

# ROCKLAND COUNTY YMCA SUMMER CAMP



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Nyack location

Licensed through the Rockland County Board of Health  
Inspected twice each summer



## WHO CAN COME TO CAMP?

- Any child ages 5 thru 12
- Children must have completed Kindergarten

## WHEN IS CAMP?

- Camp runs for 8 weeks, July 1st – August 23
- Operating in 4 two-week sessions
- Hours are 8:00am – 6:00pm

## WHAT DO WE DO AT CAMP?

- Themed weeks
- Carefully planned indoor and outdoor activities
- Daily swimming with lessons twice per week
- Crafts
- Field trips
- Breakfast and Snack included



## HOW MUCH DOES IT COST?

### •If I am a member?

- \$665 per session if you register **prior to 6/1/19**
- \$705 per session if you register **after 6/1/19**

### •If I am not a member?

- \$705 per session if you register **prior to 6/1/19**
- \$745 per session if you register **after 6/1/19**

### •Do I have to leave a deposit?

- \$100 deposit per session, per child upon registration **prior to 6/1/19**
- \$125 deposit per session, per child upon registration **after 6/1/19**

## WHO DO I CONTACT?

Lisa Coughlin  
lcoughlin@rocklandymca.org  
(845) 643-3076

Kris Edelman  
kedelman@rocklandymca.org  
(845) 643-3075



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**Session Information:**

- Session 1:** Monday, July 1, 2019 through Friday, July 12, 2019
- Session 2:** Monday, July 15, 2019 through Friday, July 26, 2019
- Session 3:** Monday, July 29, 2019 through Friday, August 9, 2019
- Session 4:** Monday, August 12, 2019 through Friday, August 23, 2019

**Member Tuition Information:**

- \$665 per session if you register **prior to 6/1/19**  
Deposit: \$100 deposit per session, per child required upon registration.
- \$705 per session if you register **after 6/1/19**  
Deposit: \$125 deposit per session, per child required upon registration.

**Non-Member Tuition Information:**

- \$705 per session if you register **prior to 6/1/19**  
Deposit: \$100 deposit per session, per child required upon registration.
- \$745 per session if you register **after 6/1/19**  
Deposit: \$125 deposit per session, per child required upon registration.

**There is a 5% discount for the second child registered.**

- The remaining tuition balance for **Session 1** is due by **June 17, 2019.**
- The remaining tuition balance for **Session 2** is due by **July 1, 2019.**
- The remaining tuition balance for **Session 3** is due by **July 15, 2019.**
- The remaining tuition balance for **Session 4** is due by **July 29, 2019.**

**There are no refunds and/or credits.**

If you would like your child/children to attend the Rockland YMCA Summer Camp, please print your information below, tear it off and send it to: **Lisa Coughlin**

**37 South Broadway  
Nyack, NY 10960**

Please enclose the appropriate deposit when sending the below information in.

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Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ **2019-2020 School Year Grade:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ **2019-2020 School Year Grade:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ **2019-2020 School Year Grade:** \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip

Home phone \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Sessions Attending?

Session One: \_\_\_\_\_ Session Two: \_\_\_\_\_ Session Three: \_\_\_\_\_ Session Four: \_\_\_\_\_



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## 2019 Rockland County YMCA Summer Camp

Child's Name \_\_\_\_\_ School Child Attends \_\_\_\_\_

Sessions Attending

**Session One**, 7/1/19 – 7/12/19: \_\_\_\_\_ **Session Two**, 7/15/19 – 7/26/19: \_\_\_\_\_  
**Session Three**, 7/29/19 – 8/9/19: \_\_\_\_\_ **Session Four**, 8/12/19 – 8/23/19: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

**2019-2020 School Year Grade** \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*If parents are separated, please provide the following information of the non-custodial parent.*

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about us?  
(please circle one)

Website Email Flyer Other \_\_\_\_\_

### Need further information?

Please contact Lisa at (845)-643-3076, email: [lcoughlin@rocklandymca.org](mailto:lcoughlin@rocklandymca.org)  
or Kris at (845)-643-3075, email: [kedelman@rocklandymca.org](mailto:kedelman@rocklandymca.org)



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### PICK UP AUTHORIZATION

YMCA POLICY: *Your child will not be released into the custody of any person that you have not specified below as an authorized pick-up person, including other family members.*  
**Telephone approval is not acceptable.**

Below please print the full names of any and all persons you authorize to pick-up your child/children. **Please list your and your spouse's names first.**

My child/children \_\_\_\_\_ may be picked up only by the following:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I understand and agree that once my child/children are released into the custody of any of the above individuals, the YMCA and its staff no longer have any responsibility for my child/children.

Parent/Guardian Signature \_\_\_\_\_



## PERMISSIONS and REMINDERS

### PERMISSIONS

\_\_\_ Yes, I give the Rockland County YMCA permission to administer first aid if necessary and to transport my child/children to the hospital in case of an emergency.

\_\_\_ Yes, I give the Rockland County YMCA permission to take photographs or videos of my child/children participating in programs and activities. These photographs and/or videos may appear in newspapers, magazines, brochures, the Rockland County YMCA After School Facebook page or other publicity matters. Photographs and/or videos of your child/children will be used without compensation.

\_\_\_ Yes, I give the Rockland County YMCA permission to provide transportation for my child/children to and from various field trips.

\_\_\_ Yes, I give permission for my child/children to participate in the daily swim provided by the program. *If known, please provide your child/children's swim levels below:*

Child's name \_\_\_\_\_ Level \_\_\_\_\_

Child's name \_\_\_\_\_ Level \_\_\_\_\_

Child's name \_\_\_\_\_ Level \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### REMINDERS

- Due to the **extreme** nature of allergic reactions to nuts, peanuts and tree nuts (and any products containing these nut products) in some children, **the Rockland County YMCA Summer Camp PROHIBITS nuts and/or foods containing nut products on property.**
- Please complete all of the physical paperwork, information regarding allergies and emergency information on the **following pages** of this registration packet.



# YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS

Physical Exams must be within 2 years of the last day child will be at camp.

SESSIONS ATTENDING CAMP: SESSION 1 \_\_\_\_\_ SESSION 2 \_\_\_\_\_ SESSION 3 \_\_\_\_\_ SESSION 4 \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medications, Allergies, Handicaps

Please list all medications that your child is taking. Campers may not be given any medications (prescription or over the counter) unless we have a camp Medication Consent Form. State law allow us to use the school form.

Is there any medication that your child takes during the school year that they will not be taking this summer? \_\_\_\_\_

Does your child have an allergic reaction to  Bees  Medication  Peanuts

Other \_\_\_\_\_

What symptoms may occur in the case of an allergic reaction? \_\_\_\_\_

Does your child carry an Epi Pen?  Yes  No **If yes**, one must be provided to the camp to stay at camp.

**History of Medical Treatment, Problems and Disease:** Please check all areas that apply. The Rockland County YMCA requires background information on your child in order to provide licensed medical staff with pertinent information in case of an emergency. (Please explain any **Yes** answers below) Has the camper now or in the past

- |  |  |   |
|--|--|---|
| 1. Had any recent injury, illness or infectious disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Ever had seizures?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | 13. Ever had chest pain during or after exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have any chronic or reoccurring illness?..... <input type="checkbox"/> Yes <input type="checkbox"/> No              | 14. Ever had high blood pressure?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                        |   |
| 3. Ever been hospitalized?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                               | 15. Ever been diagnosed with a heart murmur?..... <input type="checkbox"/> Yes <input type="checkbox"/> No             |   |
| 4. Have frequent headaches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                              | 16. Ever had back problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                              |   |
| 5. Ever had surgery?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | 17. Ever had problems with joints?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |   |
| 6. Ever had a head injury?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                               | 18. Have an orthodontic appliance being brought to camp?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 7. Ever been knocked unconscious?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                        |  |   |
| 8. Wear glasses, contacts or protective eye wear?... <input type="checkbox"/> Yes <input type="checkbox"/> No          | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                              |   |
| 9. Ever had frequent ear infections?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                     | 20. Have diabetes?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |   |
| 10. Ever passed out during or after exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No            | 21. Have asthma?..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| 11. Ever been dizzy during or after exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No            | 22. Had mononucleosis within the past 12 months?.. <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |

Please use this space provided to give us any additional information on any **Yes** answers \_\_\_\_\_

Does your child have any behavioral, emotional, physical, psychological or mental health issues that the camp should be aware of? Are there any medications, treatments or special restrictions that the camp needs to be aware of?  Yes  No **If yes**, please explain \_\_\_\_\_

Does your child have any developmental disabilities?  Yes  No **If yes**, please explain \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**Permission to provide treatment or emergency care:** The health history is correct as far as I know. I accept full responsibility for the health and physical condition of the person described and give my permission for him/her to engage in all Rockland County YMCA sponsored activities, except as noted by me. In the event that I cannot be reached in an emergency, I give my permission to the physician and staff selected by the Rockland County YMCA to hospitalize, secure proper treatment or to order injections, anesthesia or surgery for my child. This form may be photocopied for trips out of camp.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



**YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS**

**TO BE COMPLETED BY A MEDICAL PRACTITIONER:**

\*The camp will accept a copy of the school physical form to replace this side of the camp health form.

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ May participate in all camp activities

\_\_\_\_\_ May participate except for:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medications(s)?  Yes  No **If yes**, indicate the names of medication(s) \_\_\_\_\_

Does the individual have allergies?  Yes  No Explain: \_\_\_\_\_

Is the individual on a special diet?  Yes  No Explain: \_\_\_\_\_

Does the individual have special needs?  Yes  No Explain: \_\_\_\_\_

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate (PCV)		
Tetanus			Polio		

**Comments:** \_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

city/town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, PA, APRN or RN

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Phone Number

**For business use only:**

Membership \_\_\_\_\_

Reg \_\_\_\_\_

Tuition \_\_\_\_\_

**2019/2020**

**CREDIT CARD AUTHORIZATION FORM**

**CHILD'S NAME** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

I, \_\_\_\_\_, give the YMCA permission to charge my credit/debit card account for the exact amount of my child/children's tuition each month.

Please sign below and include:

**CHILDS SCHOOL** \_\_\_\_\_ **NUMBER OF SESSIONS** \_\_\_\_\_

**TUITION AMOUNT \$** \_\_\_\_\_

**Please Circle One:** American Express Discover Mastercard Visa

**CREDIT CARD #** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_



**YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_