



# YMCA Excursions

Experience the E's

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

## Y - Venture

Aug 9<sup>th</sup> - Aug 13<sup>th</sup> (M-F) from 9:30am - 4:30pm. Pick up and Drop off at the Shasta Family YMCA

Extended care at Turtle Bay School 7:30am - 9:30am & 4:30pm - 6:00pm (No Extra Charge)

Please check the box of the Y - Venture Camp you would like your child to attend.

Please note: These camps will all be morning camps followed by Aquatic Center, Waterslide Play or Movie.

\*See reverse side for daily schedule\*



See Reverse for More Information

### 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)

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 \_\_\_\_\_

# Y - Venture Daily Schedule

*Schedule Subject to Change*

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
7:30- Check in / Games 9:00- Snack 10:00- Venture 12:00- Lunch 12:15- Prep depart to pool 1:00- Swim Test 1:30- Swim at Aquatic 3:30- Prep depart to YMCA 4:30- Snack at YMCA 5:00- Gym games	7:30- Check in / Games 9:00- Snack 10:00- Venture 12:00- Lunch 12:30- Waterplay 3:00- Snack 3:30- Movie 5:30- Gym games	7:30- Check in / Games 9:00- Snack 10:00- Venture 12:00- Lunch 12:15- Prep depart to pool 1:00- Swim at Aquatic 3:30- Prep depart to YMCA 4:30- Snack at YMCA 5:00- Gym games	7:30- Check in / Games 9:00- Snack 10:00- Venture 12:00- Lunch 12:30- Waterplay 3:00- Snack 3:30- Carnival 5:30- Gym games	7:30- Check in / Games 9:00- Snack 10:00- Venture 12:00- Lunch 12:15- Prep depart to pool 1:00- Swim at Aquatic 3:30- Prep depart to YMCA 4:30- Snack at YMCA 5:00- Gym games
<b>Items Your Child Will Need</b>	<b>Items Your Child Will Need</b>	<b>Items Your Child Will Need</b>	<b>Items Your Child Will Need</b>	<b>Items Your Child Will Need</b>
<b>A Lunch                      Large Water Bottle                      Good Shoes and Socks                      A Back Park                      Swim Suit &amp; Towel</b>	<b>A Lunch                      Large Water Bottle                      Good Shoes and Socks                      A Back Park                      Swim Suit &amp; Towel</b>	<b>A Lunch                      Large Water Bottle                      Good Shoes and Socks                      A Back Park                      Swim Suit &amp; Towel</b>	<b>A Lunch                      Large Water Bottle                      Good Shoes and Socks                      A Back Park                      Swim Suit &amp; Towel</b>	<b>A Lunch                      Large Water Bottle                      Good Shoes and Socks                      A Back Park                      Swim Suit &amp; Towel</b>

### 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