Each day, Adventurers explore new things and partner with other campers to forge new friendships. Nature, arts & crafts, sports, games, drama, special events, swimming, boating, and environmental education activities fill a typical camp day. Adventurers build confidence through participation in both individual and cooperative challenges. The group dynamic encourages problem solving as a team to learn the value of cooperation. Hikes through the hilly terrain of our beautiful wooded camp help campers appreciate the outdoors as they learn to read a compass while maneuvering through the woods. Special activities such as Color Wars, talent shows and cookouts add to the magic of camp.

What better way to keep teens active than enrolling them in a Leaders In Training program where they will learn important life skills, including the skills needed to become future camp counselors. L.I.T.s spend most of their day shadowing our camp counselors, learning to mentor and provide assistance to young campers, but there is also plenty of time for them to build positive relationships with their peers. L.I.T.s participate in activities that focus on personal growth, build self-confidence, and encourage team work.

Bus service is NOT available this summer due to COVID-19 prevention protocols.

REGISTER NOW | Send all completed forms, current immunization records and payments to us via one of the following options:

Mail: YMCA of Middletown, 81 Highland Avenue, Middletown NY 10940
Email: discoveryymcacamp@yahoo.com Fax: 845 342 5029
See registration forms for additional details or call (P) 845 346 6509
Don’t forget to follow us on Facebook @DiscoveryYMCACamp.

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

SOUTH ORANGE FAMILY YMCA
45 Gilbert Street Extension, Monroe, NY 10950
(P) 845 782 9622
www.middletownymca.org
YMCA SUMMER CAMP 2020
COVID-19 PREVENTION PROTOCOLS

• Staggered drop-off and pick-up times will be assigned to each family.
• Recommended social distancing guidelines will be implemented.
• Masks will be worn by all staff.
• Masks will be worn by campers, as tolerated.
• Campers must bring their own mask.
• Daily health screenings will be given to campers and staff before entering camp.
• Parents/guardians must remain in their vehicles and will not be permitted past the designated drop-off point.
• Parents/guardians will wait in their vehicles at a designated pick up location while campers are escorted to them at the end of the camp day.
• Parents/guardians who need to pick a camper up early must follow our normal Early Pick Up procedure, outlined in the camp handbook, but call upon arrival and wait in their vehicle at a designated pick up location until the camper is escorted to them.
• Temperatures will be taken 3 times a day.
• Camp groups will have a 1-9 ratio.
• Hand washing will be enforced after each activity.
• Hand sanitizer is readily available throughout the camp.
• There will be no large group gatherings including no Camp Overnights and no Family Nights.
• Campers must bring their own life jacket in order to participate in boating.
• Any camper who tests positive for COVID-19 while enrolled in camp or within 14 days of being at camp must be reported to the Camp Director immediately.
• In the instance a camper is diagnosed with COVID-19, while enrolled in camp or within 14 days of being at camp, the camp will close for at least 72 hours for additional cleaning and sanitizing. The campers who were in immediate contact with the infected camper must self quarantine for 14 days from the date of notification. A credit will be issued to those families affected.
• Pending the re-opening of pools, additional pool safety protocols will be implemented including but not limited to the sanitization of the swim bubbles and other pool equipment between swim groups.

Please feel free to contact us with any questions or concerns.
Camp Discovery
(P) 845 346 6509 (E) discoveryymcacamp@yahoo.com

THANK YOU FOR HELPING US KEEP CAMP SAFE.
YMCA Camp Discovery 2020
Health Information Registration Card

Immunization forms are required when registering for camp.

Child's Name__________________________________________ Sex M / F DOB / / Age _____
T-shirt Size (circle) S / M / L / XL Grade Fall 2020__________
Street Address________________________________ City________ State____ Zip________
Parent/Guardian Name________________________________ Email________________________
Home Phone________________________ Work Phone________ Cell #_____________________

Authorized Release and Emergency Contacts  (Any pick up person will be asked for I D)
It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself.

Name __________________________ Relationship to child________________________
Daytime phone #________________________ Cell Phone #________________________

Name __________________________ Relationship to child________________________
Daytime phone #________________________ Cell Phone #________________________

Name __________________________ Relationship to child________________________
Daytime phone #________________________ Cell Phone #________________________

Please circle which camp your child will be attending: PIONEERS / ADVENTURERS / L.I.T.S

Group/Friend Request

Please select the time your child will be attending below each session.

<table>
<thead>
<tr>
<th>Session #1: July 6th-17th</th>
<th>Session #2: July 20th-31st</th>
<th>Session #3: Aug 3rd-14th</th>
<th>Session #4: Aug 17th-28th</th>
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</thead>
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</table>

Please answer all questions, if not applicable than write NA.

Does your child have any physical limitations? Y / N
If yes, please specify:__________________________________________________________________________

Does your child have any allergies? Y / N
If yes, please specify:__________________________________________________________________________

Is your child in a special classroom setting? Y / N
If yes, please describe:________________________________________________________________________

Is there anything you would like to disclose that will better help us serve your child? Y / N
If yes, please describe:________________________________________________________________________

Does your child wear glasses or contacts? Y / N
Is your child currently taking any medication? Y / N
If so, please specify name of medication and symptoms________________________________________________________________________

I hereby enroll my child in the above Middletown YMCA program. In signing this application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representative's 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 of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child when necessary. I understand that all bus fees and deposits are non-refundable. I acknowledge that the YMCA Camp Discovery Handbook is available online.

Signature of Parent/Guardian________________________ Print Name________________________
Relationship to child________________________ Date / /
CAMP PAYMENT AUTHORIZATION FORM

A $50 non-refundable deposit for each session is due upon registration. Remaining camp session balances are due or may be set up to draft on the dates listed below. Payments are accepted by credit card, check, money order. Payments are also accepted from DSS or other similar agencies (if applicable). Any returned draft will incur a return fee of $25.00.

__Session #1: July 6th-17th__  __7am-5pm / __7am-6pm / __8am-5pm / __8am-6pm  Payment Due / Draft Date: June 29th

__Session #2: July 20th-31st__  __7am-5pm / __7am-6pm / __8am-5pm / __8am-6pm  Payment Due / Draft Date: July 13th

__Session #3: Aug 3rd-14th__  __7am-5pm / __7am-6pm / __8am-5pm / __8am-6pm  Payment Due / Draft Date: July 27th

__Session #4: Aug 17th-28th__  __7am-5pm / __7am-6pm / __8am-5pm / __8am-6pm  Payment Due / Draft Date: August 10th

DEPOSIT PAYMENT OPTIONS: Please select one.

_____ I have included a check/money order made payable to the YMCA of Middletown for the cost of the $50 deposit for each of the sessions selected above. Please complete: _____ (# of sessions) @ $50/session = $______

_____ I authorize the YMCA of Middletown to charge the credit card listed below with the $50 deposit for each of the sessions selected above. Please complete: _____ (# of sessions) @ $50/session = $______

PAYMENT FOR REMAINING SESSION BALANCES: Please select one.

_____ I will be mailing a check or money order made payable to the YMCA of Middletown. I understand that payments are due no later than the date listed in the above payment schedule. Payments will be mailed to: YMCA of Middletown, 81 Highland Avenue, Middletown, NY 10940.

_____ Attached is the approval letter from the Department of Social Services (or other responsible agency).

_____ I authorize the YMCA of Middletown to set up automatic payments using the credit card listed below for the remaining balance for each session selected above on the specified draft date. I understand that unless I contact the YMCA to cancel a session, charges will be processed as stated on the above payment schedule. I have provided my credit card information below.

The parent/guardian who enrolls his/her child in camp is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in the collection of fees from non-custodial parents/guardians or others, and cannot allow delays in payments due to delays in child support or other funding.

AUTOMATIC DRAFT AUTHORIZATION

Please circle the camp that your child will be attending:

DISCOVERY  FUNSHINE  SUMMER SQUAD  ROBBINS

Camper’s Name (Please print)  __________________________________________________________

Parent/Guardian First & Last Name (Please print)  __________________________________________

Parent/Guardian Signature  ____________________________________________________________

Phone Number  ____________________________________________________________

Please circle credit card type:

<table>
<thead>
<tr>
<th>VISA</th>
<th>AMERICAN EXPRESS</th>
<th>MASTERCARD</th>
<th>DISCOVER</th>
</tr>
</thead>
</table>

Credit/Debit Card Number  Expiration Date

Cardholder’s Name  Billing Zip Code
Our final Spirit Circle ends at 4:30pm and our after camp hours vary depending on what you are registered for, 7am-5pm, 7am-6pm, 8am-5pm or 8am-6pm. If your child is enrolled for 5:00pm pick up after camp, your child/children MUST be picked up by 5:00pm. If your child is enrolled for 6:00pm pick up after camp, your child/children MUST be picked up by 6:00pm. Failure to pick up your child by the designated time will result in a late fee of $1.00 per minute for every minute that you are late.

Payment must be made that evening or the following morning in order for your child to continue to participate in camp. If your child is picked up late on a Friday, the fee must be paid at pick up or by Monday morning in order for your child to participate in camp. You can pay when you drop your child off in the morning at the Y or at camp.

While we understand that you may be late on a rare occasion, our program was designed for parents-guardians who can pick up their child/children or send a designee by the designated pick up time. Please note that multiple late pickups will result in your child being unable to participate in camp. Thank you.

In signing this document, as parent/guardian, I acknowledge that I have been made aware of and agree to abide by the YMCA of Middletown Camp Discovery Late Pick-Up Policy.

Child’s Name: ________________________________________________________________
Parent/Guardian Signature:________________________________________ Date: _______