



**2023 YMCA SAFE CAMP for kids ages 5-12
Central Elementary School, 800 Ennis, Plainview
May 30 – July 14**

Camp Fees: \$70 Week

(*Week 1 and *Week 6 are 4 days only: \$56; all other weeks are \$70/week)

No camp on July 4

Fees are due by the 1st day of camp each week.

Child's Name _____ DOB _____ Age _____ Grade _____

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Address _____ City _____ Zip _____

Parent Name _____ Parent Name _____
Cell Phone _____ Work Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact: _____ Phone _____ Relationship _____

We plan to attend the following weeks (please circle all that apply):

- *Week 1: May 30-June 2
- Week 2: June 5-9
- Week 3: June 12-16
- Week 4: June 19-23
- Week 5: June 26-30
- *Week 6: July 3-7
- Week 7: July 10-14

Payment Options: Fees must be paid in full prior to the start of camp each week.
Checks/cash/credit or debit cards must be used to pay at the YMCA, 313 Ennis. (YMCA hours of operation: M-F 5:30 a.m. -9:00 p.m.; Saturday 8 a.m. - 5 p.m.; Sunday 1 p.m. -5 p.m.). **Payments will not be accepted at the camp site.**

Optional: Ethnic Background Information: Check One:
Chinese ___ Southeast Asian ___ African American ___ Alaska Native ___ Japanese ___ Pacific Islander ___ Hispanic/Latino ___
Caucasian ___ Biracial/Mixed Heritage ___ Filipino ___ Korean ___ Native American ___ Other ___

Please check if your child is a YMCA member _____

**YMCA SAFE Camp is possible due to the collaborative efforts of the following agencies:
Plainview YMCA, City of Plainview, Hale County & Plainview ISD**



Participation and Release of Liability

Liability Release: I am the parent/guardian or a participant. I give my child(ren) permission to participate in the YMCA activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its staff members, and volunteers, from all liability for any injury, loss, or damage connected in any way whatsoever to my children's or my participation in YMCA activities whether on or off YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA its staff, volunteers, directors, members, and guests.

Insurance: It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The Plainview YMCA does not provide any accident or health coverage for its participants.

Medical Treatment: I hereby authorize the YMCA to transport and consent to any medical and surgical treatment of the above named participant which such staff or medical persons deem advisable. I also give my permission for staff members to administer CPR and /or First Aid if deemed appropriate or necessary. I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff. If a parent/legal guardian cannot reasonably be located when my child requires medical attention, I prefer my child to be taken to:

Doctor: _____ Phone: _____ or Covenant Hospital.

Photograph Permission: I give the YMCA permission to use, without limitation, compensation or obligation, photographs, film footage or tape recordings that may include mine or my child's image or voice for purposes of promoting or interpreting YMCA programs.

I have read and fully comprehend this form and I am voluntarily signing this authorization and liability form.

Parent/Guardian/Participant signature _____ Date _____

2023 YMCA SAFE CAMP YOUTH PROGRAM RULES

1. No Swearing, name calling, or put-downs.
2. No fighting (this includes hitting, kicking & biting).
3. DO NOT take anything that does not belong to you.
4. Respect others at all times.
5. Stay with your group at all times.
6. Respect Central Elementary School and their property.

I have read and agree to follow the rules as stated above. I understand that if I break any of the rules that consequences such as suspension or expulsion from SAFE Camp or summer youth program may result.

Parent/Guardian signature _____ Date _____

Camper's signature _____ Date _____