



YMCA Excursions

Experience the E's

* Exploration * Extraordinary Challenges * Eventful Races * Experimental Creations * Everlasting Memories

Biking Voyage Ages 8 -14

June 14th - June 18th (M-F) from 9:30am - 3:30pm. Pick up and Drop off at Turtle Bay School

Extended care at Turtle Bay School 7:30am - 9:30am & 3:30pm - 6:00pm (No Extra Charge)

CAMP RATE

Non Y-Members \$120.00
Y-Members \$108.00

REGISTRATION FEE

(First 2010 Excursion Camp Only)

\$15

\$50 Deposit Required. Balance due 4 weeks prior to Camp.
(Registration Fee and Deposit are Non Refundable)

Monday

Biking to
The Sundial Bridge
& Waterslides at
TB

Tuesday

Biking Scavenger
Hunt & Pool at
the Aquatics Center

Wednesday

Biking the
River Trail
& Pool at the
Aquatics Center

Thursday

Biking
Kids Kingdom
& Creative Craft

Friday

Biking
to
Viking Skate

See Reverse for More Information

Detach Here

Child's Name _____

Mailing Address _____ Zip _____

Mother's Name _____

Contact first?

Work Phone _____ Cell Phone _____ Home Phone _____

Home Address _____ Zip _____

Father's Name _____

Contact first?

Work Phone _____ Cell Phone _____ Home Phone _____

Home Address _____ Zip _____

School Child Attends _____

Grade in the Fall _____ Sex _____

Your child's first year at camp? Yes ___ No ___

Child's birth date _____

ADDITIONAL EMERGENCY CONTACTS – Also authorized to pick up child (MUST BE 18)

1. Name _____ Phone # _____

2. Name _____ Phone # _____

Call Emergency Hospital Other Explain: _____

See custody or legal documents on file.

Signature of Parent or Authorized Representative:

Date _____

Biking Voyage

Daily Information Guide

Schedule Subject to Change

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 11:00-Biking Sundial Area 12:00-Lunch at TB Park 12:30-Traveling back to TBS 1:00- Waterslide Play 3:00- Snack 3:30- End of Day	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 11:00-Biking & Scavenger Hunt 12:00-Lunch at River 12:30-Traveling to Aquatic Center 1:00- Swim Test 1:30- Swimming 3:00- Snack 3:30- Back at Turtle Bay	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 11:00-Biking River Trail 12:00-Lunch the River 12:30-Traveling to Aquatic Center 1:00-Swim Test 1:30-Swimming 3:00-Snack 3:30-Back at Turtle Bay	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 11:00-Traveling to Kids Kingdom (KK) on bus 12:00-Biking around KK 1:00-Lunch at KK 1:00-Water play at KK 2:30- Traveling back to TB & Snack 3:30-Back at Turtle Bay	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 11:00-Biking River Trail 12:00-Lunch at Civic Center 12:30- At Viking Skate 2:45- Snack 3:00- traveling back to TB 3:30-Back at Turtle Bay
Items Your Child Will Need	Items Your Child Will Need	Items Your Child Will Need	Items Your Child Will Need	Items Your Child Will Need
A Bike!! A Bike Lock A Lunch Large Water Bottle Swim Suit and Towel Good Shoes and Socks A Backpack	A Bike!! A Bike Lock A Lunch Large Water Bottle Swim Suit and Towel Good Shoes and Socks A Backpack	A Bike!! A Bike Lock A Lunch Large Water Bottle Swim Suit and Towel Good Shoes and Socks A Backpack	A Bike!! A Bike Lock A Lunch Large Water Bottle Swim Suit and Towel Good Shoes and Socks A Backpack	A Bike!! A Bike Lock A Lunch Large Water Bottle Swim Suit and Towel Good Shoes and Socks A Backpack

CONSENT FOR FIELD TRIPS

By signing here you give permission for your child to attend all day trips listed above.

Signature of Parent or Guardian Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to the Shasta Family YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for _____ (Child). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

Signature of Parent or Authorized Representative

Date

HEALTH AND DEVELOPMENT HISTORY

My child has the following food and /or medication allergies: _____

My child takes the following prescription medications: _____

Time of day _____ Side Effects _____

Please explain any special needs or disabilities for your child: _____

SUNSCREEN POLICY AND PERMISSION FORM

- My child _____, may use the sunscreen provided by the Shasta Family YMCA
- I request that my child _____, be allowed to use his/her own sunscreen product, which I will provide Sunscreen Product _____

Signature of Parent or Guardian Date

YMCA WAIVER: I agree to allow the YMCA to use photos taken of my child for promotional materials. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The YMCA reserves the right to dismiss a child for continual behavioral problems. I understand that the YMCA carries no medical insurance, and I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, hold harmless, waive and release all rights, claims and damages that my son or daughter may incur against the Shasta Family YMCA, and its representatives, successors, and assigns, for any and all injuries suffered by my son or daughter in this program. I also understand that all items brought from home must be clearly labeled with my child's name and that the YMCA is not responsible if these items become lost, stolen, or damaged.

Signature of Parent or Guardian

Date