



The Y.™ For a better us.

# SPRING INTO FUN!

# SPRING BREAK CAMP

## 2024 CAMP OFFERINGS



**ADVENTURE • FRIENDSHIP • AND FUN!**

YMCA OF CENTRAL TEXAS

# SPRING BREAK CAMP OFFERINGS

## Please see next page for camp descriptions.

ADVENTURE ACADEMY/Y DAY CAMP	March 11th - 15th
GISD - Carver (K-5th Grade)	
HISD - Nadine Johnson (K-5th Grade)	
LHISD - Rancho Sienna (K-5th Grade)	
LISD - Parkside (K-5th Grade)	
LISD - Rutledge (K-5th Grade)	
RRISD - Fern Bluff (K-5th Grade)	
RRISD - Union Hill (K-5th Grade)	

- Spring Break Camp Registration runs from January 1st - March 11th and space is limited at some locations.
- Starting March 11th, prices increase \$25 for the weekly fee.
- A \$10 fee will be applied to any drops/transfers for each child.

Register at the following Y locations or Online at by scanning the code below:



### ADVENTURE ACADEMY / Y DAY CAMP

Weekly Rate: \$160 Members / \$200 Community Members

DAY CAMP: K-5th grade • 7:00am-6:00pm

Our site-based school camps are filled with exciting spring activities, including arts, team building, camp challenges and more! Campers can look forward to not only having loads of fun with us during their break from school, but also spending time with all of their friends in a safe and nurturing environment.

## SPRING BREAK CAMP REGISTRATION FORM

Child's First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Boy  Girl Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Child's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Parent / Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Local Person to call in case of emergency if parent / guardian cannot be reached: (authorized to release child to)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:

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

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

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

### MEDICAL INFORMATION

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# SPRING BREAK CAMP WAIVER FORMS

## Challenge Adventure Program Participation Agreement (Climbing Tower/Ropes Course)

\*\*located at YMCA Camp Twin Lakes in Cedar Park & YMCA Camp Round Rock - some other camps may have the opportunity to participate\*\*

\_\_\_\_\_

print camper name

\_\_\_\_\_

grade in **2023-2024** school year

\_\_\_\_\_

date

**INSTRUCTIONS:** Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Challenge Adventure Program at the YMCA of Central Texas / Round Rock ISD is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential and engaging teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the employees of the YMCA of Central Texas / RRISD have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

**Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the YMCA of Central Texas / RRISD and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of this and all future programs I participate in.

## I give permission for my child to participate in Challenge Adventure Programming.

X \_\_\_\_\_

signature of parent / guardian

### Parent / Guardian Acknowledgments

please **INITIAL** all lines to indicate received written policies / materials and agree to terms.

\_\_\_\_\_

print camper name

\_\_\_\_\_

grade in **2023-2024** school year

\_\_\_\_\_

date

\_\_\_\_\_ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_\_\_ **Permission for Transportation (REQUIRED):** I grant permission for the Y staff to transport my child to and from his / her Elementary School or other Y camp site for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ **Related to the Covid-19 (Coronavirus) (REQUIRED):** I agree to release and hold harmless the YMCA Parties from any present or future claim for personal liability arising directly or indirectly from my presence on the premises or participation in activities, to the fullest extent permitted under law, including allegations or claims of negligence on the part of the YMCA parties.

\_\_\_\_\_ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

\_\_\_\_\_ **Policy Agreement (REQUIRED):** I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.

\_\_\_\_\_ **Refund / Deposit Policy Agreement (REQUIRED):** A \$10 fee will be applied to any drops/transfers for each child.

\_\_\_\_\_ **Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

X \_\_\_\_\_

signature of parent / guardian