



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SOAR CAMP 2019

WHERE DREAMS COME TRUE!



YMCA'S INCLUSIVE SUMMER DAY CAMP

# SOAR CAMP AT THE PARKVIEW WARSAW YMCA

**TIME** | 6:00 AM - 6:00 PM

**DAYS** | MONDAY - FRIDAY

**DATES** | JUNE 3RD - AUGUST 9TH

**AGE RANGE** | FOR CHILDREN ENTERING KINDERGARTEN THROUGH THOSE ENTERING 8TH GRADE

## HOW TO REGISTER (OPENS APRIL 1ST)

- Complete the 2019 SOAR CAMP registration form (pages 9-12)
- Turn the form in at the Parkview Warsaw YMCA Welcome Desk
- Choose and set up payment option. (Page 6)

## CAMP CONTACT NUMBER

**SOAR CAMP** | **574.551.3924** | This phone number will only be available during the time that camp is in session. If you require assistance at any other time please call the YMCA.

**YMCA** | 574.269.9622

## THINGS TO BRING EVERYDAY

Please ensure your child is sent to camp every day with the following labeled items:

- Bathing suit and towel (in plastic bag)
- Hat and sunscreen
- Lunch and snacks, (as litter free as possible). There will be a free lunch option through the school system
- Extra drinks (water or sports drinks)
- Suitable clothing for the weather conditions and camp activities
- Labeled backpack for all belongings





# ALL STAR SUMMER!

This summer, campers will have fun exploring what it is to be a star through teamwork, making friends, accepting others, and helping others shine as we learn to play different sports in a light hearted atmosphere. Each week will showcase a different sport and STEM (science, technology, engineering, and mathematics). We will meet stars from our own community and be stars that shine bright as we help in the YMCA, our town and our world.

## WEEK 1 | JUNE 3 – 7 | 5 STAR DECISIONS

We will have our very own escape room for campers to be able to work together and make healthy decisions. Our STEM and nutrition will be focused on healthy foods, fats, and exercise. The sport focus of the week will be flag football.

## WEEK 2 | JUNE 10 – 14 | THE ANIMAL STARS OF THE NIGHT

This week we will be going to the Ft. Wayne Children's Zoo to visit animals that we rarely see during the day and many that only see in our dreams...or at the ZOO! The STEM and craft focus for the week will be centered around Nocturnal Animals. The sport focus of the week will be basketball.

**FIELD TRIP: FORT WAYNE CHILDREN'S ZOO**

## WEEK 3 | JUNE 17 – 21 | GALAXIES BEYOND

This week we will learn about our galaxy and much more at Science Central. Our STEM focus will be about constellations and the stars themselves. The sport focus of the week is Baseball.

**FIELD TRIP: SCIENCE CENTRAL**

## WEEK 4 | JUNE 24 – 28 | ROCK STARS

This week we will be "Rock Hounds" as we walk the Winona Trails and visit Winona Lake Park. We will be searching for rocks and minerals that we are learning about in STEM. The sport focus for the week will be Volleyball skills.

**FIELD TRIP: WINONA LAKE TRAILS**

## WEEK 5 | JULY 1 – 5 | STARS OF THE OCEAN

This week we will be exploring the depths of the ocean and its animals during craft and STEM. Activities may include sand sculpting at the beach, swimming, and LOTS of water games. The sport focus this week is swimming.

**FIELD TRIP: SPLASH HOUSE (MARION, INDIANA)**

# THEMES CONT.

## WEEK 6 | JULY 8 - 12 | STARS IN OUR COMMUNITY

This week campers will be visited by local heroes in our town from the fire department, police department, etc. Campers will be able to spend time with these local heroes in order to learn more about their job duties and presence in the community. The STEM focus will be hands-on safety in engineering. The sports theme for the week is soccer.

## WEEK 7 | JULY 15 - 19 | THE SKY IS NOT THE LIMIT

This week is all about imagination. Even though we can only see the sky, the sky is not the limit of our imagination. The STEM theme for the week is technology and engineering with logos. The sports theme for the week is track and field. This week campers will be challenged to run a mini-marathon (13.1 miles) throughout the week.

**FIELD TRIP: SKYZONE**

## WEEK 8 | JULY 22 - 26 | CRAZY STAR FOODS

This weeks theme will be all about crazy star food. Campers will be learning about plants and nutrition. STEM and nutrition will be focused on healthy foods, fats, and exercise. This weeks sport focus is flag football.

## WEEK 9 | JULY 29 - AUGUST 2 | IT'S ALL ABOUT GOLF

This week campers will enjoy activities focused around momentum and flight. This weeks sports theme is golf. Campers will get to participate in friendly matches of frisbee golf as well.

**FIELD TRIP: PAIGE'S CROSSING**

## WEEK 10 | AUGUST 5 - 9: PAPER STARS

As we think of stars, we think of movie stars and famous athletes. Not this week! This week campers will take a look at the stars who write the books we read, the music we love to listen to, and the paintings that inspire us to use our imagination. Since this is our last week of camp, it's time to CELEBRATE all the stars in our lives. This week, campers are the stars, as we practice for our very own talent show. Campers will be encouraged to act out stories we read during our reader's theatre. We will be revisiting all the different sport focuses from the beginning of summer to the end. Campers will be challenged to prove what we have learned in sportsmanship, helping others, and playing to have fun.

\*Themes, events and field trips are subject to change.

\*Soar Camp will be going to the Free Movie Day at North Pointe Cinemas on Wednesday mornings.

\*Field trips will be mandatory. If you do not want your child to go on a field trip, they will need to stay home that day.

\*Open swim will be on Monday, Wednesday, and Friday. There will be swim lessons on Tuesday and Thursday.

# PROGRAM FEES

Activity and supply fee\* (for mandatory t-shirt and to help offset the cost of.....\$50 field trips.)

Optional additional t-shirt paid for at registration.....\$8

## SOAR CAMP PRICING

### IF YOU SIGN UP FOR 1 WEEK AT A TIME

Members .....\$110 A WEEK

Program Members .....\$130 A WEEK

### IF YOU SIGN UP FOR 2-5 WEEKS AT A TIME

Members .....\$105 A WEEK

Program Members .....\$125 A WEEK

### IF YOU SIGN UP FOR 6-10 WEEKS AT A TIME

Members .....\$100 A WEEK

Program Members .....\$120 A WEEK

Discount for a 2nd child .....-\$5

Discount for 3 or more children .....-\$10 PER CHILD

Declined credit cards, returned checks and/or non-sufficient funds .....\$25

Processing fee for any changes or cancellations after the draft date .....\$25

*\*The activity and supply fee is due at the time of registration and is non-transferable and not refundable.*

**PAYMENT OF PROGRAM FEES** | The activity fee will be drafted when your registration form is processed. All Soar Camp fees are drafted weekly the Friday prior to the week of attendance. Everyone will be drafted. If you are scheduled ahead to be drafted, you will be drafted on the Friday before the week of camp. Registration before the week of camp is required; the last day to register is Saturday by 4:00 p.m. Counselors will receive a roster of all children registered for the week on Monday morning. Only children who are registered will be admitted. This policy is in effect to help plan and prepare for the week ahead and to ensure adequate staffing. Camp fees include field trips unless otherwise noted. Contact Rachel Hardy with attendance questions at 574-269-9622 or rhardy@kcymca.org or Stacey Anderson with billing questions at 574-269-9622 x215 or sanderson@kcymca.org.

### AVAILABLE PAYMENT METHODS:

**OPTION 1** | Register and pay in full for the weeks selected at the time of registration.

**OPTION 2** | Register in advance and be drafted for each week designated on the registration form.

# PROGRAM POLICIES

**CHILD CARE STAFF QUALIFICATIONS** | The YMCA recognizes the effect a positive experience will have on the development of children and youth. The Soar Camp staff are carefully selected based on education, qualifications, work experience, and for their ability to act as positive role models. Each of our staff has demonstrated a strong commitment to caring for children and has passed pre-employment criminal background checks and drug screening. YMCA childcare staff hold current CPR and First Aid certification. They will also go through a water safety training. Our team is a dedicated group that knows the importance of combining a safe and caring environment with a strong curriculum to benefit your child's development.

**NON DISCRIMINATION POLICY** | The Kosciusko Community YMCA does not discriminate against anyone based on race, religion, color, sex, age, national origin or disability. Every effort will be made to provide reasonable accommodations for mentally and physically challenged children. However, the YMCA is not able to accommodate children who are a danger to themselves, a danger to others, or a disruption to normal activity making it unreasonably difficult for other children to enjoy programs. A parent/guardian must discuss special conditions or circumstances involving their child with the director prior to registration so that a determination of reasonable accommodations can be made.

**PICK UP AND DROP OFF PROCEDURES** | Parents can drop their children off at Parkview Warsaw YMCA between 6:00 a.m. and 9:00 a.m. Soar Camp will run from 9:00 a.m. to 4:00 p.m. with extended care available from 6:00 a.m. to 9:00 a.m. and again from 4:00 p.m. to 6:00 p.m. All children must be picked up by this time. **A late fee of \$1.00 per minute will be assessed after 6:00 p.m. until the child is picked up.** All campers must be signed in and out from camp by a parent or guardian 18 years of age or older with a valid ID (16 if a sibling and listed on the registration form) and will not be permitted to walk home alone. Please sign children at the Multi-Purpose Room. Campers are required to store their lunches, sunscreen, swim suits, and towels in the Multi-Purpose Room.

**AUTHORIZED INDIVIDUALS FOR PICKUP** | For their safety, children are released from Soar Camp only to authorized individuals. An authorized individual must be listed on the registration form, be 18 years of age and present a valid ID. Siblings under 18 who are at least 16 can pick up his/her siblings as long as they are listed on the registration form as an authorized person to pick up. Advanced notice must be given for changes in authorization. Should an intoxicated or impaired individual arrive at Soar Camp and insist on removing a child, the staff will immediately call 911 and ask for law enforcement assistance. If a court order exists preventing a particular individual from having contact with a child, a copy of the court order must be provided and on file with the YMCA and Soar Camp.

**WEATHER** | Outdoor play is an important part of our daily camp schedule. Parents are asked to dress their children appropriately for the weather conditions. A light sweater or jacket may be needed in the mornings. All precautions will be taken to prevent heat related injuries during extreme heat. **Please send sunscreen with your child each**

**day. Spray sunscreen is recommended and preferred by the YMCA.**

At the YMCA we are committed to the safety of all children. We will do the following for your camper

- Make sure there are frequent water breaks
- Act as role models, applying sunscreen & wearing hats outside
- Make sure campers are in the shade or inside whenever possible on hot and humid days
- Apply sunscreen to children 9 and under when needed. Assistance might be available for older children if needed.

**ELECTRONICS** | All electronic devices, kindles, iPods, iPads, Game Systems, MP3 players etc. will not be allowed at Soar Camp. Cell phones must be on silent and in backpacks. The YMCA is not responsible for these items.

**FIELD TRIPS** | Your activity fee covers all admission and other fees when you register your child unless otherwise noted. Please do not send additional money with your child for souvenirs, food, etc. It is likely that field trips will depart and arrive at different times each week. Please check with the counselor on duty the day before to verify departure and arrival times. Emails will be sent prior to each week detailing the schedule and field trip information. All field trips are tentative and subject to change. For safety, your camper must wear his/her camp t-shirt for all field trips.

**SNACKS AND LUNCHES** | Nutrition is a very important aspect of each camp day. Please ensure your camper has packed a nutritious lunch and one snack per day. The YMCA will provide one afternoon snack per day.

A couple of suggestions for parents:

- Pack extra drinks and a refillable water bottle.
- Send foods that are easy to eat and non-microwavable.
- Strive for a litter free lunch (reusable containers and water bottles).
- Label your child's lunch with their first and last name.
- If desired, healthy lunches will be provided free of charge to all campers through the Warsaw School Corporation. Please sign up each morning at drop off for a school lunch. No school lunches July 2-6 or August 6-10.

**LOST AND FOUND** | We encourage all campers to label everything they bring to camp. All lost items will be held at the YMCA lost and found location. Items that remain in the lost and found for more than two weeks will be donated to local charities. The YMCA is not responsible for lost or stolen items.

**RESPONSIBLE BILLING PARTY** | The YMCA will bill only one party for program costs. We do not split costs between parents or bill two different accounts for fees.

**REMOVAL FROM PROGRAM BECAUSE OF NON-PAYMENT** | In the event that an account is past due for two weeks, participation in the program will be discontinued. Efforts will be made to contact parents by phone prior to discontinuation of a child's participation. Please be sure to maintain current contact information with the YMCA.

**MINIMUM PARTICIPATION** | The YMCA reserves the right to close Soar Camp if it does not have participation levels necessary to cover the cost of operation.

**FINANCIAL ASSISTANCE** | Assistance must be applied for prior to enrollment and participation in any program for which assistance is needed. A financial assistance application is available at the Welcome Center. It will take up to three weeks to process the application.

**YMCA CREDIT/REFUND POLICY** | Credits or refunds may only be issued for a medical excuse or a canceled class or program.

**TAX INFORMATION** | A report of all YMCA childcare expenses for the previous calendar year will be distributed to parents by January 31. There will be a fee of \$10.00 for any additional copies. The YMCA tax number is 35-1068182.

**CHILD ILLNESS** | If your child is sick they should not attend any program where other children may become ill through contact. As a guideline, the YMCA suggests that children running a fever of 100 degrees or greater and children with recurring vomiting or diarrhea should remain at home for at least 24 hours after the fever has broken or the vomiting or diarrhea has stopped. If your child has a communicable disease or lice, you are urged to notify Soar Camp within 24 hours so that the parents of other children may be notified. Children who have had a communicable disease may not return to the program unless they have a doctor's note stating that they are no longer contagious.

**INJURIES DURING THE PROGRAM** | The YMCA assumes no responsibility for injuries or illnesses which may be sustained as a result of participation in athletic activities, sports programs, and the use of any equipment, exercise or other activities. Parents or guardians assume the risk for any and all injuries and illnesses which may result from participation in these activities.

**EMERGENCY PROCEDURES** | In the event that a parent or guardian cannot be reached in an emergency, YMCA staff will arrange for transportation so that medical personnel can provide appropriate medical treatment. This treatment may include, but is not limited to, routine tests, X-rays and the release of any records necessary for insurance purposes. The YMCA does not carry accident or medical insurance on program participants. Payment for these services is the sole responsibility of the parent or guardian.

**PERSONAL HYGIENE AND TOILETING** | SOAR staff will assist when necessary in order to ensure that campers are able to have the best possible experience at camp. SOAR management staff requests that parents schedule a time to meet and train staff on proper techniques needed for your camper at least one week prior to your camper attending camp.

**TRANSFERS** | In order to best serve the campers, SOAR management staff requests that parents schedule a time to meet and train staff on proper techniques needed for your camper at least one week prior to your camper attending camp. Adaptive transfer equipment will not be provided. SOAR/YMCA is not trained/certified to use a Hoyer lift or similar equipment. Other arrangements will need to be made and approved prior to attending camp.



**MEDICATIONS** | If your child is using any medications, please make sure you inform the counselors when you drop off your child. There will be medication forms available at the sign in table. Please make sure that you turn in all medications to the counselors at that time. Medications will be locked and stored in a safe location. Medication needs to be in the original bottle with child name, medication name, and dispensing directions on it. Medication forms should also be filled out for Epi-pens, diabetic supplies, and asthma puffers. These medications will be kept with your camper and/or their lead counselors. SOAR staff would like campers to be as independent as possible, however, assistance with medication will be provided if necessary. If your camper needs assistance, it must be noted on the medication form prior to camp.

**PARENT COMMUNICATION** | SOAR staff will document all behaviors good or bad throughout the day in order to communicate effectively with parents on how the campers day has gone. We ask that parents take the time in the morning to complete a short behavior/emotional check in for camp staff in the morning. This will help camp staff to prepare to best support your camper throughout the day based off of home morning behaviors.

## BEHAVIOR MANAGEMENT PROCEDURES

**PHILOSOPHY** | The Kosciusko Community YMCA is committed to providing a safe and welcoming environment for all children. To ensure safety and comfort for all, we ask children to act appropriately while they are participating in Soar Camp activities. We expect children to behave in a mature and responsible way and to respect the rights and dignity of others. Soar Camp staff will redirect a child's behavior and respond to inappropriate choices on an individual basis. The YMCA teaches the core values of caring, honesty, respect and responsibility. Children who attend Soar Camp are expected to follow the behavior guidelines and to interact appropriately in a group.

**PROCESS** | Soar Camp will not permit language or actions that can hurt or frighten another child or that fall below a generally accepted standard of conduct. Specifically this includes:

- Angry or vulgar language including swearing, name calling and shouting
- Physical contact with another person in an angry or threatening way
- Any demonstration of sexual activity or sexual contact with another person
- Harassment or intimidation with words, gestures, body language or other menacing behavior
- Behavior which intends to, or results in, the theft or destruction of property
- Carrying or concealing any weapons or devices that may be used as weapons

**BEHAVIOR MANAGEMENT** | When a child chooses not to follow the behavior guidelines of Soar Camp, the following steps will be taken:

1. Staff will give a verbal warning and/or redirect the child to more appropriate behavior
2. The child will be reminded of the behavior guidelines and Soar Camp rules and a "time out" will be given.
3. If the behavior persists, a parent will be notified of the problem so they can determine the appropriate action to take.
4. The staff will document the situation. The written documentation will include what the behavior problem is, what provoked the problem and the corrective action taken.
5. If the behavior continues, staff will schedule a conference that includes the parents, child, staff, and the director of Soar Camp. The director will have all documentation and notes from the previous actions for review.

6. The staff will schedule a progress check or a follow-up conference.
7. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately.
8. If the behavior persists and the child continues to disrupt Soar Camp, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme cases.

**REMOVAL FROM THE PROGRAM FOR INAPPROPRIATE BEHAVIOR** The following behaviors are NOT acceptable and may result in the immediate suspension of a child as listed below:

1. Endangering the health and safety of children and/or staff, members, or volunteers
2. Stealing or damaging YMCA or personal property
3. Leaving Soar Camp without permission
4. Continuing to disrupt the program
5. Using profanity, vulgarity, or obscenity frequently
6. Acting in a lewd manner

**FIRST OFFENSE** | Dismissal for current day and the following day

**SECOND OFFENSE** | dismissal for the current day and the following three days

**THIRD OFFENSE** | dismissal for the current day and the following 5 days

**FOURTH OFFENSE** | expulsion from Soar Camp

Immediate expulsion may occur if a child is in the possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

**SOAR** | Staff will follow the above behavior management procedures. If modifications or additional behavior management plans need to be implemented, a meeting will need to take place with the camp management staff in order to properly implement and document the necessary behavior plan. Please provide written plans/IEP/personal behavior management plan in order to help staff best facilitate a personalized camp behavior management plan.

# PARENT STATEMENT OF UNDERSTANDING

**THE FOLLOWING INFORMATION IS IMPORTANT FOR THE SAFETY AND PROTECTION OF YOUR CHILD. PLEASE READ THE INFORMATION AND SIGN BELOW.**

**I UNDERSTAND THAT:**

1. Children may not be dropped off at the Soar Camp site unless YMCA staff are available to receive and supervise.
2. Children are released from Soar Camp to authorized individuals only. An authorized individual must be listed on the registration form, be 18 years of age, and present a valid ID. Siblings under 18 and over 16 can pick-up his/her sibling as long as they are listed on the registration form as an authorized person to pick-up. Changes in authorization must be provided to the director prior to implementation.
3. To ensure your child's safety please take an active interest in his or her YMCA experience. Ask your child specific questions about program activities and staff relationships.
4. YMCA staff are prohibited from babysitting or transporting children at any time outside of the Soar Camp program.
5. The YMCA staff do not accept gifts or tips and should not provide gifts to children.
6. For the safety of children and staff, the police will be contacted immediately if a person arriving to pick up a child appears to be under the influence of drugs or alcohol or in possession of a weapon.
7. By law the YMCA must report any suspected cases of child abuse or neglect to the appropriate authorities.

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PARENT OR GUARDIAN SIGNATURE

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DATE

# SOAR CAMP REGISTRATION

KOSCIUSKO COMMUNITY YMCA  
1305 Mariners Dr, Warsaw, IN 46582  
574.269.9622

## CAMPER #1 INFORMATION

NAME (FIRST, AND LAST) \_\_\_\_\_  
GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
AGE AT TIME OF CAMP \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_  
SIBLINGS AT CAMP \_\_\_\_\_ T SHIRT SIZE \_\_\_\_\_

## CAMPER #2 INFORMATION *(IF APPLICABLE)*

NAME (FIRST, AND LAST) \_\_\_\_\_  
GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
AGE AT TIME OF CAMP \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_  
SIBLINGS AT CAMP \_\_\_\_\_ T SHIRT SIZE \_\_\_\_\_

## CAMPER #3 INFORMATION *(IF APPLICABLE)*

NAME (FIRST, AND LAST) \_\_\_\_\_  
GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
AGE AT TIME OF CAMP \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_  
SIBLINGS AT CAMP \_\_\_\_\_ T SHIRT SIZE \_\_\_\_\_





# ACCOUNT HOLDER | PARENT | GUARDIAN

NAME (FIRST, AND LAST) \_\_\_\_\_  
DOB \_\_\_\_\_ WORK \_\_\_\_\_  
EMAIL \_\_\_\_\_  
BEST CONTACT NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
SECONDARY CONTACT NUMBER \_\_\_\_\_  
WORK PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

## EMERGENCY CONTACTS & AUTHORIZED PICK UP PERSONS

NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:
NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:
NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:
NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:



## SELECT WEEKS YOU WILL ATTEND

**VERY IMPORTANT** | By putting your child's first and last name in the "will attend" columns you are committing to definite attendance for that selected week. Please be aware that \$25 of the total weekly fee is considered a deposit to hold your child's place at camp and will be charged even if you cancel.

WEEKLY THEMES	PRICE	CHILD #1 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)	CHILD #2 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)	CHILD #3 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)
WEEK 1 JUNE 3 - 7 5 STAR DECISIONS	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 2 JUNE 10 - 14 THE ANIMAL STARTS OF THE NIGHT	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 3 JUNE 17 - 21 GALAXIES BEYOND	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 4 JUNE 24 - 28 ROCK STARS	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 5 JULY 1 - 5 STARS OF THE OCEAN	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 6 JULY 8 - 12 STARS IN OUR COMMUNITY	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 7 JULY 15 - 19 THE SKY IS NOT THE LIMIT	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 8 JULY 22 - 26 CRAZY STAR FOODS	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 9 JULY 29 - AUGUST 2 IT'S ALL ABOUT GOLF	MEMBER   \$110 PROGRAM MEMBER   \$130			
WEEK 10 AUGUST 5 - 9 PAPER STARS	MEMBER   \$110 PROGRAM MEMBER   \$130			

**IF YOU SIGN UP FOR 2-5 WEEKS ..... -\$5 WEEK**  
**IF YOU SIGN UP FOR 6-10 WEEKS ..... -\$10 WEEK**  
**DISCOUNT FOR 2ND CHILD ..... -\$5**  
**DISCOUNT FOR 3 OR MORE CHILDREN..... -\$10 PER CHILD**

Please put your child's first and last name in the "Will Attend" column for any weeks your child will be attending. You will be drafted a weekly fee on the Friday before the week of attendance. There will be no refunds for weeks not attended. Any cancellations or billing updates must be done in writing (please email sanderson@kcymca.org) one week prior to the draft date in order to not be charged the full weekly rate.

# BILLING

NAME (FIRST, AND LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

## **PAYING BY CHECK:**

BANK NAME \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

## **PAYING BY CREDIT CARD**

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_

I hereby authorize the Kosciusko Community YMCA to electronically draft my weekly summer camp fee prior to the week my child attends camp from the account I have provided. Payments cover the following week. I understand that there will be no refunds for weeks registered for but not attended. I must keep the YMCA informed of any changes in address or account information. Changes must be made in writing before the draft date or will be treated as a returned draft. All returned drafts are automatically sent through a second time. The YMCA charges a \$25 return fee on all unpaid drafts. I will be responsible for any fees charged by the YMCA and my bank.

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## **SIGNATURE**

Please initial in each blank that you have read and agree with the following:

\_\_\_\_\_ I understand the activity fee is non-transferable and non-refundable.

\_\_\_\_\_ I understand that KCYMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating in Soar Camp, I hereby voluntarily release and discharge KCYMCA, its agents, contract services, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

\_\_\_\_\_ In the event that I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by KCYMCA to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. I understand that no accident or medical insurance is carried on program participants.

\_\_\_\_\_ While KCYMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are a danger to themselves, a danger to others, or a disruption to the normal activities making it unreasonably difficult for other children to enjoy Soar Camp programs. Any of the above will be grounds for dismissal. A parent/guardian must discuss special conditions or circumstances involving their child with the director prior to registration so that a determination of reasonable accommodations can be made. If special transportation is required, parents may be responsible for providing it.

\_\_\_\_\_ I hereby give permission to KCYMCA without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

\_\_\_\_\_ I give KCYMCA permission for my child to leave the Soar Camp site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

\_\_\_\_\_ I give KCYMCA permission to apply sunscreen to my child as needed. Children over the age of 10 are required to apply their own sunscreen, however, staff will be available to assist.

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**SIGNATURE/DATE**

# MEDICAL & BEHAVIORAL INFORMATION

NAME (FIRST, AND LAST) \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

Is there anything else you can tell us that will help the counselors communicate effectively with him/her?

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Please describe any techniques that you use at home or school (i.e. key phrases, visual cues, hand cues, charts, etc). Are there any triggers we should know about or specific calming/ de-escalating techniques?

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Are there any behavioral issues we should be aware of (i.e. hitting, biting, etc.)? If so, how should we respond to this behavior? \_\_\_\_\_

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PLACE A "X" FOR THE ANSWER THAT BEST DESCRIBES YOUR CHILD.	ALWAYS	SOMETIMES	SELDOM	NEVER	N/A
Communicates needs					
Consistently makes choices					
Easily transitions from activity to activity					
Manages his/her anger					
Maintains self-control in a group setting					
Is able to work through frustrations					
Accepts responsibility for behavior					
Initiates and maintains social conversations					
Interacts with others in a large group					
Respects personal space of others					

Does your child have any fears or dislikes that we should know about? \_\_\_\_\_

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Is there anything else we should know about your child that would help us when at camp? \_\_\_\_\_

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## MEDICAL & BEHAVIORAL INFORMATION CONT.

Please attach any additional information , care plans , IEPs, etc that would be helpful in providing the best care for your child

### GENERAL INFORMATION

NAME (FIRST, AND LAST) \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PRIMARY DISABILITY \_\_\_\_\_

SECONDARY DISABILITY \_\_\_\_\_

### PARENT / GUARDIAN / PROVIDER INFORMATION

*(CIRCLE ONE)*

NAME (FIRST, AND LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONS \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

### MEDICAL INFORMATION

LIST ALL MEDICATIONS \_\_\_\_\_

HAVE SEIZURES? (YES/NO) \_\_\_\_\_

DESCRIBE PHYSICAL REACTION DURING SEIZURE \_\_\_\_\_

REACTION AFTER SEIZURE \_\_\_\_\_

USE WHEELCHAIR (YES/NO): \_\_\_\_\_

HOW OFTEN: \_\_\_\_\_

ELECTRIC, MANUAL OR SPORT: \_\_\_\_\_

DESCRIBE PHYSICAL REACTION DURING SEIZURE: \_\_\_\_\_

OTHER WALKING DEVICE (YES/NO): \_\_\_\_\_

WHAT KIND: \_\_\_\_\_

HOW OFTEN: \_\_\_\_\_

WHEN: \_\_\_\_\_

USE ORTHOPEDIC OR PROSTHETIC DEVICES (YES/NO): \_\_\_\_\_

TYPE: \_\_\_\_\_

DESCRIBE WHEN USED: \_\_\_\_\_

IF PARTICIPANT HAS DOWN SYNDROME: DOES PARTICIPANT HAVE ALANTO-AXIAL  
INSTABILITY CONDITION (YES/NO): \_\_\_\_\_

MEDICATION ALLERGIES (YES/NO): \_\_\_\_\_

PLEASE SPECIFY: \_\_\_\_\_

DESCRIBE REACTION: \_\_\_\_\_

BEEN EXPOSED TO OR HAVE CONTAGIOUS DISEASE (YES/NO): \_\_\_\_\_

EXPOSED TO: \_\_\_\_\_

WHEN: \_\_\_\_\_

HOW IS PARTICIPANT CURRENTLY AFFECTED: \_\_\_\_\_

## **MEDICATION ADMINISTRATION**

WILL PARTICIPANT TAKE ANY MEDICATIONS DURING THE PROGRAM (YES/NO): \_\_\_\_\_

PARTICIPANT CAN SELF-MEDICATE (YES/NO): \_\_\_\_\_

DOES PARTICIPANT NEED ASSISTANCE FOR INJECTIONS OR PERSONAL HYGIENE (YES/  
NO): \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## **PERSONAL AND COMMUNITY SKILLS**

PARTICIPANT REQUIRES AND/OR USES: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

ASSISTANCE IN EATING/DRINKING: \_\_\_\_\_

ASSISTANCE TOILETING: \_\_\_\_\_

ASSISTANCE DRESSING AND UNDESSING: \_\_\_\_\_

ASSISTANCE TO WALK OR MOVE FROM WHEELCHAIR: \_\_\_\_\_

ASSISTANCE TRANSFERRING TO WHEELCHAIR: \_\_\_\_\_

TRANSFERRING FROM WHEELCHAIR \_\_\_\_\_

ASSISTANCE COMMUNICATING NEEDS: \_\_\_\_\_

ASSISTANCE IN PROTECTING, SELF/ANTICIPATING SAFETY NEEDS: \_\_\_\_\_

ASSISTANCE STAYING WITH THE GROUP: \_\_\_\_\_

USES SIGN LANGUAGE: \_\_\_\_\_

USES HEARING AIDE/DEVICE: \_\_\_\_\_

WEARS GLASSES/CONTACTS: \_\_\_\_\_ WHEN?: \_\_\_\_\_

USES COMMUNICATION DEVICES: \_\_\_\_\_

PRECAUTIONS IN SUN, HEAT, COLD (ENVIRONMENTAL): \_\_\_\_\_

PRECAUTIONS DUE TO ALLERGIES: \_\_\_\_\_

ASSISTANCE DUE TO ALLERGIES: \_\_\_\_\_

ASSISTANCE IN ORIENTATION TO PEOPLE, NOISES, AND TIMES: \_\_\_\_\_

ASSISTANCE IN ORIENTATION TO PEOPLE, PLACES, TIMES: \_\_\_\_\_

ASSISTANCE WITH SWIMMING POOL ENTRY: \_\_\_\_\_

## **BEHAVIORAL NEEDS**

WHAT TYPE OF SUPERVISION DOES THE PARTICIPANT REQUIRE: (I.E. CLOSE, DISTANT, LINE OF SIGHT): \_\_\_\_\_

PARTICIPANT DISPLAYS UNUSUAL FEARS OR CONCERNS: \_\_\_\_\_

EXPLAIN : \_\_\_\_\_

PHYSICAL OR VERBAL AGGRESSION TO OTHERS: \_\_\_\_\_

PHYSICAL AGGRESSION TO SELF: \_\_\_\_\_

POSITIVE REINFORCEMENT: PLEASE EXPLAIN TIPS OR TECHNIQUES WE COULD USE TO OFFER THE BEST POSSIBLE RECREATION EXPERIENCE: \_\_\_\_\_

OTHER INFORMATION THAT MIGHT ENHANCE THE QUALITY AND SAFETY OF RECREATION PARTICIPATION: \_\_\_\_\_

## DIETARY INFORMATION

Fill this out only if you have a strict dietary requirement that is essential to your health and well being (e.g. food allergy). Do not use for likes and dislikes of foods.

DIETARY REQUIREMENTS (CHECK ALL THAT APPLY):

- CELIAC
- LACTOSE INTOLERANT
- VEGETARIAN
- VEGAN
- KETO
- PUREED

ALLERGIES (CHECK ALL THAT APPLY):

- TREE NUTS
- PEANUTS
- EGGS
- SOY
- SHELLFISH/SEAFOOD
- SEVERE ANAPHYLACTIC REACTION

OTHER SPECIFIC ALLERGIES OR DIETARY REQUIREMENTS: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE

DATE

STAFF USE ONLY:

YEAR:	DATE REVIEWED:	STAFF INITIALS:
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