

CRESCENTA-CAÑADA FAMILY YMCA / VERDUGO HILLS FAMILY YMCA
Gymnastics Summer Camp
Information Sheet 2010

WHERE TO MEET:

- Monday through Friday in the **Crescenta-Cañada YMCA gym 1930 Foothill Blvd., La Cañada.**

CAMP HOURS:

- 9:00 a.m. to 3:00 p.m., Monday through Friday
- No extended care available before or after camp

SIGNING IN AND OUT:

- All campers must be signed in and out each day in the gym!
- *No exceptions can be made from this policy.*

PARENT'S COOPERATIVE & HEALTH FORM:

- The enclosed form needs to be completed and returned to the YMCA when payment is made. This form is given to your child's teacher/counselor and is kept on file throughout the summer.

WHAT TO BRING:

- **Clothing:**
 - Exercise clothes, tennis shoes, leotards, stretch pants, and a close fitting shirt
 - Sweatpants or cotton shorts are fine for boys
 - Play clothes for game time is recommended
 - Clothing with metal buttons and zippers will not be permitted
- A sack lunch needs to be provided by the camper everyday
- Radios and video games may not be brought to camp
- The YMCA is not responsible for lost or stolen items
- Please mark all personal items brought to camp with your camper's name

T-SHIRTS:

May be purchased at the YMCA office for \$10.00

LOST AND FOUND:

Lost and found items will be held at the back desk for 1 week then donated to charity

LEADERSHIP:

Annie Azizian, Gymnastics Coordinator

Instructors are trained in gymnastics coaching and chosen based on gymnastic experience

REFUND POLICY:

- **Full** refund, less deposit, 10 days prior to the start of camp.
- **Half** refund, less deposit, up to 5 days prior to the start of camp.
- **No** refunds/credits after 5 days prior to the start of camp

QUESTIONS:

Call the YMCA at 818-790-0123.

Camp _____

CCY

VHY

Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA
Parent's Health Verification & Cooperative Information Form – **Day Camps 2010**
(Confidential – to be completed by the Parents)

This information is necessary for the staff and directors to provide a beneficial and enjoyable camp experience for your child. All information will be held in strict confidence.

Name _____ Nickname Preferred _____

Address _____ City _____ Zip _____

Hm. Phone () _____ Birthdate _____ Age _____

Grade in Fall _____ Number of Brothers _____ Number of Sisters _____ Others in the Home _____

Primary Parent/Legal Guardian: _____ Home phone: () _____

Business phone:() _____ Cell phone () _____

Primary E-Mail _____

Second Parent/Legal Guardian: _____ Home phone: () _____

Business phone:() _____ Cell phone () _____

Mother's E-mail: _____

Primary language spoken in the home: _____ Other languages spoken: _____

List food allergies: _____

Allergic Reactions: _____ Aspirin _____ Penicillin _____ Bee Stings _____ Nuts _____ Others _____

Does Camper need Epi PEN to be used for allergic Exposure? Yes / No.

Will you be sending an Epi Pen with camper? _____

List drug sensitivities: _____

List any specific problems such as hyperactivity, bedwetting, speech problems, physical handicaps, etc: _____

Any health problems? _____

List all medications to be sent to camp. All medications must be in original container and have campers name displayed on side of bottle or package. All unclaimed prescription and non-prescription drugs will be thrown out after 2 weeks!

Medication _____ Prescribed for _____ Times per day _____

Medication _____ Prescribed for _____ Times per day _____

Camper's Name _____

Child's swimming ability: Excellent _____ Average _____ Poor _____

Does your child get along with other children easily? _____

List people authorized to pick up your child or to notify in case of an emergency (Other than parents listed on the other side.):

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Health History (check, giving approximate dates)

- | | | |
|-------------------------------|--------------------------|---------------------------|
| _____ MMR vaccine | _____ Polio vaccine(IPV) | _____ Surgery (major) |
| _____ Meningitis vaccine | _____ Diabetes | _____ Accidents (major) |
| _____ Chicken Pox vaccine | _____ Heart Disease | _____ Orthopedic Defects |
| _____ Tetanus vaccine | _____ Kidney Disease | _____ Menstrual Disorders |
| _____ Dtap or dTap vaccine | _____ Rheumatic Fever | _____ Seizure Disorders |
| _____ Last TB test | _____ Head Injury | _____ Other |
| _____ Hepatitis A & B vaccine | | |

Parent's Authorization

The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representatives to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorized the YMCA staff to apply sunscreen to my child's exposed skin, on an as needed basis, if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

Parent's Signature

Date

Insurance Carrier

Policy #

Phone

Physician's Name

Phone

YMCA of the Foothills
2010 Summer Camp Billing Statement

Balances are due according to the following schedules:

For all **Rainbow Camps, Kinder Day Camps, Day Camps, Adventure Camps, Baseball Camp, Gymnastics Camps and Jr. Lifeguard Camp:**

		Fees & Forms Due:
Week 1	June 21-25	June 11
Week 2	June 28 – July 2	June 18
Week 3	July 5-9	June 25
Week 4	July 12-16	July 2
Week 5	July 19-23	July 9
Week 6	July 26-July 30	July 16
Week 7	August 2-6	July 23
Week 8	August 9-13	July 30
Week 9	August 16-20	August 6
Week 10	August 23-27	August 13
Week 11	August 30-Sept 3	August 20
Week 12	Sept 7-10	August 27

* Baseball Camp is week 2 / Gymnastics Camp Session I week 4 & Session II week 5 / Junior Lifeguard Camp week 7

For **Caravan and Resident Camps:**

		Fees & Forms Due:
Central Coast Caravan	July 19-23	July 2
Jr. High Camp Fox	July 11-17	June 25
Arbolado Mountain Camp	July 24-31	July 9
Camp Surf	August 9-13	July 23
School Age Camp Fox	August 8-14	July 23

Please Note: There will be **NO** courtesy phone calls for late payments. If payment is not received by the due date, your child will be **DROPPED** and replaced by a child from the waiting list.

DEPOSITS are NON-REFUNDABLE and NON-TRANSFERABLE!

Refund Policy: **Full** credit/refund, less deposit, 10 days prior to the start of each session
 Half credit/refund, less deposit, up to 5 days prior to the start of each session
 No credit/refund after 5 days prior to the start of each session