



GREAT SUMMERS START AT THE Y!

YMCA Day Camp | 2021

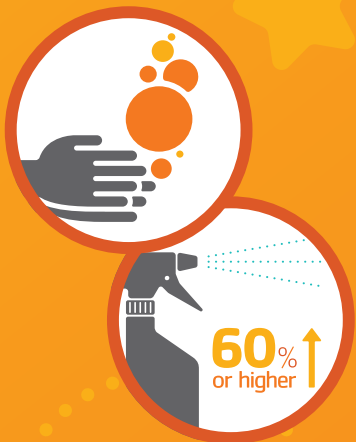
Summer is a time for kids to be kids. And Y day camp is the place to make every precious summer day a great one!

Days will be filled with:

- › Fun camp activities to engage brains
- › Opportunities to explore, develop new skills and try new things
- › Plenty of physical activity and games to keep bodies active

Campers develop new friendships and have tons of fun in a safe environment that will include:

- › Physical distancing
- › Face mask and hygiene protocols
- › Small group sizes



RESERVE YOUR SPOT TODAY



CAMP LOCATION INFO:
MONTGOMERY COUNTY FAMILY YMCA
 101 EAST CHERRY STREET
 RED OAK, IA 51566
 712-623-2161

For a better us. | www.MCYMCA.com



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ONLINE
REGISTRATION NOW
AVAILABLE!
www.MCYMCA.com/OnlineRegistration

2021 SUMMER DAY CAMP REGISTRATION

Return Registration to YMCA or Register Online @ mcyymca.com/OnlineRegistration

CAMPER INFORMATION: CHILD MUST BE ENTERING 1ST GRADE FALL OF 2021 TO ATTEND

CHILDS NAME: _____ Birthdate: _____ / _____ / _____

Gender: _____ Race: _____ Grade Entering in Fall 2021: ____ Is this a Sibling of Another Camper? Yes / No

Address: _____ City, State, Zip: _____

Parent/Guardian Name 1: _____ Contact #: _____

Parent/Guardian Name 2: _____ Contact #: _____

EMERGENCY CONTACT: _____ Phone Number: _____

Childs Allergies & Reactions: _____

Medications & Times: _____

Any medical conditions we should be aware of? _____

- SESSIONS ATTENDING:**
- Session 1: June 7-11, Cooking/Baking Week
 - Session 2: June 14-18, Water Week w/ Aquatics Center Field Trip TBD
 - Session 3: June 28-July 2, STEM/Art Week w/ Henry Doorly Zoo Field Trip June 30
 - Session 4: July 12 -16, Nature Week w/ Anderson Conservation & Critter Cass July 13/14
 - Session 5: July 19-23, Celebration Week w/ Color Run July 23

WEEKLY RATES:		
\$20 Non-refundable deposit due per week upon registration. Deposit is applied toward balance due.		
	FULL DAY 8 AM - 4 PM	AFTERNOON ONLY Noon - 4 PM
Member	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$45.00
Member + Sibling	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$35.00
Non-Member	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$55.00
Non-Member + Sibling	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$45.00

DROP-IN RATES:	
Member	<input type="checkbox"/> \$25/day
Non-Member	<input type="checkbox"/> \$35/day

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **YMCA's 2021 SUMMER DAY CAMP** does hereby consent to the child's participation in the activity. The potential risks of participation include, but are not limited to, the risk of injury/illness to the child from contact with other participants and contact with or use of equipment used in the activity. The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in day camp. By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury/illness to the child by reason of the child's participation in the activity.

PHOTO RELEASE: Parents also release the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the child while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me. _____ (Initial Here)

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

SIGNED: _____ DATE: _____

PLEASE PROVIDE A COPY OF CHILD'S INSURANCE CARD TO BE KEPT ON FILE IN CASE OF EMERGENCIES