JAMAICA YMCA SUMMER CAMP 2013

DATES & HOURS OF OPERATION:
Program dates are July 1st – August 23rd
Camp hours are 9:00am – 4:00pm
AM Extended hours are 7:30am – 9:00am
PM Extended hours are 4:30pm – 6pm

2013 CAMP SESSIONS:
7/1 – 7/12
7/15 – 7/26
7/29 – 8/9
8/12 – 8/23
August Holiday Camp
8/26 – 8/30

EXPLORERS, CREATIVE, GIRL POWER MOVIN’ ON CAMPS

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>PROGRAM MEMBERS</th>
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<tbody>
<tr>
<td>Sessions I: 7/1 – 7/12</td>
<td>$360</td>
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<tr>
<td>Sessions II: 7/15 – 7/26</td>
<td>$360</td>
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<tr>
<td>Sessions III: 7/29 – 8/9</td>
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<tr>
<td>Sessions IV: 8/12 – 8/23</td>
<td>$360</td>
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SPORTS, SWIM CAMPS

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<tr>
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<tbody>
<tr>
<td>Sessions I: 7/1 – 7/12</td>
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<td>$386</td>
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AUGUST HOLIDAY CAMP
Session V: 8/26 – 8/30 (Daily Cost) | $36 | $42 |

PARENT ORIENTATION DATES:
• June 14th @ 7PM
• June 22nd @ 1PM

OPEN HOUSE DATES:
Saturday, March 2nd 10:00am – 4:00pm
Saturday, April 27th 10:00am – 4:00pm
Saturday, May 18th 10:00am – 4:00pm

BUS TRANSPORTATION

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<tr>
<th>AM or PM</th>
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<tr>
<td>Sessions I – IV</td>
<td>$140</td>
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EXTENDED HOURS

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<tr>
<td>Sessions I – IV</td>
<td>$98</td>
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BUS TRANSPORTATION SERVICE AREAS:
Cambria Heights, Rosedale, Springfield Gardens, Richmond Hill, Rochdale, Laurelton, Jamaica, St Albans, Ozone Park, South Ozone Park, Queens Village and Hollis

YMCA OF GREATER NEW YORK  Jamaica YMCA  89-25 Parsons Boulevard  Jamaica, NY 11432
D 212-912-2210  F 718-739-8738  E ccuenca@ymcanyc.org  W ymcanyc.org/jamaica

New York City’s YMCA | WE’RE HERE FOR GOOD."
SUMMER DAY CAMP DESCRIPTIONS

Explorers Camp (Ages 5 – 8)
Learn, Grow and Play! Campers will participate in swimming, summer reading, arts and crafts, health and fitness and group games. Campers also have the opportunity to participate in weekly trips to museums, playgrounds and cultural events. As a part of Explorers Camp, campers will develop long-lasting friendships and build solid social skills by learning about and utilizing our YMCA core values.

Swim Camp (Ages 5 – 8)
Want to cool off on those hot summer days? Then join our Swim Camp and learn to swim, while having fun! Campers will receive swimming instruction multiple times over the course of the week. Professional aquatics staff will direct the kids in pool safety, positive behavior, and taking on challenging new swimming skills such as front and back floating, front paddle stroke, and side and back stroke. Campers are given the personal attention and confidence they need to unlock their full potential. Summer reading, trips, arts & crafts and group games are all tied in to create a well-rounded camp experience.

Creative Camp (Ages 9 – 12)
Express yourself! Campers will develop their artistic ability through a wide range of cultural activities inspired from work of artists from around the world. (i.e. song & dance, painting, drawing, sculptures and photography). Campers will also find new avenues of self-expression and gain an understanding of their creative potential. Swimming, summer reading, trips, arts & crafts and group games are all tied in to create a well-rounded camp experience.

Girl Power Camp (Ages 9 – 12)
Girls Rock! The Jamaica Y offers a camp specifically designed for our female campers to explore issues that are relevant to their common experiences. Campers are given the opportunity to develop their self-esteem while building a positive self-image and helping their peers grow. Swimming, dance, trips, and creative expression are combined to give the campers a well-rounded experience.

Sports Camp (Ages 9 – 12)
Get engaged! Our sports programs aim to enhance various sports skills and fundamentals. Campers will learn the rules of a variety of games including basketball, baseball, soccer, and more; while honing their skills through fun sports games and activities. Sports campers will learn about teamwork and sportsmanship. This group will also go on trips to various venues related to their weekly themes. Summer reading, trips, arts & crafts and group games are all tied in to create a well-rounded camp experience.

Movin’ On Camp (Ages 13 – 15)
No half-steppin’! We’re moving up and forward while focusing on our decision-making, youth development, character building and many other life skills that are critical to the way that youth function in society today. Daily trips and community service projects are aimed at exposing these young adults to the various things that can impact them and their communities. Swimming, sports and games are all tied in to create a well-rounded camp experience.
Camp Application July 1 - August 23, 2013

CAMPER NAME: ______________________ DATE OF BIRTH: __________ AGE: _______ GENDER: __________

ADDRESS: __________________________________________________ APT. #: _______ CITY: __________ ZIP CODE: __________

HOME PHONE: ______________________________________ Email: ______________________

PARENT OR GUARDIAN NAME: ________________________ RELATIONSHIP: ________________________ (MOTHER, FATHER, ETC.)

HOME#: ________________________ BUSINESS#: ________________________ OTHER#: ________________________

PARENT OR GUARDIAN NAME: ________________________ RELATIONSHIP: ________________________ (MOTHER, FATHER, ETC.)

HOME#: ________________________ BUSINESS#: ________________________ OTHER#: ________________________

Parent/Guardian authorization: I hereby give authorization to the Jamaica YMCA camp director and/or staff person in charge to call the above people in case I cannot be reached in an emergency. I also give authorization to the same people to pick up and sign my child out of camp. I understand that it is required by state law to have a recent medical on file completed and signed by myself and a physician, before the start of camp.

Parent/guardian signature: ________________________ Date: __________

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<tr>
<th>EXPLORERS CAMP</th>
<th>CREATIVE CAMP</th>
<th>GIRL POWER CAMP</th>
<th>MOVIN’ ON CAMP</th>
<th>SPORTS CAMP</th>
<th>SWIM CAMP</th>
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<td>Ages □ 5-6 □ 7-8</td>
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My child will be taking YMCA bus transportation for the following sessions (check): Service: □ AM □ PM □ AM &PM
□ Session I □ Session II □ Session III □ Session IV

My child will be using extended hours for the following sessions (check): Service: □ AM □ PM □ AM &PM
□ Session I □ Session II □ Session III □ Session IV

Apply to ages 10 & up:
At release time my child is authorized to sign him/herself out of camp: ________________________ (Parent or Guardian please sign)

Parent’s Information: I understand that when a definitely stated period has been reserved, no refund of deposit will be granted under any circumstances. I agree to pay the balance of all fees due by date, and understand that this is required in order for the child to be accepted for participation. I give permission for my child to go on all scheduled trips and outings. I agree to pay a late charge of $10.00 each time my child is not picked up at the scheduled release time. I understand the late fee will be added to my camp balance and I will be responsible to pay all fees before the start of the next session of camp.

Parent/Guardian Signature: ________________________ Date: __________

Standard Release Form: In consideration of the goodwill, public service, and community aid provided by the YMCA of Greater New York, which support from which I have received benefit, I hereby grant permission to the YMCA to use my name, take and publish photographs, videotapes, or motion pictures of me or my child or which include my voice, in any media for any legitimate purpose. I release all rights to such photographs, video tapes, motion pictures and recordings; I acknowledge that you will be the sole owner of all rights arising out of their use from any source whatsoever.

□ 8/12 □ 7/15 □ 8/23 □ 7/26 □ 8/9
JAMAICA YMCA

SUMMER DAY CAMP 2013 TRIP PERMISSION SLIP

I give my child _________________________ permission to travel with the Jamaica YMCA Summer Camp program. I agree for my child to participate in all daily trips that the Jamaica YMCA will plan for the summer. I give permission for my son/daughter to participate in all the scheduled trips. I am aware that all scheduled trips take place within the tri-state area. I have been given a copy of the summer camp trip schedule for my child. I have full knowledge of the activities that have been planned for my child on a daily basis.

I am fully aware that if I should decide not to allow my son/daughter to attend one of the proposed trips he/she will be required to participate in building activities with a group that will stay in and around the Jamaica YMCA premises on that day.

Child Name (Please Print Clearly): ________________________________

Group Name: ________________________________  Age: ______

Parent’s or Guardian’s Name (Please Print Clearly): __________________

Parent or Guardian Signature: ________________________________

Date: ______________
Child’s Last Name _____________________________ First Name _____________________________ Date of Birth / / Sex □ Male □ Female

Home Address: ____________________________________________________________

Parent or Guardian: ______________________________________________________

Place of Employment:

Father Guardian: __________________________________________________________

Mother Guardian: __________________________________________________________

In Case of Emergency, please notify: __________________________________________

If Parent/Guardian are not available in an emergency, please notify:
1. ____________________________________________________________________________

2. ____________________________________________________________________________

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance.

□ Yes  □ No  If yes, state type of exposure: __________________________________________

HEALTH HISTORY: (Check and give approximate dates)

Allergies

Ear Infections __________________ Hay Fever ____________________________

Rheumatic Fever __________________ Ivy Poisoning, etc. __________________________

Convulsion ____________________________ Insect Stings __________________________

Diabetes ____________________________ Penicillin ____________________________

Behavior ____________________________ Other Drugs __________________________

Asthmas ____________________________ Other Contagious Illnesses __________________________

Other Past Illnesses: __________________________________________________________

Operations or Serious Injuries (Dates): __________________________________________

Hospitalization (Dates): ______________________________________________________

Chronic or Recurring Illness: ___________________________________________________

Any specific activities to be encouraged? ___________________________________________________________________________________

Conditions that require activity to be restricted? ___________________________________________________________________________________

Permission for all program activities unless otherwise noted by doctor: ___________________________________________________________________________________

Appliance worn (glasses, contacts, etc.): ___________________________________________________________________________________

Medication taken: ___________________________________________________________________________________

Suggestion from Parent/Guardian: ___________________________________________________________________________________

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp/Afterschool staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

________________________       _________________________________     _______________     _________________

Relationship                           Signature                        Date                             Telephone No.
PHYSICAL EXAMINATION
(To be filled out by Physician. Please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in Afterschool / Day Camps.

### IMMUNIZATION HISTORY
This is a record of dates of basic immunization and most recent booster doses.

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
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<td>DPaP, DTP or TD</td>
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<td>OPV/ IPV</td>
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<td>MMR</td>
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<td>Hemophilus Influenza</td>
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<td>Hepatitis B</td>
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<td>Varicella</td>
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<td>Other (Specify):</td>
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### MEDICAL EXAMINATION
To be filled out by license physician
Examination is acceptable when performed no more than 12 months prior to arrival at camp.

- **Code:**
  - S = Satisfactory
  - X = Not Satisfactory, Explain:
  - O = Not examined

General Appearance:  __________________________________________________________
Height:  ______________ Weight:  ______________ Blood Pressure:  ______________ Hgb Test (Date):  ______________
Urinalysis: Date:  ______________ Posture & Spine:  ______________ Throat & Tonsils:  ______________
Ears:  ______________ Hearing:  ______________ Feet:  ______________ Lungs:  ______________ Skin:  ______________
Nose:  ______________ Teeth:  ______________ Abdomen:  ______________ Hernia:  ______________
Genitalia:  ________________________________________________________________
Neurological Findings:  ____________________________________________________
Describe Abnormal Findings and/or Handicapped Conditions:  ____________________
Has child ever received products containing horse serum?  ____________________
Allergy:  *(Please specify)*  ________________________________________________

Recommendations and restrictions while in Camp/After-school:
Special Diet:  ______________________________________________________________
Special Medicine (Name it)  _________________________________________________
Is parent/guardian sending special medicine?  __________________________________
Swimming:  ______________ Diving:  ______________
Activity Restrictions:  _______________________________________________________
General Appraisal:  _________________________________________________________

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool, except as noted above.

_________________________  ______________________________
MD     Examing Physician’s Signature

Physician’s Name (PLEASE PRINT)  ______________________________
Telephone:  ______________________________ Address:  ______________________________
Date of Examination:  ______________________________