



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER CHARLOTTE | 2019 SUMMER DAY CAMP

YMCA of Greater Charlotte day camps are centered on improving the well-being of children. We believe in each child's individuality and intentionally focus on three areas of development: **friendship**, **accomplishment** and **belonging**. We work to create a safe and vibrant environment that allows children to:

- Learn and master skills that nurture their passions, talents and potential.
- Bond with new friends and positive staff role models to create lasting memories.
- Know they belong so they feel welcome and free to express who they are.

REGISTRATION INFORMATION

PAYMENT POLICIES

Member/Program Participant rates are determined based on the child's YMCA membership status. All balances must be paid in full in order for a camper to attend. If your membership status or program adjusted rate changes before the week your child attends camp, please contact us at bracefamilydaycampbusinessoffice@ymcacharlotte.org.

Deposits

- Deposits collected at the time of registration are deducted from the total balance due for that week of camp.
- All registrations require a \$10 deposit per child, per camp week.

Program Adjustment Rate

As part of our My Y Pricing rate structure, an adjusted program rate is available to all who qualify. Both Members and Program Participants must provide income verification at the Sales and Service Desk in order to receive an adjusted program rate.

Payment Options

- Pay in full at time of registration.
- Automatic Draft from a credit/debit card according to the payment schedule on the right. In the event a draft is returned, subsequent drafts will occur until the draft is successful.
- Payment in person. Payment will be accepted at the Sales & Service desk in the form of cash, debit, or credit card before the due date. Payments not made by the due date will be automatically charged at that time using the card on file.

Late Payment Policy

Failure to make a payment by the balance due date will result in a **\$25 charge per child, per session**. If payment isn't made in full upon notice, the camper will be removed from the session.

Cancellation/Transfer Policy

- Cancellations must be made in writing to a YMCA Sales & Service representative or emailed to bracefamilydaycampbusinessoffice@ymcacharlotte.org. Requests to transfer programs must be made in-person.
- Cancellations or requests for transfers must be received at least **8 days prior** to the start of the requested camp week to qualify for a refund or transfer of money paid.
- Cancellations not received by the designated day will result in a forfeiture of all deposits and fees paid towards that camp week and the balance due will still apply.

REGISTRATION CHECKLIST

The following items must be completed at the time of registration:

- Camper Registration Form**
- \$10 deposit paid per child, per camp session**
- Valid email address and cell phone number on file**

DAY CAMP PAYMENT SCHEDULE

CAMP DATES	DUE ON OR BEFORE
May 27 – May 31 (Preschool only)	May 17
June 3 – June 7 (Preschool only)	May 24
June 10 – June 14	May 31
June 17 – June 21	June 7
June 24 – June 28	June 14
July 1 – July 5	June 21
July 8 – July 12	June 28
July 15 – July 19	July 5
July 22 – July 26	July 12
July 29 – August 2	July 19
August 5 – August 9	July 26
August 12 – August 16	August 2
August 19 – August 23	August 9

CAMP COUNSELORS

We are committed first and foremost to the safety of your child. We place a strong emphasis on safety standards by offering a remarkable counselor to camper ratio and requiring our counselors to complete 30 hours of pre-camp training, including CPR, First Aid and AED training. All YMCA staff are background checked and drug screened prior to hiring.

Counselor to Camper Ratio	
Preschool Age	1:6
Kindergarten	1:8
1 st – 5 th Grade	1:10
6 th - 12 th Grade	1:12

AUTHORIZED TO PICK UP

For the safety of your child, participants will only be released to the legal guardian or responsible adult listed on the camper's account. Every adult must present a government-issued photo ID during rides out. In the event that a child will be picked up by an adult not listed on the account, a parent note no later than morning drop-off (including the person's name as it appears on their photo ID) is required and a photo ID must be shown during rides out. Thank you for helping to expedite this process by having your ID ready. You can add or remove people from your child's authorized pick-up list with a Sales and Service representative or under the My Account tab at www.ymcacharlotte.org.

ATTENDANCE

Attendance is taken during drop-off, during morning assembly, and periodically through the camp day by our camp staff. If your child will be missing a day of camp, please notify your camp director.

DISCIPLINE POLICY

The philosophy of our program is based on character development and the principles of caring, honesty, respect, responsibility and faith. It is expected that our staff show respect and courtesy to each participant and we expect each participant to show courtesy and respect to each staff. The staff will make every effort to relate to campers on an individual basis.

- Staff will help participants learn self-control, choose alternatives, identify feelings and develop an understanding and respect for the feelings of others.
- Every effort will be made by the staff to enlist the cooperation of the children and parents to solve problems.
- There is no financial refund or compensation for time missed due to behavioral problems.

ILLNESS

We are not equipped to provide care for sick campers on site and encourage that they remain at home. If a camper becomes ill at camp, a parent will be contacted and asked to pick up their camper within one hour. If a parent cannot be reached, the staff will begin calling those authorized to pick up that are listed on the registration form. If a sick child needs to leave camp for the day and return home, the YMCA cannot provide transportation home or provide compensation or refunds for missed time.

MEDICATIONS

Please administer all medications at home before arriving at camp. If medications are required during the camp day, a "Medication Authorization Form" must be filled out and provided to the camp program director. All medication, including over the counter items, must be dispensed by the camp office personnel. All medication must be in its original bottle/packaging with the medication authorization in a well-labeled Ziploc bag. Please contact the camp director if your child's circumstance requires special consideration.

EMERGENCIES

Routine scrapes and cuts will be treated by our staff. In the case of serious accident or illness, camp staff will contact you directly. In the event that you cannot be reached, the authorization signed on your health form allows the staff to provide prompt treatment. Please note that in the event of serious injury, 911 will be called first.

INCLEMENT WEATHER POLICY

Your child's safety and well-being are our top priorities. The YMCA program directors and staff pay close attention to weather each day. Camp programming is modified based on inclement weather (heat index or storm warnings). The YMCA reserves the right to cancel, delay or reschedule programs and field trips requiring the use of YMCA transportation based on inclement weather that could affect your child's safety and program quality.

DEVELOPMENTAL AND PHYSICAL NEEDS

The YMCA will make every reasonable accommodation possible to serve all children regardless of their developmental, physical or cognitive abilities. Please contact the camp director in advance to discuss modifications that would be helpful in the success of your child in YMCA day camp. We strongly encourage full disclosure so we can best serve your child.

PARENT EXPECTATIONS

Going off to summer camp is a very exciting experience for campers and parents. It is natural for everyone to be anxious about the first day of camp and meeting new friends. Hopefully, the following information from "our most experienced parents" will minimize first day anxiety:

- Contact your camp director with any questions or to provide information specific to your child.
- Wear "play clothes". Campers are very active during the camp day.
- Label all of your camper's belongings.
- Pack extra food and a refillable water bottle.
- Leave all electronics, valuables, and extra toys at home.

PARENT COMMUNICATION

- **Our primary form of communication about your camper's experience prior to camp and during the summer months will be via email and text message. Please make sure we have the current cell phone number and email address for the primary account holder.**
- You will be receiving a reminder email the week before each camp session begins, which will include details about your child's scheduled camp activities, what to pack, where to drop-off, etc.
- For general camp information and FAQs, please visit our Camp Central page at www.ymcacharlotte.org.

Contact Us:

By email at bracefamilydaycamp@ymcacharlotte.org or by phone at **704-716-4309**. For payment concerns, contact bracefamilydaycampbusinessoffice@ymcacharlotte.org. Like **Brace Family YMCA** on Facebook, to learn more information and to see updates about our camp programs as well as pictures of your child's camp experience as the summer goes on!



YMCA OF GREATER CHARLOTTE SUMMER CAMP REGISTRATION FORM

SELECT YOUR BRANCH:

- | | | | |
|---|---|-------------------------------------|---|
| <input type="radio"/> YMCA Camp Thunderbird | <input type="radio"/> Keith Family YMCA | <input type="radio"/> McCrorey YMCA | <input type="radio"/> Steele Creek YMCA |
| <input type="radio"/> Brace Family YMCA | <input type="radio"/> Lake Norman YMCA | <input type="radio"/> Morrison YMCA | <input type="radio"/> Stratford Richardson YMCA |
| <input type="radio"/> Harris YMCA | <input type="radio"/> Lincoln County YMCA | <input type="radio"/> Sally's YMCA | <input type="radio"/> Johnston YMCA |
| | <input type="radio"/> Lowe's YMCA | <input type="radio"/> Simmons YMCA | |

CAMPER INFORMATION:

2019

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: Male Female

Grade in Fall: _____ School : _____

Email and text messaging are our preferred forms of communication during Summer Camp. All communications should be sent to:

Primary Email: _____

Primary Cell Phone: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

You can list additional emergency contacts and authorized pick-ups, as well as update health information for your child by visiting your online account or our Sales & Service team

1. Parent/Guardian (primary) _____

DOB: ____/____/____

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

Email: _____

2. Parent/Guardian (primary) _____

DOB: ____/____/____

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

Email: _____

You will receive a welcome email for each camp your child is registered for prior to the start of camp. It will outline important details on what your child needs to bring, and who to contact if you have any questions for our camp team.

Last Name: _____ **First Name:** _____ **MI:** _____

**YMCA of Greater Charlotte
Release of Waiver of Liability And Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/ OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

**Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)**

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

Member ID: _____



CAMP BOOMERANG CAMPER APPLICATION

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In order to secure your registration, you **MUST SUBMIT** a completed YMCA Day Camp Registration, completed camper application and a \$10.00 deposit for each week (no deposit is required for waitlisted sessions). **You WILL NOT be able to register without all of these forms completed.** For more information about the program, please see our website at: <http://www.ymcacharlotte.org/brace> (Hover over "Camp"; Select "Camp Boomerang").

****Please answer ALL questions. Incomplete applications will delay processing.****

Please register camper for the following weeks of Camp Boomerang.

- Session 3: June 24 – 28
- Session 4: July 1 - 5
- Session 5: July 8- 12
- Session 6: July 15 - 19
- Session 7: July 22 - 26
- Session 8: July 29 – Aug 2

PAYMENT METHOD

- Pay in Full at time of registration
- Debit/Credit Card Draft (see Camp Eagle Rock app for payment/draft info)
- 3rd Party Payor: Organization: _____ Contact name/phone #: _____

PARENT INFORMATION

Last Name: _____ First Name: _____
 Phone: _____ E-mail: _____

CAMPER INFORMATION

Last Name: _____ First Name: _____
 DOB: _____ Age: _____ Gender: Male Female
 Has this camper ever been to camp before? Yes No If so, how many years: _____
 Select your camper's primary diagnosis: Autism Communication Disorder Intellectual Disability
 Please list any other conditions your camper has been diagnosed with: _____

Where does your camper attend school: _____
 Type of Classroom Placement: _____ Teacher-Student Ratio: _____
 Grade in Fall: _____ Does your camper use a visual schedule at home or at school? Yes No
 Camper has 1-on-1 aide at all times? Yes No Camper participates in inclusion during school: Yes No
 Camper participates in inclusion-based recreation activities: Yes No If yes, what kind: _____

MEDICAL & BEHAVIOR INFORMATION

Known Allergies: _____
 If so, what type of reaction has your camper experienced? _____
 Dietary Restrictions: _____
 Seizure Disorder: Yes No

Does your child have any medical conditions that would affect their ability to participate in camp activities, which include a significant part of the day outside? Yes No If yes, please explain: _____

How does your child communicate and make his/her needs known?

Complete Sentences 2-3 Word phrases Single Words Sign Language Gestures/Points Pictures

Can your camper consistently/accurately/clearly answer "yes or no" questions through their form of communication? Yes No If not, please explain: _____

Does your camper understand and follow simple directions? Yes No

Does your camper actively participate in group activities? Yes No If no, please explain: _____

To whom does your child best relate (age group peers, young adults, parental figures, younger children, males, females, etc.)? _____

When your child is frustrated, angry, upset or sad, describe how he/she handles anger (for example: hits, screams, hides, runs away, hurts themselves or others, etc.)? _____

Please select any behaviors that your camper engages in: Bites Self/Others Hits Self Bangs Head Scratches Others Throws items Hits Others Spits on Others Runs Away Removes clothes Please describe how often the selected behavior(s) occur: _____

Has your camper ever been suspended or expelled from a school, child care facility, or camp due to physical or behavioral reasons (for example: hitting, biting, kicking, bullying, etc.)? Yes No

If yes, please describe: _____

Does your camper have an Individual Behavior Management Plan (IBMP) or an Individual Education Plan (IEP) at school? If yes, please describe what accommodations they receive: _____

What techniques do you use to handle inappropriate behavior and encourage appropriate behavior? _____

What are some of your child's interests (reading, certain cartoon characters, Legos, etc.)?

SUPPORT NEEDS

Please check the model you feel would best serve your camper. If you are providing a volunteer buddy, that person must come the same time, every day. **Camp Boomerang will not provide a buddy if you are sending your own care worker.**

_____ I prefer a one-to-one for my child.

_____ I would prefer a two-to-one for my child.

_____ I will send my own buddy. (Please e-mail Kimberly.reinken@ymcacharlotte.org for additional forms)

_____ My child does not need a buddy. They will be successful in a typical camp group of 1 staff: 10 peers.

*****Please note that Camp Boomerang staff and volunteers are not equipped to handle significant behavioral challenges or children who are not toilet trained. Campers MUST BE fully toilet trained and not reliant on pull-ups prior to coming to camp.*****

Does your camper need assistance at meal times? Yes No If yes, please describe: _____

Does your camper need assistance with going to the bathroom? Yes No If yes, please describe: _____

If your child is on a toileting schedule, how often do you take them? _____

Will your child ask to go to the bathroom? Yes No

If your child has received a YMCA swimming band, what color is it? Green Yellow Non-swimmer

Does your camper need assistance with dressing and/or changing clothes? Yes No

What goals do you have for your camper while he/she is at camp? _____

What concerns, if any, do you have about your camper coming to camp? _____

Additional Comments/Thoughts: _____

****Please provide as much accurate information as possible. This will help us provide the highest quality program and assistance for your camper. Thank you for your cooperation!****

2019 BRACE FAMILY YMCA DAY CAMP PROGRAM OFFERINGS

CAMPER NAME:

CAMPER DOB: / /

MEMBER#:

CAMP NAME	PRICE MEMBER/ PROGRAM	AGES	PS Only	PS Only	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK
			Week A 5/28- 5/31	Week B 6/3- 6/7	1 6/10- 6/14	2 6/17- 6/21	3 6/24- 6/28	4 7/1- 7/5	5 7/8- 7/12	6 7/15- 7/19	7 7/22- 7/26	8 7/29- 8/2	9 8/5- 8/9	10 8/12- 8/16	11 8/19- 8/23
TRADITIONAL DAY CAMP															
PRESCHOOL CAMP (AM)	\$160/\$235	AGES 3-4													
CAMP EAGLE ROCK (AM)	\$160/\$235	AGES 5-8													
CAMP EAGLE ROCK (AM)	\$160/\$235	AGES 9-12													
CAMP EAGLE ROCK - TREKKERS	\$235/\$310	AGE 5													
CAMP EAGLE ROCK - PATHFINDERS	\$235/\$310	AGE 6													
CAMP EAGLE ROCK - DISCOVERERS	\$235/\$310	AGES 7-8													
CAMP EAGLE ROCK - NAVIGATORS	\$235/\$310	AGES 9-10													
CAMP EAGLE ROCK - TRAILBLAZERS	\$235/\$310	AGES 11-12													
TEEN CAMP	\$270/\$345	AGES 13-15													
LEADERS IN TRAINING (L.I.T.) CAMP	\$260/\$335	AGES 13-15													
AQUATICS, SPECIALTY, & SPORTS CAMPS (ALL SPORTS CAMPS TAKE PLACE AT THE BRACE FAMILY Y)															
ALL SPORTS CAMP	\$235/\$310	AGES 6-7													
ALL SPORTS CAMP	\$235/\$310	AGES 8-10													
AQUANAUTS CAMP (AM)	\$190/\$265	AGES 5-8													
ART CAMP (AM)	\$190/\$265	AGES 6-12													
BASKETBALL CAMP (AM)	\$190/\$265	AGES 6-7													
BASKETBALL CAMP (AM)	\$190/\$265	AGES 8-10													
BASKETBALL CAMP (AM)	\$190/\$265	AGES 11-13													
CAMP BOOMERANG	\$295/\$370	AGES 5-15													
CLIMBING ADVENTURE CAMP (AM)	\$190/\$265	AGES 9-12													
DODGEBALL CAMP (AM)	\$190/\$265	AGES 6-7													
DODGEBALL CAMP (AM)	\$190/\$265	AGES 8-10													
ENGINEERING CAMP (AM)	\$190/\$265	AGES 6-12													
FISHING CAMP (AM)	\$190/\$265	AGES 7-12													
FLAG FOOTBALL CAMP (AM)	\$190/\$265	AGES 6-7													
FLAG FOOTBALL CAMP (AM)	\$190/\$265	AGES 8-10													
LACROSSE CAMP (AM)	\$190/\$265	AGES 6-10													
MAD SCIENTIST CAMP (AM)	\$190/\$265	AGES 6-12													
PRESCHOOL SWIM CAMP (AM)	\$190/\$265	AGES 3-4													
SOCCER CAMP (AM)	\$190/\$265	AGES 6-7													
SOCCER CAMP (AM)	\$190/\$265	AGES 8-10													
SPARTAN CAMP (AM)	\$190/\$265	AGES 8-15													
STEM CAMP (AM)	\$190/\$265	AGES 6-12													
SWIM TEAM CAMP (AM)	\$190/\$265	AGES 7-12													
THEATER CAMP (AM)	\$190/\$265	AGES 6-12													
TRIATHLON CAMP (AM)	\$190/\$265	AGES 7-12													
VOLLEYBALL CAMP (AM)	\$190/\$265	AGES 8-10													
WATER ADVENTURE CAMP (AM)	\$190/\$265	AGES 9-12													
WET AND WACKY CAMP (AM)	\$190/\$265	AGES 5-8													
WILDERNESS CAMP (AM)	\$190/\$265	AGES 9-12													
CAMP EAGLE ROCK ADD-ON (PM)	\$110/\$185	AGES 5-15													
FUN EXTRAS!															
CARNIVAL OVERNIGHT, FRIDAY 6/28	\$50/\$60	AGES 5-15													
LIP SYNC OVERNIGHT, FRIDAY 8/2	\$50/\$60	AGES 5-15													
FIELD TRIPS (LOCATIONS TBD)	\$20	AGES 9-12													

We have two payment options for your convenience.

Please choose from the following options by initialing in the space provided and supplying us with the necessary documents for your payments. ***For your safety and security we will not take payments over the phone or via email.***

_____ Pay in full at time of registration by:
 Cash Debit/Credit Card Check (can only be used as payment until 5/1/19)

_____ Debit/Credit Card Draft according to the payment schedule provided online at www.ymcacharlotte.org/bracefamily

_____ Last 4 digits of card number to be used for scheduled day camp drafts.

In order to authorize a debit/credit draft we must have a valid card number for an active account. A \$25 fee will be added to all NSF drafts and the draft will be reattempted up to two times. If your draft doesn't go through you will be notified by a YMCA employee and your child(ren) will be removed from those specific camp weeks until payments is received in full. All debit/credit card drafts require a 15 business day notice to set draft up. If registering for weeks with less than a 15 day notice, payments must be made in full until the draft is set up.

Print Name

Parent Signature of Acknowledgement