

YDAY CAMP™

We build strong kids, strong families, strong communities.

Birmingham Family YMCA

400 East Lincoln St
Birmingham, MI 48009
(248) 644-9036
(248) 644-8378 Fax
www.ymcadetroit.org

Program Director

Anne Marie Hauger

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Financial Assistance Available.



A United Way Agency

Schools Out Sports Camp

Dates: April 5-9
Times: 9:00 am - 12:15 pm
Before Care/After Care:
7 - 9 am/4 - 6 pm
Ages: 4-7 years
Sports: Soccer, T-Ball, Floor Hockey,
Basketball, and More



Half Day: (9:00-12:15 p.m.)

4-7 Year Olds

F/C \$100 Prog. \$125

Prog. # 06-311-01 (AM)

Full Day: (9:00-4:00) w/ regular camp in PM

4-7 Year Olds

F/C \$180 Prog. \$220

Prog. # 06-311-02

Before Care and After Care:

7-9 a.m.

4-6 p.m.

****the fee is included in the weekly rate**

What to Bring:

Water Bottle
Gym Shoes
A Snack
Baseball Glove (only if you have one. we have extra)

Pre-registration Required

Sign up now, spaces are limited! ALL participants must bring a water bottle, gym shoes, and a snack each day. Camp is a nut free environment. Register by fax, online, mail, or in person.

All registrations need to take place by Wednesday, March 31st in order for preparation.

Registration Form – Sports Camp

Mail to: Birmingham YMCA * 400 East Lincoln St* Birmingham, MI 48009

Child's Name _____ Age _____ Sex _____ E-Mail Address _____

Address _____

City, Zip Code _____

Home Phone / Work Phone _____

Parent / Guardian Name _____

Program Numbers

(see above)

Will your child be attending full day? Yes or No (circle)

The back side of this form must be completed and turned in at the time of registration.

Signature _____ Payment Method: Visa Discover Master Card Credit Card # _____

Total Amount Paid _____ Receipt # _____ Initials _____ Date _____

****Please fill out the back side of this form. It is required!****

SPORTS CAMP EMERGENCY FORM

PLEASE PRINT CLEARLY

CHILD'S FULL NAME _____ BIRTH DATE _____ AGE _____ ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMERGENCY PHONE _____ NAME _____

MEDICAL INFORMATION

Is the camper under any special dietary regimen? If yes, please describe _____

Please list food allergies: _____

Is there any activity your child can not participate in? _____

Are there any problems that may confront your child (homesickness, moodiness, anxiety)? _____

With whom is the camper living with (in case of divorce or separation) _____

Please list any concerns: _____

I HEREBY GIVE PERMISSION: (Initial on the lines)

I hereby consent the audiovisual and/or promotional material for which my child has posed may be used by Young Men's Association of Metropolitan Detroit, its assigns or successors, in whatever way they may desire, including television; furthermore, I hereby consent that said materials for which they are made shall be their property, and they shall have the right to sell, duplicate, and reproduce in the form of advertising or otherwise publish and make other uses of such photographs, film, tape and plates as they may desire, free and clear of any claim whatsoever on my part. _____

I understand lunch and snacks will be provided by the parents each day and refrigeration is unavailable. _____

BEFORE AND AFTER CARE (an additional cost) (7-9 a.m. and 4-6 p.m.)

Time of Drop Off _____
Time of Pick Up _____ Parent's Initial _____

If you are using the before the after care program, we need to know the approximate time of drop off and pick up in order to staff the program properly

IMPORTANT 6 THE FOLLOWING MUST BE COMPLETED (LEGIBLY) AND SIGNED, BEFORE BEING ADMITED TO CAMP:

PARENT'S AUTHORIZATION: Parent/legal Guardian hereby identifies the following adult individual(s) into whose custody the camp may release their child (please include parent names if child is permitted to be picked up by them):

1. _____ (MOTHER'S NAME)
2. _____ (FATHER'S NAME)
3. _____
4. _____
5. _____
6. _____

Parents & other adults listed for pick up are required to show a Michigan Driver's License or State of Michigan I.D. EVERY time a camper is released!

With my signature, I certify that I understand and agree with the above conditions and believe the information supplied above is accurate to the best of my knowledge.

IN WITNESS WHEREOF, this _____ day of _____, 2010

Parent/Guardian Signature

Witness