Accomplish Skills, Make New Friends, Feel Welcome!

Hartley Drive Family YMCA
2015 Summer Camp Registration Packet For All Ages!

- KinderKamp (3–5 years old)
- Camp Pioneer (rising kindergarten – rising 7th grade)
- CIT Camp (rising 8th and 9th grade)
Checking out day camp at the Hartley Drive Family YMCA? We’re rich in history in High Point and have been around for ages. We’re providing the ultimate day camp experience for second and third generation campers! Parents have fond memories of Camp Pioneer and remember their time growing up as campers here each summer. If you’re looking for the same positive experience for your child, that includes lifelong friendships, fun, exploration, exercise, and fresh air, you’ve found it!

Camp Pioneer’s home base is at the Hartley Drive Family YMCA and operates for 10 weeks out of the summer (June 15-August 21). We offer KinderKamp for the “little’s” (3-5 yrs), M-F from 8:30am to 12. Pioneer is open to rising Kindergartners through rising 9th graders. The camp day begins at 7:30am and ends no later than 6:00pm. Pioneer campers are encouraged to bring a morning snack, and must bring in their own bagged lunch. Each afternoon, campers will be provided with an afternoon snack to give them enough energy to finish out an active day. Our camp is a Toy-Free (with the exception of designated Toy Days); therefore electronics, game cards, Barbie dolls, action figures, etc. must remain outside of camp. There will be games and supplies which all campers can share together.

Parent’s, if you never experienced camp as a child, here’s what to expect for your camper. Each week Pioneer Campers will take a dip in the pool and splash around in our new splash pad! On Tuesdays, rising 3rd graders and younger will leave the Y on free Field Trips that will traverse Greensboro, High Point, and Archdale. This same group visits Oak Hollow Lake on Thursdays for canoeing, fishing and other activities. Rising 4th grade and up take their free field trips on Thursdays and venture to the lake on Tuesdays. There are other optional field trips for any age offered on Wednesdays and Fridays for an additional fee. Each week will also feature a literary theme which daily activities, games, and trips will center around. In addition, we will hold Spirit Days where Pioneer Campers will be encouraged to dress up and show off their spirit (e.g. Hero Day, Pajama Day, Hat Day, etc.). Campers will also be engaged in daily crafts and active games, as well as weekly Special Events to put a special finish to the week.

So what are you waiting for? Make your child a Pioneer Camper TODAY! This will be the place that your child will want to make their home. Register at the Hartley Family YMCA front desk to start the process. Camp is right around the corner. We’ll see you soon!
HOW MUCH IS CAMP? / HOW DO I REGISTER?

WEEKLY CAMP FEES
Family Members: $125 Camp Pioneer, $80 CIT’s, $80 KinderKamp
Non-Members: $155 Camp Pioneer, $110 CIT’s, $100 KinderKamp
Registration Fee: $50 (one-time fee per child for Camp Pioneer & CIT’s)
                      $30 (one-time fee per child for KinderKamp)

HOW TO REGISTER
1. Complete all registration forms.

2. Submit registration forms and a $10 per week deposit for each selected week. (Deposit required at the time of registration. Enrollment in any week of camp is not guaranteed without payment of deposit.)

FINANCIAL ASSISTANCE POLICY
Through our Y for You Program we are able to provide discounted programs to individuals who may have a financial hardship. If you are in need of financial assistance for camp, please bring in the front page of your most recent 1040 at time of registration. For more information about the Y for You Program call us at 336-869-0151.

CAMP DEPOSITS: Non-Refundable/Non-Transferable
A camp deposit of $10 per week, per child is required for all camp weeks. These fees are deducted from your total weekly camp cost. In the case that you cancel those weeks of camp, the deposits are non-refundable & non-transferable.

REGISTRATION DEADLINE
You have until the Friday before the week of your desired camp session to register your child. If you register after that deadline, there is $10 Late Fee that will be applied to the registration fee.
PAYMENT INFORMATION

- Payments will be due the Friday **BEFORE** a child attends camp.
- If payment is not honored by your bank, a $25 service fee will be charged.
- If you have an outstanding debt past Monday of the week attending, service will be terminated immediately.
- It is the parent’s responsibility to make sure that there is no outstanding balance.
- A late fee of $10 will be applied after payment due date (Friday at 6:00pm).

<table>
<thead>
<tr>
<th>Camp Week &amp; Themes For Camp Pioneer</th>
<th>Camp Dates</th>
<th>Payment Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1 <em>(Dr Seuss)</em></td>
<td>June 15–19</td>
<td>June 12</td>
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<tr>
<td>Week 2 <em>(Diary of a Wimpy Kid)</em></td>
<td>June 22–26</td>
<td>June 19</td>
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<tr>
<td>Week 3 <em>(Magic Tree House)</em></td>
<td>June 29–July 3</td>
<td>June 26</td>
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<tr>
<td>Week 4 <em>(Big Nate)</em></td>
<td>July 6–10</td>
<td>July 3</td>
</tr>
<tr>
<td>Week 5 <em>(Junie B. Jones)</em></td>
<td>July 13–17</td>
<td>July 10</td>
</tr>
<tr>
<td>Week 6 <em>(Arthur)</em></td>
<td>July 20–24</td>
<td>July 17</td>
</tr>
<tr>
<td>Week 7 <em>(Roald Dahl)</em></td>
<td>July 27–July 31</td>
<td>July 24</td>
</tr>
<tr>
<td>Week 8 <em>(The Notebook of Doom)</em></td>
<td>August 3–7</td>
<td>July 31</td>
</tr>
<tr>
<td>Week 9 <em>(Judy Blume)</em></td>
<td>August 10–14</td>
<td>August 7</td>
</tr>
<tr>
<td>Week 10 <em>(Hank)</em></td>
<td>August 17–21</td>
<td>August 14</td>
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</tbody>
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CAMP WEEKLY REGISTRATION FORM
Camper’s Name __________________________________ Parent/Guardian Name ____________________________

2015 Summer Camp (Camp Pioneer & CIT’s)

<table>
<thead>
<tr>
<th>Week Selection</th>
<th>Dates</th>
<th>Weekly Rate (Family/Non-Member)</th>
<th>Wednesday Field Trip $20 Members</th>
<th>Friday Field Trip $20 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June 15–19</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Safari Nation</td>
<td>Tumblebees *WAIVER Gymnastics &amp; Rock Climbing</td>
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<tr>
<td></td>
<td>June 22–26</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Jump-N-Fun *WAIVER</td>
<td>Celebration Station Rising 3rd grade and up only</td>
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<tr>
<td></td>
<td>June 29–July 3</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Greensboro Children’s Museum</td>
<td>Dan Nicholas Park</td>
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<tr>
<td></td>
<td>July 6–10</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Lazy 5 Ranch</td>
<td>Airbound Trampoline Park *WAIVER</td>
</tr>
<tr>
<td></td>
<td>July 13–17</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Kersey Valley Laser Tag *Waiver 10 years and up (25 members, 35 non)</td>
<td>NC Transportation Museum &amp; Train Ride, Salisbury</td>
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<td></td>
<td>July 20–24</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>American Girl Doll Store, Charlotte</td>
<td>Richland Creek Zipline *WAIVER 6 yrs and up</td>
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<td></td>
<td>July 27–31</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>W-S Dash Ballgame</td>
<td>Spare Time Bowling &amp; Laser Tag</td>
</tr>
<tr>
<td></td>
<td>August 3–7</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Kersey Valley Gem Dig, Jumping Pillow, Observation Bee Hive 3rd Grade &amp; Under</td>
<td>Airbound Trampoline Park *WAIVER</td>
</tr>
<tr>
<td></td>
<td>August 10–14</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Greensboro Science Center &amp; Aquarium</td>
<td>Wet &amp; Wild ($45 members, $55 Non-members) 3rd grade and up only</td>
</tr>
<tr>
<td></td>
<td>August 17–21</td>
<td>($125/$155 CP) ($80/$110 CIT’s)</td>
<td>Ice House</td>
<td>NC Zoo</td>
</tr>
</tbody>
</table>

TOTAL INITIAL PAYMENT IF NOT PAYING IN FULL:

1st Week Paid in Full ________

# of remaining weeks X $10 deposit* ________

$50 One-Time Registration Fee ________

Field Trips ________

Total Initial Payment ________

*Deposits are applied to the weekly fee for your selected camp; it is not an additional cost to camp.

All deposits are non-refundable and non-transferable.
CAMPER REGISTRATION FORM

YMCA Membership Type:  □ Family  □ Youth  □ Non-Member

Name of Child: __________________________________________________________ ( )

First       Middle       Last       Called Name

Address: __________________________________________ City: ___________________ State: _____ Zip: __________

D.O.B.: ___ / ___ / ___ Age: _____ Sex: _____ School: ___________________________ Last Grade Completed: _____

Child’s Swimming Ability?  □ None  □ Beginner  □ Moderate  □ Advanced

Shirt Size:  □ YS  □ YM  □ YL  □ AS  □ AM  □ AL  □ AXL

Information about the Family (Please check to indicate the parent to contact for payment and other questions)

□ Mother/Guardian’s Name: __________________________________ Home Phone: ___________________________

Address: __________________________________________ City: ___________________ State: _____ Zip: __________

Employer: __________________________________ Work Phone: ___________________________

Cell Phone: ___________________________ Email Address: ___________________________

□ Father/Guardian’s Name: __________________________________ Home Phone: ___________________________

Address: __________________________________________ City: ___________________ State: _____ Zip: __________

Employer: __________________________________ Work Phone: ___________________________

Cell Phone: ___________________________ Email Address: ___________________________

Are there any custody issues that the YMCA needs to be aware of:  □ Yes  □ No

If Yes, please explain: ________________________________________________________________

Emergency Contact (If parent or guardian cannot be located)

Name: __________________________________ Relationship: ___________________________

Home Phone: ___________________________ Work Phone: ___________________________

Name of Child’s Dentist: ___________________________ Phone Number: ___________________________

Name of Child’s Doctor: ___________________________ Phone Number: ___________________________

Hospital Preference: ___________________________ Phone Number: ___________________________

Authorized to pick up (Must be 18 years or older and provide photo ID)

Name: __________________________________ Relationship: ___________________________

Home #: ___________________________ Work #: ___________________________

Name: __________________________________ Relationship: ___________________________

Home #: ___________________________ Work #: ___________________________

Is there anyone who CAN NOT pick up your child?  □ No  □ Yes; please list names: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________
CAMPER REGISTRATION FORM

Name of Child: ________________________________

First Middle Last Called Name

Does your child have any special health or medical conditions? □ Yes □ No
If yes, please explain: __________________________________________________________________________

Does your child have any food, medication, or environmental allergies? □ Yes □ No
If yes, please explain: __________________________________________________________________________

Does your child currently take any over-the-counter or prescription medications? □ Yes □ No
If yes, please contact the Director to complete the proper documentation. **We cannot administer medication unless proper documentation is on file.**

Does your child require any special accommodations? □ Yes □ No
If yes, please explain: __________________________________________________________________________

**Medical Waiver:** The information contained in this registration form is complete and correct to the best of my knowledge and the participant described has my permission to participate in all program activities except as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the Carl and Linda Grubb Family YMCA staff to provide and/or order medical treatment, x-rays, and/or routine medical tests and to provide or arrange necessary related transportation for the participant named above. In the event I cannot be reached in an emergency, I hereby give permission to the Carl and Linda Grubb Family YMCA staff to secure, and to act as my agent in consenting to, medical and/or surgical treatment, including hospitalization, anesthesia or surgery, and to release to any physician and/or treatment facility or hospital relating to any pertinent insurance coverage, for the participant named above. I understand that any and all medical treatment is at my own expense.

**Waiver of Liability:** I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by my children or me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

**Photo Release:** I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, of any and all photographs 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.

______________________________ ____________________________
Parent/Guardian Signature Date

For Office Use Only

Date: _______ / _______ / _______ Staff Member Receiving Form: ____________________ Form filled out completely? □ Yes □ No

Payment Method: □ Bank Draft □ Credit Card Initial Payment Method: □ Credit Card □ Check □ Cash Amount: $____

Y for You Information? □ Yes □ No Scholarship Awarded: ________% Initial Payment Receipt Number: __________________