



**Counselor in
Training
Registration**

GREAT SUMMERS START AT THE Y!

YMCA Day Camp | 2022



YMCA Summer Day Camp

Camp day runs from 9am - 4pm. The Y is committed to healthy living and modeling healthy eating. A healthy afternoon snack will be provided for all campers. Please note: Parents are responsible for breakfast and lunch. Parents must inform the camp office in writing of all changes to camper registration.

Extended morning care begins at 7am and afternoon extended care is available at no extra charge or additional registration to campers until 6pm.

Anyone picking up a CIT must be listed in the CIT's Authorized Pick Up List and must have a valid photo ID (Drivers License)

Session number/ Dates

Themes

Jacky Tuesday

Session 1, June 27– July 1

Super Scientist

Crazy Hair

Session 2, July 5– July 8

Party in the USA

Red, White, and Blue

Session 3, July 11– July 15

Around the World

Staff look alike day

Session 4, July 18– July 22

Out of this World

Backwards Day

Session 5, July 25– July 29

Under the Sea

Weird Shoe Day

Session 6, Aug. 1– Aug. 5

Superhero's

Favorite superhero

Session 7, Aug. 8– Aug. 12

Amazing Animals

Favorite Animal

Session 8, Aug. 15– Aug. 19

Fairies Vs. Ninjas

Pajama Day

Session 9, Aug. 22– Aug. 26

Secret Spy School

Dress to Impress

Session 10, Aug. 29– Sept. 2

Community Helpers

School Pride



**BEST
SUMMER
EVER**

**7AM
-
6PM**

**10
Weeks**

(CIT) Summer Camp 2022

YMCA ♦ 5 Crane Street ♦ Clifton Springs, NY ♦ 14432

PARTICIPANT PROFILE:

Child's Full Name _____ Male Female D.O.B. ____/____/____ Grade Completed in 06/22 _____
Address _____ Zip _____ Ph _____
Parent/Guardian #1 _____ Relationship _____ Email _____
Employer _____ D.O.B. ____/____/____ Cell _____
Parent/Guardian #2 _____ Relationship _____ Email _____
Employer _____ Office Ph _____ Cell _____

EMERGENCY INFORMATION:

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following people to be contacted and act on my behalf:

Emergency Contact #1 _____ Relationship _____
Employer _____ Office Ph _____ Cell _____
Emergency Contact #2 _____ Relationship _____
Employer _____ Office Ph _____ Cell _____

Pick-up Authorization Information

Name, address and phone number of individuals other than parents authorized to pick up your child over the age of 16. A non-expired ID must be presented to the staff before a child will be released. Any special instructions such as custody or restraining orders must be attached and communicated to the Camp Director.

#1 _____ Address _____ Phone # _____
#2 _____ Address _____ Phone # _____
#3 _____ Address _____ Phone # _____

MEDICAL INFORMATION: (NYS Licensing regulations require the full name, address, & phone # for doctor.)

Hospital information is optional.)

The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Camp Director at (315) 462-6184 if your child requires accommodations. If you feel that an accommodation and/or enrollment request has been wrongfully denied based on disability, you may contact the Executive Director at Todd@csaymca.org to further discuss the matter.

Physician _____ Address _____ Ph _____
Family Dentist _____ Address _____ Ph _____

Preferred Hospital (We will request the EMTs take your child here whenever possible.) _____

Medication child is presently taking _____ Dosage _____ Time of Administration _____ am pm
Additional Medication _____ Dosage _____ Time of Administration _____ am pm

*** If medication is required during program hours, you must complete a NYS mandated Written Medication**

Consent form.

Please list any allergies (Medication must be provided for all life threatening allergies.) _____

If exposed to this known allergen, what action should be taken? _____

Over-the-Counter Medication: I authorize the YMCA Summer Camp staff to administer over-the-counter topical ointments such as sunscreen, first aid ointments, itch reliever and topically applied insect repellent when needed. **Initial** _____

PARENT AGREEMENTS:

1. I understand that I must provide at least 2 weeks written notice to withdraw from any camp session. I am responsible for full payment of any sessions not cancelled 2 weeks in advance.
2. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health & well-being of my child.
3. I have provided information on my child's special needs (allergies, diet, and/or medical) to the provider, as may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.
4. I give consent for the Clifton Springs YMCA Directors to release personal healthcare information to program staff and/or medical professionals, when necessary, so that they may provide quality treatment and/or services for my child.
5. I give consent for photographs and video footage of the above named child to be used to promote the YMCA Summer Camp programs. Such promotional efforts may include brochures, posters, flyers, showing a video tape of a camp event, etc. In addition, I give consent for photographs to be displayed on the YMCA Lobby PowerPoint, YMCA Website, YMCA Facebook page, Instagram and Twitter pages.

Parent/Guardian Name: _____ Signature: _____ Date: _____



Counselor In Training Name: _____

Registration Fee: \$20/child, \$30/family due at the time of registration

Deposit: A \$10 deposit per week will be required for all weeks registered. This reserves your LIT's placement in the program. If enrolled in one of these sessions, there is no additional charges for field trips. The parent(s) acknowledge the decision not to participate in any field trips, which may require the parent(s) to locate alternative care for that date.

- 10 Week Program
 Flat Rate for 10 sessions: **\$800** - Must be paid in full upon registration
- Weekly LIT program \$90 (Member) - Supports cost of fieldtrips, swimming and supplies

2022 Season

Circle session of attendance	Session	Part Time Only Indicate days of week attending
PT or FT	Session 1: June 27-July 1 <u>Super Scientist</u>	M T W TH F
PT or FT	Session 2: July 5-8 *Closed 7/4 <u>Party in the USA</u>	M T W TH F
PT or FT	Session 3: July 11-15 <u>Around the World</u>	M T W TH F
PT or FT	Session 4: July 18-22 <u>Out of this World</u>	M T W TH F
PT or FT	Session 5: July 25-July 29 <u>Under the Sea</u>	M T W TH F
PT or FT	Session 6: Aug 1-5 <u>Superhero's</u>	M T W TH F
PT or FT	Session 7: Aug 8-12 <u>Amazing Animals</u>	M T W TH F
PT or FT	Session 8: Aug 15-19 <u>Fairies vs Ninjas</u>	M T W TH F
PT or FT	Session 9: Aug 22-26 <u>Secret Spy School</u>	M T W TH F
PT or FT	Session 10: Aug 29-Sept. 2 <u>Community Helpers</u>	M T W TH F

Email my confirmation to the below address:
 (Please print)

_____@_____

# of Sessions	
Session Fee	
FEES PAID	
BALANCE DUE	