

Central Queens YM & YWHA

Health & Fitness Mini Camp 2017

Programs for Children in Kindergarten-6th Grade

August 28th- September 1st

Fee Per Day:

\$60 Y Members

\$65 Non-Members






Early Stay 8:00 -9:00 am \$3 Late Stay 5:00-6:00 pm \$3

REGISTER IN THE HEALTH & FITNESS DEPARTMENT, MUST SUBMIT THIS FORM, NO ONLINE REGISTRATION.

For more information, call the Health & Fitness Department (718)268-5011 ext. 500

Dale Stark, ext. 501 or dstark@cqy.org - Adam Ostroff, ext.505 or aostroff@cqy.org - Danielle Berman, ext. 503 or dberman@cqy.org

PLEASE PACK A KOSHER PEANUT FREE LUNCH & BEVERAGE DAILY

Monday, August 28th	Tuesday, August 29th	Wednesday, August 30th	Thursday, August 31st	Friday, September 1st
<p>Full Day Trip***</p>  <p>In Plainview, NY</p> <p>○ ○ ○</p> <p>Attending Early Stay Late Stay</p>	<p>Morning swim at the Y.* Outdoor play at P.S. 175. Children will be walking.**</p>  <p>○ ○ ○</p> <p>Attending Early Stay Late Stay</p>	<p>Morning Field Trip: Movie ***</p> <p>Afternoon at the Y: Swimming*, Art and Sports Time</p>  <p>○ ○ ○</p> <p>Attending Early Stay Late Stay</p>	<p>Morning swim at the Y.* Outdoor play at P.S. 175. Children will be walking.**</p>  <p>○ ○ ○</p> <p>Attending Early Stay Late Stay</p>	<p>Bowling and Mini Golf***</p>  <p>○ ○ ○</p> <p>Attending Early Stay Late Stay</p>

*Pack a bathing suit, towel, cap and goggles. **Children will be walking to P.S. 175 (ages 7 years plus). ***Children will riding a school bus for these trips.

Form Of Payment Cash Check Credit Card (Visa/MC/Discover/Amex)

Account # _____ Exp Date _____ CVN _____

Name on Card _____ Total Paid _____

Signature _____ Date _____



Central Queens YM & YWHA
 Another Quality Community Center of the Samuel Field Y
 67-09 108th St. Forest Hills NY 11375 T: (718) 268-5011 ext 505 F: (718) 793-0515 E: aostroff@cqy.org



CAMPER INFORMATION

Last _____

First _____

Age as of August 1, 2017 _____

DOB _____ Male Female

Grade Entering in September _____

School _____

Does your child have any special medical conditions or special needs that we should be aware of? i.e. food allergies, asthma, diabetes, heart conditions.

Last _____

First _____

Age as of August 1, 2017 _____

DOB _____ Male Female

Grade Entering in September _____

School _____

Does your child have any special medical conditions or special needs that we should be aware of? i.e. food allergies, asthma, diabetes, heart conditions.

PARENT/GUARDIAN CONTACT INFORMATION

First Name: _____

Last Name: _____

Cell Phone: (____) _____

Business Phone: (____) _____

Email: _____

First Name: _____

Last Name: _____

Cell Phone: (____) _____

Business Phone: (____) _____

Email: _____

EMERGENCY CONTACT INFORMATION (other than parent)

Please provide information of someone that we may contact in the event of an emergency.

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

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.

PLEASE SIGN BELOW THAT YOU AGREE TO ALL TERMS AND CONDITIONS STATED ABOVE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____