



YMCA Excursions

Experience the E's

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

Whiskeytown Expedition

Ages 8 -14

June 21st - June 25th (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)

<u>CAMP RATE</u>	
<u>Non Y-Members</u>	\$120.00
<u>Y-Members</u>	\$108.00

<u>REGISTRATION FEE</u>
(First 2010 Excursion Camp Only)
\$15
\$50 Deposit Required. Balance due 4 weeks prior to Camp. (Registration Fee and Deposit are Non Refundable)

Monday
Hiking
The Trails &
Swimming at
Whiskeytown

Tuesday
Beach Games
&
Swimming at
Whiskeytown

Wednesday
Wilderness
races &
Swimming at
Whiskeytown

Thursday
Beach Craft
Bar-B-Que &
Swimming at
Whiskeytown

Friday
Surprise Activity &
Swimming at
Whiskeytown

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 _____

Whiskeytown Expedition

Daily Information Guide

Schedule Subject to Change

Monday	Tuesday	Wednesday	Thursday	Friday
9:30- Prep for depart/ Snack 10:00- Depart Turtle Bay 11:00- Hiking 12:00- Lunch at the lake 12:30- Swim Test 1:00- Swimming 2:00- Snack 2:30- Swimming 2:45- Prep to depart lake 3:30- Back at Turtle Bay	9:30- Prep for depart/ Snack 10:00- Depart Turtle Bay 11:00- Beach Challenge 11:30- Beach Hunt 12:00- Lunch at the lake 12:30- Swim Test 1:00- Swimming 2:00- Snack 2:30- Swimming 2:45- Prep to depart lake 3:30- Back at Turtle Bay	9:30- Prep for depart/ Snack 10:00- Depart Turtle Bay 11:00- Hiking Race 12:00- Lunch at the lake 12:30- Swim Test 1:00- Swimming 2:00- Snack 2:30- Swimming 2:45- Prep to depart lake 3:30- Back at Turtle Bay	9:30- Prep for depart/ Snack 10:00- Depart Turtle Bay 11:00- Beach Craft 12:00- Bar – B – Q Lunch 12:30- Swim Test 1:00- Swimming 2:00- Snack 2:30- Swimming 2:45- Prep to depart lake 3:30- Back at Turtle Bay	9:30- Prep for depart/ Snack 10:00- Depart Turtle Bay 11:00- Surprise Activity 12:00- Lunch at the lake 12:30- Swim Test 1:00- Swimming 2:00- Snack 2:30- Swimming 2:45- Prep to depart lake 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
Lunch From Home Large Water Bottle Hiking Shoes & Socks Swim Suit & Towel A Backpack	Lunch From Home Large Water Bottle Hiking Shoes & Socks Swim Suit & Towel A Backpack	Lunch From Home Large Water Bottle Hiking Shoes & Socks Swim Suit & Towel A Backpack	Lunch From Home Large Water Bottle Hiking Shoes & Socks Swim Suit & Towel A Backpack	Lunch From Home Large Water Bottle Hiking Shoes & Socks Swim Suit & Towel 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