

End of August Mini Camp

Programs for K - 6th Grade

(Monday August 21st - Friday August 25th)

★ MUST PACK a
KOSHER, PEANUT
FREE, LUNCH &
BEVERAGE

9:00 a.m. - 5:00 p.m.

Per Day:

**\$60.00 After School Child /
Member Rate**

\$65.00 Non-member Rate

Early Stay: 8:00 am- 9:00 am \$3

Late Stay: 5:00 pm- 6:00 pm \$3

Form of Payment:

Cash : Amount Paid \$ _____

Check : Amount Paid \$ _____

Credit Card : Amount Paid \$ _____
Credit Card # _____

Exp. Date _____ CVN _____

Attending

Early Stay

Late Stay

Attending

Early Stay

Late Stay

Attending

Early Stay

Late Stay

Attending

Early Stay

Late Stay

Attending

Early Stay

Late Stay

Monday August 21st
Active Kidz Long Island
Indoor Amusement Center
Children must have Sneakers and Socks

Tuesday August 22nd
Museum of Natural History
w/ Humpback Whales 3D and
Mummies Exhibit

Wednesday August 23rd
Hall of Science
and
Queens Zoo

Thursday August 24th
Sportime USA
Indoor Entertainment Center

Friday August 25th
Movie: Nut Job 2 / Bowling
buses leave at 9:30 sharp

If you have any questions please contact **Clemente Ramirez** at:
718-268-5011 x203 or at **CRamirez@cqy.org**

Child's School: _____

Child's Name : _____ Age : _____ Grade : _____ Gender : _____ D.O.B. : ____/____/____

Child's Name : _____ Age : _____ Grade : _____ Gender : _____ D.O.B. : ____/____/____

Parent's Name : _____ Preferred Phone # 1 : _____ Preferred Phone # 2 : _____

Does your child have any food allergies? _____ If so please list them : _____

Email Address : _____

If not already on our mailing lists, would you like to receive mini camp emails & updates? _____

Signed : _____ Relationship : _____



PLEASE READ THE ACCOMPANYING SHEET / REVERSE SIDE WITH OUR GENERAL INFORMATION AND POLICIES.

By completing this form you acknowledge and agree that you have read and understand the information attached to this registration form and agree to the terms the Y set forth.



GENERAL INFORMATION

Because we are concerned about your child's safety-

The Y cannot accept responsibility except where he/she is under the supervision of an appropriate employee. The Y cannot accept the responsibility as it pertains to special medical needs of children enrolled in this program. Supervision is available only at program locations during program hours. Parents are responsible for notifying appropriate staff of a child's absence, late arrival, early or late pick-up, and special circumstances related to arrivals or departures.

Cancellation & Refund Policy-

***Cancel 48 hours before program begins: full refund, minus \$10 processing fee.**

***Cancel 24 hours before program begins: 50% refund, minus \$10 processing fee.**

***Cancel the day of: no refund or credit**

***No refund** will be granted if a child is asked to leave the program due to frequent misconduct and failure to comply with the regulations of the program. There is no refund based on missed days due to absence, illness or early withdrawal.

Release-I understand and certify that my child's participation in the Central Queens YM & YWHA programs and its activities are voluntary and I have familiarized myself with the activities that my child will be participating in. I recognize that certain hazards are inherent in the activities and I certify that my child(ren) is capable of enduring the rigors of a physical activity program. I also acknowledge that the staff has taken safety measures to minimize the risk of injury to any/all participants. I waive, release, indemnify and agree to hold harmless the Central Queens YM&YWHA, its sponsors and agents for any claim arising out of any injury to my child except to the extent and in the amount covered (less a deductible) by an accident or liability insurance.

I hereby grant permission for the Central Queens YM & YWHA to photograph my child and use the photographs for public/promotional purposes.

The Y is not responsible for personal property (such as DS gaming systems, toys, ipod's etc.) children bring to the programs. We strongly advise they not be brought. In case of emergency, I hereby authorize the doctor or hospital to which my child may be brought (and whomever they designate as their assistants) to perform any emergency procedures or operate, to give treatment and the administration of an anesthetic to my child during his/her participation in the Y program.