



YMCA Excursions

Experience the E's

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

Community Journey

Ages 8 - 14

June 28th - July 2nd (M-F) from 9:30am - 3:30pm. Drop off and Pick up 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 Required 4 weeks prior to Camp.
(Registration Fee and Deposit are Non Refundable)

Monday

Barnes & Noble,
Costco for a Hot Dog
Waterslides @ TB

Tuesday

Best Buy
&
Aquatic Center

Wednesday

Mt. Shasta
Mall
&
Movies 10

Thursday

Home Depot,
Food Max
&
Cooking Project

Friday

The Promenade
Ice Cream at Rite Aid
&
Waterslides at TB

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 _____

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 _____

School Child Attends _____

Grade in the Fall _____ Sex _____

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

Child's birth date _____

Community Journey

Daily Information Guide

Schedule Subject to Change

Monday	Tuesday	Wednesday	Thursday	Friday
9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 10:30-Traviling to Barnes & Noble 11:30- At Barnes & Noble 12:15-Walking to Costco for Lunch 1:15-Traviling to TB 2:00- Waterslides & Snack 3:30- End of Day	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 10:30-Traviling to Best Buy 11:00-Best Buy Tour 12:00-Lunch 12:30-Travling to Aquatic Center 1:15- Swim test 1:30- Swimming 3:00-Snack/ Return to TB 3:30- Back at Turtle Bay	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 10:30-Traviling to Mt. Shasta Mall (Hunt) 12:30-Lunch/ Drink at food court 1:00-Traviling to Movies 10 1:15-Movie 3:00-Snack/Return to TB 3:30- Back at Turtle Bay	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 10:15-Traviling to Home Depot 11:00-Home Depot Project 12:30-Lunch 1:00-Foodmaxx 1:30-Travling back to TB 2:30- -Back at TB 245- Cooking & Snack 3:30- End of Day	9:30-Prep for depart/ Snack 10:00-Depart Turtle Bay 10:30-Traviling to The Promenade 11:30-Walking to Rite Aide 12:15-Lunch at Caldwell Park 1:00- Traveling to TB 1:30- Waterslides 3:30- End of Day
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 Lunch Large Water Bottle Good Shoes and Socks A Backpack Swim Suit & Towel	A Lunch Large Water Bottle Good Shoes and Socks A Backpack Swim Suit & Towel	A Lunch Large Water Bottle Good Shoes and Socks A Backpack Swim Suit & Towel	A Lunch Large Water Bottle Good Shoes and Socks A Backpack Swim Suit & Towel	A Lunch Large Water Bottle Good Shoes and Socks A Backpack Swim Suit & Towel

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