



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Illinois Valley YMCA Summer Camp Flyer 2019



NO CAMP – FOURTH OF JULY (7/4/19)

NEW & IMPROVED AND ALL-INCLUSIVE SUMMER CAMPS AT THE ILLINOIS VALLEY YMCA

~ **Discovery Camp (Half Day; Ages 3-5)**

Each week's theme will revolve around our weekly activities...Arts & Crafts, Music & Movement, Outdoor & Sensory Play, and Cooking & Preschool Enrichment!

Dates: June 3 – August 14 (Monday-Thursday) & Time: 9:00a-1:00p

Cost:	Weekly	Daily
Members	\$60	\$20
Non-Members	\$75	\$25

~ **Challenge Camp (Full Day; Ages 6-8)**

Your child will have the opportunity to participate in an array of organized educational and recreational activities, all of which promote social skills, self-confidence, sportsmanship, character development, and healthy kids!

Dates: June 10 – August 16 (Monday-Friday) & Time: 8:00a-4:00p

Before Care Available at 7:00am (\$3/Day) & After Care Available until 5:30pm (\$5/Day)

Cost:	Weekly	Daily
Members	\$115	\$32
Non-Members	\$140	\$40

~ **Adventure Camp (Full Day; Ages 9-13)**

With a theme every week, participants will adventure into life around them, through group development, creative expression, inventive play, swimming, and field trips around the community.

Dates: June 10 – August 16 (Monday-Friday) & Time: 8:00a-4:00p

Before Care Available at 7:00am (\$3/Day) & After Care Available until 5:30pm (\$5/Day)

Cost:	Weekly	Daily
Members	\$115	\$32
Non-Members	\$140	\$40

***Financial aid is available for those who qualify* Inquire: 815.223.7904**



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ALL INCLUSIVE CAMP REGISTRATION! ILLINOIS VALLEY YMCA SUMMER DAY CAMP 2019

CHILD NAME: _____

√ Check for Registration:

- Tumbling – Monday's
- Tae Kwon Do – Tuesday's
- Theater – Wednesday's
- Sports Specific – Thursday's
- Swim Lessons
- Group Exercise
- Hot Lunch
- Field Trips



ALL INCLUSIVE ILLINOIS VALLEY YMCA SUMMER DAY CAMP POLICIES

All participants must submit the proper enrollment forms, completed and signed on the first day the child attends camp. This information is confidential to our Staff and the registering parents and guardians.

Parents will be required to provide health information about their child/children by completing the proper medical and waiver forms following this policy page. These forms will be kept on file at the Illinois Valley Y and/or program site. It is necessary for the forms to be returned on the first day of camp.

Parents will be contacted in the event of sickness or accident involving their child. If a parent cannot be reached and emergency care is needed, such treatment will be provided by the Illinois Valley Community Hospital as authorized under the Summer Day Camp medical consent form. Children enrolled in Adventure Camp are not provided with any health insurance through the Illinois Valley Y.

Fees must be paid when registering your child. This is important for us to provide the best camp possible. All checks are to be made out to the Illinois Valley Y and should be paid at the YMCA at 300 Walnut Drive, Peru, IL 61354.

Children should NOT bring personal items, as too many items are lost, broken, or stolen.

The director with parental/guardian consent may distribute and medications the child may needs.

The hours of operation for Summer Adventure Day Camp will be from 8am to 4pm, Mon-Fri. Before and After camp care is offered at an additional cost from 7-8am and 4-5:30pm.

There will be a sign in/out sheet in the classroom Every camper must be signed in and out each day they attend camp by a parent/guardian of 18 years or greater in age.

If a parent or guardian is late in picking up a child, there will be a \$5 late charge for the first 15 minutes plus a \$3 charge for every minute after that.

The Summer Day Camp Director or Youth Program Director has the right to deny privileges or usage to anyone who is continually late in picking up their child or who abuses any of the other rules.

The Summer Day Camp staff will not allow a child to leave the building with anyone who is intoxicated, under visibly apparent drug use, or who may cause immediate harm.

The Y will not turn away any child who wishes to participate in the Camp because of their inability to pay.

Financial assistance is available through the Illinois Valley Y; please see Mike Wallaert or Dave Potthoff.

The Y, Summer Day Camp Director, and Youth Program Director have the right to change or add any rules that may improve the overall camp program.

PLEASE KEEP THIS SHEET TO REFER BACK TO

CHILD NAME _____ DATE OF BIRTH _____

WHAT CAMP WILL YOUR CHILD ATTEND _____

GENDER MALE FEMALE SIBLING(S) _____

EMERGENCY CONTACTS (Other than Parent/Guardian) WHICH ARE AUTHORIZED TO PICK UP CHILD

1. Name _____ Relationship to child _____ Phone _____

2. Name _____ Relationship to child _____ Phone _____

3. Name _____ Relationship to child _____ Phone _____

4. Name _____ Relationship to child _____ Phone _____

HEALTH HISTORY

PROVIDE ANY ALLERGIES OR CONTIONS THAT YOUR CHILD HAS

PLEASE BE DETAILED

Emergency Medical Authorization: I give my consent for emergency first aid to be administered to my child by a staff member certified in first aid. I understand that for an accident involving injury of a more serious nature, an ambulance will be called. In the event of my child's sickness or accident, I expect to be contacted. However, if I cannot be reached, I the undersigned, hereby give my consent for the attending Y staff member to provide emergency care and/or treatment for my child through a clinic, Illinois Valley Community Hospital, or private doctor. I give my express consent for x-rays if the attending physician feels it is advisable or necessary. I give permission to the physician selected by the director to hospitalize, either at IVCH or another hospital that is deemed necessary, secure proper treatment, and to order injection, anesthesia, or surgery for my child as names above. I also agree to pay all costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as mu child is enrolled at a program of the Illinois Valley Y. I have adequate medical and liability insurance, and will provide proof of such upon request.

PARENT/GUARDIAN SIGN _____

POLICY HOLDER'S NAME _____

HEALTH INSURANCE PROVIDER _____

POLICY NUMBER _____

Waiver and Release & Photography Release: In consideration of the Illinois Valley (hereafter YMCA) Summer Adventure Camp allowing my child to participate including participation in any and all activities where located, and travel to and from such activities. I/we do hereby Release and Discharge the Illinois Valley Y, its Board of Directors, the Administration, the agents, representatives and employees thereof, from any and all claims, demands and causes of action which may accrue to us/me, our/my heirs, executor or assigns, as a consequence of, and resulting from undertaking such activity, including personal injury or property damage which my child may sustain in the course of such activity participation.

I acknowledge that this activity is being provided as a benefit to my child and not for the benefit of the Y. I understand that the T will assume no responsibility for damage, accidents, injuries, or medical injuries (including, but not limited to; broken bones, torn ligaments or tendons, back injury or soft tissue injury) and/or dental injuries/expenses incurred as a result of my child's participation in this activity.

I/we assume all responsibility for any damage that my child may cause to themselves, others, and/or property while participating in the activity. I/we release and waive, and further agree to indemnify, hold harmless, and reimburse the Board of Directors, the individual members, agents, employees and representatives thereof, from and against, any claim which I/we, or any other persons, firm or corporation may have to claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of my child's participation in the activity or the rendering of emergency medical procedures or treatment, if any.

Photo: I hereby authorize the Illinois Valley YMCA to publish photographs taken during my youth's attendance in any of the 2019 summer day camps or programs. This authorization includes magazine publications, online, and video based marketing materials, as well as other publications. I hereby hold harmless the Illinois Valley YMCA from any reasonable expectations of privacy or confidentiality associated with the images specified above. I further acknowledge that my or my youth's participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in marketing materials or other publications of the Illinois Valley YMCA. I acknowledge and agree that publication of said photos confers no right of ownership or royalties whatsoever. I hereby release the Illinois Valley YMCA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party connection with my or my youth's participation.

CHILD NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____