



YMCA ADVENTURE SUMMER DAY CAMP

June 25– August 31

A Whole Summer of Fun!

For Students Going Into Grades K-6

Hours of Operation:

Monday through Friday

8 AM to 5 PM (with extended hours available 7-6)

Visit CortlandYMCA.recdesk.com to sign up online!

Our 2018 Camp Themes

- Week 1:** (June 25-June 29) Dirt Week
- Week 2:** (July 2-July 6) Pirate Week
- Week 3:** (July 9-July 13) Y Explorers
- Week 4:** (July 16-July 20) Sports Week
- Week 5:** (July 23-July 27) Performing Arts
- Week 6:** (July 30-August 3) Code Name: YMCA
- Week 7:** (August 6-August 10) International Celebrations Week
- Week 8:** (August 13-August 17) Wet and Wild
- Week 9:** (August 20-August 24) Comic Creations
- Week 10:** (August 27-August 31) Innovators' Workshop (STEM Week)

For more information, please contact the YMCA at 756-2893 or visit us online at CortlandYMCA.org or in person at 22 Tompkins St. Cortland.

Camp Includes:

- A YMCA Camp T-Shirt
- FIVE** Free Field Trips, including a Syracuse Chiefs game and a CRT show.
- A Daily Snack
- Free weekly swimming lessons
- Trips to local parks and events
- Dance Parties
- Rockwall, games, learning opportunities, and more!

2018 Rates

\$150 a week for Members*

\$185 a week for Community Members

Second Child Discount: 10%

Financial Assistance Available;
please see the front desk for details.

*Paid annual membership in full at signup, or consecutive membership of at least 6 months required for membership rate.



2018 Summer Day Camp Registration Form

Contact Information

Child's Name _____ Birth Date _____ Age _____ M or F
 Parent/Guardian Name(s) _____ Home Phone _____ Work Phone _____
 Address _____ E-Mail _____
 City _____ State _____ Zip _____
 Alternate contact in event of emergency: Name _____ Phone _____ Shirt Size _____

Release Information

Our staff is responsible for the safety of your child. We will only release children to those individuals who are approved in writing by you, the parent or guardian. You may change this list at any time.

Name _____ Phone _____ Relation _____
 Name _____ Phone _____ Relation _____

Health Information and Medical History

Medical or developmental conditions requiring special attention: _____
 Allergies (food or other): _____ Restricted activities: _____
 If medication is regularly taken, please specify drug and condition: _____
 Hearing/visual/dental conditions requiring special attention: _____
 If a special diet is required, please specify diet and condition: _____
 Elementary School where child is or will be enrolled in fall of 2018: _____
 Name of Physician _____ Phone _____

Parental Authorization

I have provided the YMCA with all pertinent information to assist them in caring for my child. This medical history is correct, and my child has had a physical exam by a certified physician within the last year. In the event of an emergency, I hereby give permission to the Camp Director or designee to act for my child according to his/her best judgment where medical or surgical treatment is required. I accept responsibility for the costs of all medical care. I understand that the deposit fee is non-refundable and registration fees must be paid in full one-week prior to the start of camp. I hereby give permission for my child to take part in field trips, including bus transportation, off camp property under proper supervision. I consent and authorize the Cortland YMCA to use videos or photographs of my child for promotional use. Staff may apply sunscreen to my child as needed.

Parent/Guardian Signature _____ Date _____

<u>Check Sessions Attending</u>	<u>Amount Paid</u>	<u>Balance</u>
<input type="checkbox"/> Session 1: June 25-June 29..	_____	_____
<input type="checkbox"/> Session 2: July 2-6.....	_____	_____
<input type="checkbox"/> Session 3: July 9-13.....	_____	_____
<input type="checkbox"/> Session 4: July 16-20.....	_____	_____
<input type="checkbox"/> Session 5: July 23-July 27.....	_____	_____
<input type="checkbox"/> Session 6: July 30 -Aug 3.....	_____	_____
<input type="checkbox"/> Session 7: August 6-10.....	_____	_____
<input type="checkbox"/> Session 8: August 13-17.....	_____	_____
<input type="checkbox"/> Session 9: August 20-24.....	_____	_____
<input type="checkbox"/> Session 10: August 27-31.....	_____	_____

YMCA Summer Day Camp

Return completed form and payment to:
 Cortland County Family YMCA
 22 Tompkins Street
 Cortland, NY 13045

Note: If registering for a single session, payment must be made in full. Each additional session requires a \$10 non-refundable deposit. Balance must be paid two-weeks prior to the start of camp.

*Please make checks payable to: **YMCA***
 Scholarships available, contact front desk
 for more information