

**NO SCHOOL
NO PROBLEM**



Register Now for Schools Out Camp!

YMCA of Catawba Valley | 2020 School's Out Camp | ymcacv.org

HICKORY FOUNDATION YMCA | 701 1st St NW | Hickory NC 28601 | 828 324 2858

ADRIAN L. SUFORD, JR. YMCA | 1104 Conover Blvd E | Conover NC 28613 | 828 434 6130

AGES

6 months - 12 years

REGISTRATION

This camp is only for the children of Medical professionals and First Responders.

The registration fee is \$30 per day.

PROVIDED

All activities (art & crafts, games, etc), appropriate staffing that maintains 1:25 ratio (teacher:children), and an afternoon snack.

WHAT TO BRING

Lunch, water bottle, and tennis shoes/sneakers (NO SANDALS!). Please label all of your child's belongings.

CONTACT

Bethany Spears | Hickory Foundation YMCA | bethanys@ymcacv.org or

Hunter Townsend | Adrian L. Shuford, Jr. YMCA | huntert@ymcacv.org

YMCA MISSION

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

School's Out Camp Registration Form

Branch Location: Hickory Foundation YMCA Adrian L. Shuford, Jr. YMCA

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Date of Birth: _____ Cell: _____

Father's Name: _____ Date of Birth: _____ Cell: _____

Any Allergies or Special Conditions: _____

Best Email Address: _____

The following are authorized to pick up camper:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

School's Out Camp Dates

(Camp will operate as long as schools are closed - a May registration form will be published April 27)

<input type="checkbox"/> March 23rd	<input type="checkbox"/> March 30th	<input type="checkbox"/> April 6th	<input type="checkbox"/> April 13th	<input type="checkbox"/> April 20th	<input type="checkbox"/> April 20th	<input type="checkbox"/> April 27th
<input type="checkbox"/> March 24th	<input type="checkbox"/> March 31st	<input type="checkbox"/> April 7th	<input type="checkbox"/> April 14th	<input type="checkbox"/> April 21st	<input type="checkbox"/> April 21st	<input type="checkbox"/> April 28th
<input type="checkbox"/> March 25th	<input type="checkbox"/> April 1st	<input type="checkbox"/> April 8th	<input type="checkbox"/> April 15th	<input type="checkbox"/> April 22nd	<input type="checkbox"/> April 22nd	<input type="checkbox"/> April 29th
<input type="checkbox"/> March 26th	<input type="checkbox"/> April 2nd	<input type="checkbox"/> April 9th	<input type="checkbox"/> April 16th	<input type="checkbox"/> April 23rd	<input type="checkbox"/> April 23rd	<input type="checkbox"/> April 30th
<input type="checkbox"/> March 27th	<input type="checkbox"/> April 3rd	<input type="checkbox"/> April 10th	<input type="checkbox"/> April 17th	<input type="checkbox"/> April 24th	<input type="checkbox"/> April 24th	<input type="checkbox"/> May 1st

Waiver of Liability: I fully assume and understand the risks of my child participating in the YMCA program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need. I carry Medical Insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors and anyone else connected with the organization of this program from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns arising from my child's participation in this program or the instructions received. I agree that images taken of my child during this program may be used in any legal manner without payment to me. The YMCA reserves the right to reject any and all applications and to terminate any and all program privileges by refunding the prorated program fees. Such rejection or termination is to be the sole discretion of the YMCA of Catawba Valley. I authorize the YMCA to transport my child on field trips and to play outside fenced-in areas at the YMCA. I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent/Guardian Signature _____ Date: _____