



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A GREAT WAY TO SPEND YOUR DAY

**School's Out Vacation Camp at Camp Robbins**  
131 North Drive, Walden, NY 12586

**Monday, September 30th**  
**Wednesday, October 9th and Monday, October 14th**

Looking for a place for your kids to go during the school breaks? Camp Robbins is now offering a wonderful child care option for families during school breaks with School's Out Vacation Camp.

**WHEN:** September 30th, October 9th & 14th  
**TIME:** 7:00 am-6:00 pm  
**AGES:** Kindergarten-6th Grade  
**COST:** \$28 per day for Club Kid Members  
\$32 per day for Program Participants  
**WHERE:** Camp Robbins  
**WHAT TO BRING:** Lunch & Plenty to Drink!



**CAMP ROBBINS**

For more information, please contact:

**Josh Horner**  
(P) 845 956 1519  
(E) jhorner@middletownymca.org

**HOW TO REGISTER:** Complete all necessary forms and either hand in the completed registration packet to any of our before/after school Club Kid programs in Wallkill or Valley Central or register at the YMCA in Middletown or Monroe.

# School's Out Vacation Camp Registration Form

Club Kid Members-\$28.00 per day  
Program Participants-\$32.00 per day

\*\*\*\*\*Special rate for Club Kid Members signing up for all 3 days.\*\*\*\*\*  
Club Kid Members-\$75.00 for all 3 days

All registrations are non-refundable and not transferable. No exceptions will be made.

To register, call or email Josh Horner:  
Direct Line: 845 956 1519  
Email: jhorner@middletownymca.org

.....

Child's Name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_  
Birth Date \_\_\_\_\_ Current Grade \_\_\_\_\_ Club Kid participant? \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

My child will be attending the following day(s). Please check all that applies.

Monday, September 30th       Wednesday, October 9th       Monday, October 14th

Please select a payment option:

- Please debit the account that I have on file for my Club Kid payments.
- I will be paying in person at the YMCA of Middletown or South Orange Family YMCA.
- I have filled out the attached Vacation Camp Draft Form.

I will be dropping my child off at \_\_\_\_\_am.      I will be picking my child up at \_\_\_\_\_pm.

All participants must be dropped off at Camp anytime after 7:00 am and picked up by 6:00 pm.

There is a \$1.00 a minute late fee for every minute you pick up your child later than 6pm. That payment will need to be made before your child can continue to participate in this program.

**Please turn in this registration form along with the Authorized Release and Emergency Contacts form, Draft form (if applicable) and Ropes Course Authorization form.**

## 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. 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 non-refundable and non-transferable.**

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

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

## VACATION CAMP DRAFT AUTHORIZATION FORM

Signing below validates that I give permission for the YMCA of Middletown to draft my child's Vacation Camp payment out of the account I've designated below. This draft will be completed, in full, within 5 days after receiving this registration. I understand that if my draft is returned, it will be redrafted within the week and that all 2<sup>nd</sup> drafts will also include a \$25.00 return fee. At no time can this fee be waived.

Billing Party First & Last Name(PRINT)\_\_\_\_\_Date\_\_\_\_\_

Billing Party Signature\_\_\_\_\_ Contact Phone#\_\_\_\_\_

Child's Name(PRINT)\_\_\_\_\_ School District\_\_\_\_\_

My child will be attending...Please check what day(s) apply:    Sept. 30<sup>th</sup>\_\_\_\_    Oct. 9<sup>th</sup>\_\_\_\_    Oct. 14<sup>th</sup>\_\_\_\_

I give permission to have \$\_\_\_\_\_ drafted, for the dates designated above, for the above named child from the following account:

\_\_\_\_\_ **CREDIT/DEBIT CARD ACCOUNT** If your credit card has been compromised, you must notify us of any changes to your card, so we can make that change prior to the draft. **Please circle one.**

**VISA**

**AMERICAN EXPRESS**

**MASTERCARD**

**DISCOVER**

\_\_\_\_\_ **Credit/Debit Card Number**

\_\_\_\_\_ **Expiration date**

\_\_\_\_\_ **Billing Zip Code**

\_\_\_\_\_ **Security Code**

## ROPES COURSE AUTHORIZATION

This form is for the express purpose to enable your child to participate in our ropes courses. Based on the descriptions below, we ask that you make a determination as to the level your child can participate. The checking and signing of this document will provide us the permission that is necessary for your child to participate in the activity level that, you feel as a parent, is appropriate based on your child's abilities. Please check the level of the course that you will permit your child to partake in. Please understand that at no times will any child be forced to participate.

Please check circle if you would like your child to participate in that specific activity.

	<b>LOW ROPES &amp; CABLES</b>	This is a series of challenge activities made of ropes and/or cables, 1 to 2 feet off the ground, which participants walk across. Participants are spotted (guarded) at all times to prevent injury.
	<b>CLIMBING TOWER</b>	Our simulated climbing wall tower reaches up to 24 feet. All participants are required to wear helmets and harnesses and be belayed (secured to a safety rope) at all times.

I understand that the LOW ROPES COURSE/CLIMBING TOWER is designed to challenge the participant, both physically and mentally and enhance self-reliance. The LOW ROPES COURSE/CLIMBING TOWER, like many sports, contain inherent risks including, but not limited to the risk of personal injury, which may be caused by weather conditions, other individuals using the facility, and/or the natural setting of the course. In the event of an injury to my child, I agree to waive any claim(s) for the recovery of the loss on behalf of my child or my personal loss on behalf of the injury. I further acknowledge that the above list is not inclusive of all the possible risks associated with the use of the LOW ROPES COURSE/CLIMBING TOWER and the above list, in no way limits the extent or reach of this release and covenant not to seek monetary compensation.

**I understand all the information provided to me regarding the Camp Robbins ROPES COURSE/CLIMBING TOWER. I understand and acknowledge that by signing below, I authorize and accept all waivers and releases and provide my child permission to participate in the ROPES COURSE/CLIMBING TOWER elements that I have designated above.**

PRINT Child's Name\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_