values that strengthen Spirit, Mind, and Body.



We build strong kids, strong families, strong communities.

Central Florida YMCA Camping Services Registration Form

Date: _____

____ Central Florida YMCA Member (____ Member #) ____ Non-Member ____ Employee

CAMPER INFORMATION

My child has completed ____ grade in school.

____ Gender: M / F
Camper Last Name Camper First Name M.I. Date of Birth Age

Street Address City State Zip School Attending

____ Camper's T-shirt Size (check one): YM YL / AS AM AL XL XXL

Phone _____

Previous Camper? ____ N ____ Y Years attended? _____

PARENT/GUARDIAN INFORMATION

1. _____
Parent/Guardian Last Name Parent/Guardian First Name M.I. Phone (if different)

Address (if different) Email Address

Employer Work Phone Cell / Alt. Phone

2. _____
Parent/Guardian Last Name Parent/Guardian First Name M.I. Phone (if different)

Address (if different) Email Address

Employer Work Phone Cell / Alt. Phone

EMERGENCY CONTACTS Persons other than Parent/Guardian to whom the camper may be released and/or may be contacted in case of emergency.

1. _____
Emergency Contact Last Name First Name Home Phone Cell / Alt. Phone

2. _____
Emergency Contact Last Name First Name Home Phone Cell / Alt. Phone

Authorization to Remove Child:

FATHER: YES ____ NO ____ MOTHER: YES ____ NO ____ (If NO, documentation) _____

OUR MISSION

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Medical Release and History

Health Statement

(to be completed by Parent/Guardian and/or Medical Doctor).

NO

YES

YES responses will require an explanation.

Respiratory problems - Asthma, persistent cough, etc.	_____	_____	
Heart Problems - High/low blood pressure, chest pain, etc.	_____	_____	
Kidney, Stomach, Gall Bladder, or Liver problems	_____	_____	
Diabetes, Hypoglycemia	_____	_____	
Recent fractures, illness, exposure to contagious diseases, etc.	_____	_____	
Eye, ear, nose, or throat problems - Skin disease	_____	_____	
Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	_____	_____	
Nervous disorders - Epilepsy, convulsions, dizziness, etc.	_____	_____	
Emotional disorders - Frequent anxiety, excessive fears, etc.	_____	_____	
Any hospitalization in the last two years?	_____	_____	
Any physically limiting conditions?	_____	_____	
Currently taking any medications?	_____	_____	
Participant WILL be bringing medication to programs and activities.	_____	_____	

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 Central Florida YMCA to obtain medical treatment.

Parent/Guardian Signature: _____ Daytime Phone: _____

Family Physician/Clinic: _____

Location: _____ Phone: _____

Insurance Company: _____ ID # _____ Group # _____

Waiver

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release the Central Florida YMCA, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I also authorize the YMCA to obtain medical treatment for my child in the event of an emergency. The Central Florida YMCA reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other campers. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting Central Florida YMCA programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or others) may be present. I understand that any damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave camp. No refunds or prorates will be given.

I hereby give permission for my child to be transported to and from any and all scheduled field trips. _____ **Initial**

I have read the Parent Handbook for the specific camp my child is attending. I understand and agree to abide by the policies stated within. *(Please contact the camp office for a copy or download from www.centralfloridaymca.org.)* _____ **Initial**

I understand that there will be no refunds given for Central Florida YMCA Camping Services Programs. I also understand that no credits will be given for days missed, late arrival or early departure during any Central Florida YMCA Camping Services Programs. _____ **Initial**

I understand that each camp in which my child is enrolled my have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials. _____ **Initial**

Camper/Participant Signature

Date

Parent/Guardian Signature

Date