



ILLINOIS VALLEY YMCA 2024 DISCOVERY CAMP



Discovery Camp (Half Day; Ages 3-5)

Each week's theme will revolve around our weekly activities...Arts & Crafts, Music & Movement, Outdoor & Sensory Play, and Preschool Enrichment!

Dates: June 3rd – August 8th (Monday-Thursday) **Time:** 9:00am-1:00pm

Swim Days: Thursdays 12:15pm-12:45pm

**Please Bring a Drink & Lunch Each Day

NO CAMP – FOURTH OF JULY (7/4/24)

<u>Cost:</u>	<u>Weekly</u>		<u>Daily</u>
Members:	\$65		\$20
Non-Members:	\$95		\$30

JUNE:

3rd - 6th
10th - 13th
17th - 20th
24th - 27th

JULY:

1st, 2nd & 3rd
8th - 11th
15th - 18th
22nd - 25th
29th - Aug.1st

AUGUST:

5th-8th (Last Day)

Questions? Contact Nancy Picatto at supertykeskids@yahoo.com
Or Call 815.223.9704 ext.023

Please note: Financial aid is available for those who qualify. Inquire at 815.223.7904

ALL INCLUSIVE ILLINOIS VALLEY YMCA SUMMER DAY CAMP POLICIES

All participants must submit the proper enrollment forms, completed and signed on the first day the child attends camp. This information is confidential to our Staff and the registering parents and guardians.

Parents will be required to provide health information about their child/children by completing the proper medical and waiver forms following this policy page. These forms will be kept on file at the Illinois Valley Y and/or program site. It is necessary for the forms to be returned on the first day of camp.

Parents will be contacted in the event of sickness or accident involving their child. If a parent cannot be reached and emergency care is needed, such treatment will be provided by the OSF Clinic in Peru, as authorized under the Discovery Day Camp medical consent form. Children enrolled in any of our camps are not provided with any health insurance through the Illinois Valley Y.

Fees must be paid when registering your child. This is important for us to provide the best camp possible. All checks are to be made out to the Illinois Valley Y and should be paid at the YMCA at 300 Walnut Drive, Peru, IL 61354.

Children should NOT bring personal items, as too many items are lost, broken, or stolen.

The director with parental/guardian consent may distribute and medications the child may needs.

The hours of operation for:

- Discovery Day Camp will be from 9:00 am – 1:00pm, Monday-Thursday

There will be a sign in/out sheet in the classroom Every camper must be signed in and out each day they attend camp by a parent/guardian of 18 years or greater in age.

If a parent or guardian is late in picking up a child, there will be a \$5 late charge for the first 15 minutes plus a \$3 charge for every minute after that.

The Discovery Day Camp Director has the right to deny privileges or usage to anyone who is continually late in picking up their child or who abuses any of the other rules.

The Summer Day Camp staff will not allow a child to leave the building with anyone who is intoxicated, under visibly apparent drug use, or who may cause immediate harm.

The Y will not turn away any child who wishes to participate in the Camp because of their inability to pay.

Financial assistance is available through the Illinois Valley Y.

The Y, Discovery Day Camp Director have the right to change or add any rules that may improve the overall camp program.

PLEASE KEEP THIS SHEET TO REFER BACK TO

PLEASE FILL OUT AND TURN INTO YMCA CAMP COUNSELOR OR TO THE FRONT COUNTER PERSONNEL (FRONT AND BACK)

CHILD NAME _____ DATE OF BIRTH _____

WHAT CAMP WILL YOUR CHILD ATTEND _____

GENDER MALE FEMALE SIBLING(S) _____

EMERGENCY CONTACTS (Other than Parent/Guardian) WHICH ARE AUTHORIZED TO PICK UP CHILD

1. Name _____ Relationship to child _____
Phone _____
2. Name _____ Relationship to child _____
Phone _____
3. Name _____ Relationship to child _____
Phone _____
4. Name _____ Relationship to child _____
Phone _____

HEALTH HISTORY

PROVIDE ANY ALLERGIES OR CONTIONS THAT YOUR CHILD HAS

PLEASE BE DETAILED

Emergency Medical Authorization: I give my consent for emergency first aid to be administered to my child by a staff member certified in first aid. I understand that for an accident involving injury of a more serious nature, an ambulance will be called. In the event of my child's sickness or accident, I expect to be contacted. However, if I cannot be reached, I the undersigned, hereby give my consent for the attending Y staff member to provide emergency care and/or treatment for my child through a clinic, OSF Clinic in Peru, or private doctor. I give my express consent for x-rays if the attending physician feels it is advisable or necessary. I give permission to the physician selected by the director to hospitalize, either at SMHP or another hospital that is deemed necessary, secure proper treatment, and to order injection, anesthesia, or surgery for my child as names above. I also agree to pay all costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as mu child is enrolled at a program of the Illinois Valley Y. I have adequate medical and liability insurance, and will provide proof of such upon request.

PARENT/GUARDIAN SIGN

POLICY HOLDER'S NAME

HEALTH INSURANCE PROVIDER

POLICY NUMBER

Waiver Release & Photography Release: In consideration of the Illinois Valley (hereafter YMCA) Summer Day Camps (Discovery) allowing my child to participate, including participation in any and all activities where located, and travel to and from such activities. I/we do hereby Release and Discharge the Illinois Valley Y, its Board of Directors, the Administration, the agents, representatives and employees thereof, from any and all claims, demands and causes of action which may accrue to us/me, our/my heirs, executor or assigns, as a consequence of, and resulting from undertaking such activity, including personal injury or property damage which my child may sustain in the course of such activity participation.

I acknowledge that this activity is being provided as a benefit to my child and not for the benefit of the Y. I understand that the Y will assume no responsibility for damage, accidents, injuries, or medical injuries (including, but not limited to; broken bones, torn ligaments or tendons, back injury or soft tissue injury) and/or dental injuries/expenses incurred as a result of my child's participation in this activity.

I/we assume all responsibility for any damage that my child may cause to themselves, others, and/or property while participating in the activity. I/we release and waive, and further agree to indemnify, hold harmless, and reimburse the Board of Directors, the individual members, agents, employees and representatives thereof, from and against, any claim which I/we, or any other persons, firm or corporation may have to claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of my child's participation in the activity or the rendering of emergency medical procedures or treatment, if any.

Photo: I hereby authorize the Illinois Valley YMCA to publish photographs taken during my youth's attendance in any of the 2024 summer day camps or programs. This authorization includes magazine publications, online, and video based marketing materials, as well as other publications. I hereby hold harmless the Illinois Valley YMCA from any reasonable expectations of privacy or confidentiality associated with the images specified above. I further acknowledge that my or my youth's participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in marketing materials or other publications of the Illinois Valley YMCA. I acknowledge and agree that publication of said photos confers no right of ownership or royalties whatsoever. I hereby release the Illinois Valley YMCA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party connection with my or my youth's participation.

CHILD NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____