



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LET'S HAVE A HEALTHY & FUN HOLIDAY

Winter Break Camp
EL CAMINO YMCA



February 20 - 24, 2012
7:30 am - 6 pm

TRADITIONAL CAMP

Kids enjoy awesome arts and crafts projects, weekly field trips, swimming, outdoor games and more. Winter Break Camp helps your child stay physically active, develop friendships, and engage in a variety of activities that promote character development.

Location: Almond Kids' Place (550 Almond Avenue, Los Altos, CA 94022)
Huff Kids' Place (253 Martens Avenue, Mountain View, CA 94040)
• For your convenience, please choose the location nearest you.

Ages: Grades K - 6th

Cost: Facility Members: \$250, Program Members: \$300
Financial Assistance & Daily Rate available – Facility Members: \$50, Program Members: \$60

SPECIALTY GALORE CAMP

Sample our popular summer specialty camps, all in one week. Kids will enjoy Lego Engineering, Magic, Archaeology, Arts and Crafts, and Rock Climbing. Two to three hours each day will be spent on specialty instruction.

Location: Bubb Kids' Place (525 Hans Avenue, Mountain View, CA 94040)

Ages: Grades 1st - 6th

Cost: Facility Members: \$280, Program Members: \$335
Daily Rate available – Facility Members: \$60, Program Members: \$70



EL CAMINO YMCA Winter Break Camp – Registration

First and Last Name: _____

Age: _____ School: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Parent/Guardian Name: _____ Cell: _____

The YMCA sends periodic emails and automated phone calls with Y news and announcements. We do not share or sell your email, phone number or address to any third party. You may unsubscribe at any time.

I agree to receive communications from the YMCA of Silicon Valley by: email phone mail

I do not want to receive communications from the YMCA of Silicon Valley by: email phone mail

WINTER BREAK CAMP: FEBRUARY 20 – 24, 2012

___ **Traditional Camp** (week) ___ **Almond** ___ **Huff**

Daily rates are also available. Please select the days your child will attend.

- ___ Monday, February 20
- ___ Tuesday, February 21
- ___ Wednesday, February 22
- ___ Thursday, February 23
- ___ Friday, February 24

For camp activity questions, contact Saadia Aurakzai at 650 429 1344 or saurakzai@ycmasv.org.

___ **Specialty Galore Camp** (week)

Daily rates are also available. Please select the days your child will attend.

- ___ Monday, February 20
- ___ Tuesday, February 21
- ___ Wednesday, February 22
- ___ Thursday, February 23
- ___ Friday, February 24

For camp activity questions, contact Grace Ihn at 650 429 1313 or gihn@ycmasv.org.

Please complete the attached Health History Form, and submit with Winter Break Camp Registration Form at our Member Services Desk. Registration will not be processed if payment is not made and both forms are not submitted. Registration must be completed by Thursday, February 16. Notice of cancellation must be received by Tuesday, February 7 in order to receive a full refund. Exceptions will not be granted.

For registration or billing questions, contact Cristina Causor at 650 429 1310 or ccausor@ymcasv.org.

By signing below, I understand that payment is due in full at the time of registration.

Signature: _____ **Date:** _____

YMCA CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

You must submit a registration form and this health history form together to complete your registration. Copies of immunization records are required for children under 18 years of age.

Child's Name: First: _____ Last: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Birthdate: ____/____/____ Grade (in the Fall of this year): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Birthmarks/scars: _____

Caucasian Asian/Pacific Islander Hispanic African American Native American Other

T-shirt Size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult XXL

Parent/Guardian 1: Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____

Parent/Guardian 2: Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP CHILD

In the case of an emergency, we will always contact the parent/guardian first. In the event a parent/guardian cannot be reached, we will contact other friends/relatives. No adults other than the parent/guardian or people listed below can pick up your child from our program without a legibly written, dated and signed note from the parent/guardian. **The person picking up your child must be at least 16 years old. Picture ID required for pick-up.**

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

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Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician: _____ Preferred Hospital: _____

Doctor's Phone: _____ Doctor's Address: _____

Family Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Medical Insurance Company: _____ Policy #: _____

Immunization History* (include dates): Tetanus Booster: _____ Tuberculin (TB) Test: _____ MMR: _____ DPT: _____

If you **do not** immunize your child, please sign here: _____

If you **do not** have medical insurance for your child, please sign here: _____

*For preschool participants, a copy of your child's current immunization record is required.

MEDICAL HISTORY

Asthma Head Lice Seizures Diabetes ADD/ADHD

Measles Sleepwalking Tuberculosis Chicken Pox German Measles

Ear Infection Heart Defect/Disease Bleeding/Clotting Disorder

Allergies: Pollen Penicillin Poison Oak Bee Stings Bee Sting Kit

Foods Hay Fever Other Insect Stings Other Drugs Other Allergies?

List Other Allergies Here: _____

List Dietary Restrictions Here: _____

Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides? YES NO

If yes, please explain: _____

List operations, serious injuries or restriction on physical activity: _____

List current medications and purpose: _____

Medication Disbursement Authorization: If your child is currently taking medications, complete this section. This includes over-the-counter and prescription medications. For your child's protection, our staff cannot administer medication without this form. Any medicines that you give us for your child must be in the original container with dosage directions and/or doctor's instructions clearly labeled. Medication will be administered and documented according to directions on the bottle or by a doctor's instructions.

Medical Condition: _____

Medication: _____ Amount to be given: _____ When: _____

Comments or Instructions: _____

Parent/Guardian Signature: _____ Date: _____

Is your child currently involved in therapy? YES NO Please explain:

Does your child require special accommodations? YES NO Please explain:

Be sure to contact the Program Director **prior** to the start of the program, if your child needs special accommodations.

SWIMMING/SUNSCREEN INFORMATION:

Some YMCA programs may include swimming activities with certified lifeguards on duty. For your child's safety, every child with permission to swim, regardless of swimming ability, will have to take a YMCA swimming test prior to swimming.

My child has permission to participate in YMCA swimming activities. YES NO

The **YMCA staff may apply sunscreen** to my child's exposed skin (not covered by clothing/swimsuit), as needed. YES NO

For Campers Entering 7-10th Grade: Parent Consent Agreement:

This section is only for Teen Camp participants and their parents/guardians. Check the Teen Camp activities below in which you would like your child to be involved.

Independent Dismissal: Youth 12 years and older may sign themselves in and out of camp; however, for your child's safety, we require parental/guardian consent for this privilege.

Yes, my child may sign himself/herself in and out. No, my child may not sign himself/herself in and out.

Independent Field Trip Supervision Consent: Youth are given the opportunity to divide into groups of four or more to explore what **specific highlight field trips** have to offer, independently of staff. Campers must adhere to strict guidelines listed below:

- All campers will have an option to stay with YMCA staff during the highlight field trip.
- All campers will remain in the pre-determined boundaries during all highlight field trips.
- All campers will travel together in groups of **four** or more.
- All campers will be notified of a pre-assigned base location where they will **check in with YMCA staff every 90 minutes** or in case of an emergency.
- YMCA staff will be available at base location throughout the highlight field trip.
- Campers will be provided with emergency contact instructions and a list of numbers in case of any emergencies. YMCA staff will carry communication devices.

Failure to abide by all YMCA rules will result in the suspension of self-supervision privileges (for both the remainder of the activity and potentially for future YMCA activities).

Yes, my child may participate in independent field trip supervision while adhering to regular check-ins.
 No, my child needs to have constant adult supervision.

PHOTO RELEASE:

I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, or any and all photographs which you have this day taken of my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print, shall constitute the YMCA's property, solely, and completely.

MEDICAL RELEASE:

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I assume that the YMCA of Silicon Valley assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the YMCA to order X-rays, routine tests, and secure proper treatment, hospitalize, and to order injections/and/or anesthesia and/or surgery and emergency treatment for my child as named on this form.

I agree to and understand the following guidelines: Participants agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission.

- If my child will not be attending the program, I will call the YMCA by 8:30 am and notify staff.
- I will sign my child in and out each day.

YMCA of Silicon Valley reserves the right and will send anyone home (at parents'/guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardian's signature is required on the Photo Release, Medical Release and agreement to follow YMCA policies and guidelines in order for your child to participate in the YMCA program.

PARENT/GUARDIAN SIGNATURE: 

DATE: