



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MAKE SUMMER SPECTACULAR

Summer Squad Day Camp THE CENTER FOR YOUTH PROGRAMS



Ages 9-16

CAMP SESSION DATES

- Session 1: July 6th-17th
- Session 2: July 20th-31st
- Session 3: August 3rd-14th
- Session 4: August 17th-28th

CAMP HOURS & RATES

See group details below.

PRE & POST CAMP HOURS & RATES

See group details below.

Financial Assistance is available to those who apply and qualify.

Please Note: A current copy of your child's immunization records is required at the time of registration.

SUMMER SQUAD

Ages 9-12

The SUMMER SQUAD offers the traditional sports, games, arts and crafts, swimming (pending government guidelines), leadership development and outdoor camp activities, but at a new level. This year The Center For Youth Programs will be our main location but we may also have access to additional space at the YMCA of Middletown on Highland Avenue as that building becomes available through the phases of government mandates due to COVID-19.

HOURS	RATES
8:45am-4:00pm	1 Week \$223.00
	2 Weeks \$356.00

PRE & POST CAMP HOURS & RATES	
PRE CAMP 6:45am-8:45am \$62.00 per session	PRE & POST CAMP \$85.00 per session
POST CAMP 4:00pm-6:00pm \$62.00 per session	

L.I.T. Ages 13-14

Leaders In Training volunteer in service projects and build positive peer relationships. L.I.T.s also have the opportunity to participate in traditional camp activities like swimming (pending government guidelines this summer) and sports. Our goal for the L.I.T.s is to teach them the Y's core values and encourage them to put these values into practice every day. The L.I.T program prepares teens for positions as future Counselor's in Training (C.I.T.) and ultimately to become future Camp Counselors.

HOURS	RATES
8:45am-4:00pm	No 1 Week Option
	2 Weeks \$286.00

PRE & POST CAMP HOURS & RATES	
PRE CAMP 6:45am-8:45am \$62.00 per session	PRE & POST CAMP \$85.00 per session
POST CAMP 4:00pm-6:00pm \$62.00 per session	

C.I.T. Ages 15-16

Campers who have completed two years of camp, one of which must have been in our L.I.T. program, are eligible to enroll in this **FREE** program. This program gives participants the opportunity to learn the specific skills needed to become a future camp counselor. The C.I.T.s shadow our camp counselors and work with our younger campers. There is a maximum of six participants in this program.

HOURS	RATES
9:00am-4:00pm	FREE

PRE & POST CAMP HOURS & RATES
There are NO Pre or Post Camp hours available for this group.

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: kcable@middletownymca.org
Fax: 845 342 5029

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

THE CENTER FOR YOUTH PROGRAMS
6 Liberty Street, Middletown, NY 10940
(P) 845 341 9622

See registration forms for additional details or call (P) 845 395 1005
Don't forget to follow us on Facebook @YMCACampFunSquad.

www.middletownymca.org

KEEPING CAMP SAFE DURING COVID-19



YMCA SUMMER CAMP 2020 COVID-19 PREVENTION PROTOCOLS

Note: These protocols are subject to change following recommendations of the CDC as well as state and local authorities.

- 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 passed 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 1:10 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.
- 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.

Krystal Cable-Scholz, Summer Squad Director
(P) 845 395 1005 (E) kcable@middletownymca.org

THANK YOU FOR HELPING US KEEP CAMP SAFE.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING the YMCA of Middletown FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of the YMCA of Middletown facilities, services, equipment and premises ("Facilities") and any participation in the YMCA of Middletown programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Middletown, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Summer Squad Health Information-2020



Immunization Records Required at Time of Registration

Deposits are non-refundable.

Child's Name _____ Sex _____ T-Shirt Size _____
Age _____ Birth date _____ Grade This Fall _____ Youth _____ Adult _____
Address _____ Zip _____
Parent/Guardian Name _____ Email _____
Home Phone # _____ Work Phone # _____ Cell # _____

	July 6 th -17 th	July 20 th -31 st	Aug 3 rd -14 th	Aug 17 th -28 th
SUMMER SQUAD	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____
L.I.T.	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____
C.I.T.	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____
PRE CAMP	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____
POST CAMP	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____

Authorized Release and Emergency Contacts (Any pick up person will be asked for ID)

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 # _____

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 describe. _____

Is there anything you would like to disclose that will better help us serve your child? If yes, please describe. _____

Does your child wear glasses or contacts? _____

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

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 acknowledge the YMCA Camp Summer Squad Handbook is available online.

Signature Parent/Guardian _____ Print Name _____

Relationship to child _____ Date _____

YMCA of Middletown

Behavior Policy for Day Camps



One of the goals of our Day Camp program is for each child to develop a sense of respect for themselves and others. We strive to create an environment that encourages children to make positive choices, to enter and exit peer groups with increasing skill and satisfaction and to act respectfully.

Self-discipline is our goal for each camper and is the result of an evolving process occurring within the child. Through appropriate adult/child interaction, anticipatory guidance, well established guidelines for appropriated behavior, and active listening to children's responses, camp staff get to know each child and what additional adjustments might be necessary for them to thrive. Over time, our expectation is that children establish a pattern of self-control, and reasoning when adults treat them with dignity and use behavior techniques such as:

- Guiding children by setting clear and consistent limits and policies
- Visualizing mistakes as learning opportunities
- Listening to children when they voice their frustrations and feelings
- Guiding children to resolve conflict and model skills to help them problem solve
- Reminding and reinforcing the guidelines, yet listening to their rationale

When a problem arises, steps toward reaching these goals will include:

1. Day camp staff will work with the child, discussing the problem, suggesting and supporting behavior changes, explaining and redirecting.
2. If a pattern of negative behavior persists, the day camp staff will speak with the parent(s)/guardian(s) in order to obtain assistance and suggestions for developing effective approaches with the child. Requested mediation and a behavior plan may be initiated.
3. If all reasonable approaches are exhausted, but the pattern of negative behavior continues, and/or the child's actions are a threat to the well-being and safety of other children, staff or even harmful to oneself, parent/guardian will be required to remove their child from camp.

Depending on the severity of the behavior, a child may be placed on a suspension step plan as follows: 1-day, 2-day, 5-day and if necessary, dismissal. Suspension steps, including dismissal can be immediate, if behavior warrants such action. Behaviors that may warrant suspension include physical violence, or the threat of physical violence, biting, bullying or swearing, constant disregard of staff direction and guidance, verbal harassment of peers or staff and unauthorized departure from the program (flight risk). In some instances, if the behavior problem is very serious, no warnings will be issued and an immediate suspension or permanent dismissal will be enforced.

There are no refunds or credits for days a child is suspended or dismissed from camp.

In signing this document, as parent/guardian, I acknowledge that I have been made aware of and will abide by the YMCA of Middletown Behavior Policy.

Childs' Name: _____

Parent's/Guardian's Signature: _____ Date: _____



YMCA OF MIDDLETOWN
SUMMER DAY CAMPS
PERMISSION TO ADMINISTER MEDICATION

I _____ give the YMCA of Middletown

Parent or Guardian's Full Name (Please PRINT)

permission to administer to my child _____

Child's Full Name (Please PRINT)

the medication(s) designated below. I understand that any medication must be in its original vial. Prescriptions must have the child's name and dosage instructions on the label. Any over the counter medication will only be given if it is in an original package and is deemed age appropriate, unless we are provided written administration directions from a physician. No medication will be given if it is out of date or has been tampered with in any way.

MEDICATION TO BE ADMINISTERED

Medication(s) _____

Reason for Medication(s)? _____

Dosage(s) _____

Time(s) _____

Date(s) to be given _____

Any special instructions? _____

Parent or Guardian's Signature

Date



YMCA OF MIDDLETOWN CAMPS TOPICAL OINTMENT & ANTISEPTIC FORM

In an effort to protect your child's safety, we ask you to review the information below and initial all that is applicable to your child.

I _____ give, the YMCA of Middletown camp staff, permission to apply the following on my child, whenever they deem necessary.
Parent or Guardian Name (Please PRINT)

Please initial all that apply. Please write NO (on each line) for any items that you do not want us to utilize on your child.

- Sun Screen _____
- Bacitracin Cream _____
- Antibacterial Soap _____
- Antibacterial Wipe _____
- Hydrogen Peroxide _____
- Hydrocortisone Cream _____
- Bug Spray _____

In initialing the above, I give permission to have these items applied on my child _____, whenever it is deemed necessary.

Please Print Child's Name

Parent's/Guardian's Signature

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 6 th -17 th	___ Pre Camp	___ Post Camp	___ Pre & Post	Payment Due / Draft Date: June 29th
___ Session #2: July 20 th -31 st	___ Pre Camp	___ Post Camp	___ Pre & Post	Payment Due / Draft Date: July 13th
___ Session #3: Aug 3 rd -14 th	___ Pre Camp	___ Post Camp	___ Pre & Post	Payment Due / Draft Date: July 27th
___ Session #4: Aug 17 th -28 th	___ Pre Camp	___ Post Camp	___ Pre & Post	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 (including any Pre/Post Camp fees that apply) 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:

VISA AMERICAN EXPRESS MASTERCARD DISCOVER

_____ Credit/Debit Card Number _____ Expiration Date

_____ Cardholder's Name _____ Billing Zip Code



Summer Squad Late Pick Up Policy

Our regular day camp ends at 4:00 pm and our Post Camp ends at 6:00pm. If your child is not enrolled in post camp, your child/children **MUST** be picked up by 4:00pm. When your child is enrolled in post camp, your child **MUST** be picked up by 6:00pm. Failure to pick up your child by your designated pick up time will result in a late fee of \$1.00 per minute for every minute that you are late.

You must make payment no later than the following morning in order for your child to participate in camp the next day. If you pick up your child late on a Friday, you must pay the late fee 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, the design of our program is 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 will abide by the YMCA of Middletown Late Pick-Up Policy.

Childs' Name: _____

Parent/Guardian Signature: _____

Date: _____