



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# A GREAT WAY TO SPEND YOUR DAY

## School's Out Vacation Camp YMCA OF SULLIVAN COUNTY

December 26, 27, 28, 29th

Please check your child's school calendar  
as days off vary from district to district.

School's Out Vacation Camp is held at the YMCA of Sullivan County in Rock Hill. Children who are currently enrolled in Kindergarten through 5th grade can attend. Vacation camp is open from 7:00am to 6:00pm.

To register, please complete the application on the reverse side of this form, along with a School's Out Vacation Camp Health Card (attached), and drop it off at the YMCA of Sullivan County or YMCA of Middletown, along with appropriate payment. Children are required to bring lunch and plenty to drink every day. An afternoon snack is provided.

**Each child must bring a lunch every day.**

### Registration Fees:

YMCA Members: \$25.00/Day

Program Members: \$30.00/Day

### Registration Deadline:

The registration deadline for Vacation Camp on December 26-29th is December 20th  
No registrations will be accepted after these deadlines.

**All registrations are nonrefundable and nontransferable.  
No exceptions will be made.**

THE YMCA SPONSORS THIS PROGRAM. IT IS NEITHER SPONSORED NOR ENDORSED BY THE MONTICELLO CENTRAL SCHOOL DISTRICT. MONTICELLO SCHOOLS ARE DISTRIBUTING THIS INFORMATION AS A PUBLIC SERVICE. THE YMCA REPRODUCED THIS FLIER AT NO COST TO THE SCHOOL DISTRICT.

**YMCA OF SULLIVAN COUNTY**  
98 Wild Turnpike  
Rock Hill, NY 12775  
(P) 845 344 9622 ext. 401

[www.middletownymca.org](http://www.middletownymca.org)



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## School's Out Vacation Camp Registration Form YMCA OF SULLIVAN COUNTY

Please check the date(s) your child will be attending: \_\_\_ **December 26** \_\_\_ **December 27**  
\_\_\_ **December 28** \_\_\_ **December 29**

Child's Name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

I will be dropping my child off at \_\_\_\_\_ am. I will be picking my child up at \_\_\_\_\_ pm.

**Please return this registration form along with your child's School's Out Vacation Camp Health Card and payment to the YMCA of Sullivan County or the YMCA of Middletown.**

**YMCA OF SULLIVAN COUNTY**  
98 Wild Turnpike  
Rock Hill, NY 12775  
(P) 845 344 9622 ext. 401

**YMCA OF MIDDLETOWN**  
81 Highland Avenue  
Middletown, NY 10940  
(P) 845 344 9622

[www.middletownymca.org](http://www.middletownymca.org)

## Authorized Release and Emergency Contacts

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Which phone is best to reach you during program hours? \_\_\_\_\_

**Our policy is to not release your child to any person you do not specify, including other family members. Please list all individuals that you authorize to pick up your child. These individuals will be contacted if there is an emergency. Please indicate yourself on the list. Any one picking up will be asked for ID.**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have any physical limitations? If yes, please specify. \_\_\_\_\_

Does your child have any allergies? If yes, please specify. \_\_\_\_\_

Is your child in a special classroom setting? If yes, please specify. \_\_\_\_\_

Is your child currently under care for any emotional, physical, or socialization problems? If yes, please specify. \_\_\_\_\_

If your child is currently taking medication, please specify what and why. \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_

I hereby enroll my child in the YMCA Vacation Camp program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA in print or other media. I also give the YMCA permission to transport my child when necessary (where applicable). I understand that all registrations are nonrefundable and nontransferable.

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

Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_