



Spring Break 2012 Theme Camp March 12th – 16th



How to Register:
Complete the registration form on back of Flyer. Mail or Fax with payment/payment information to:
YMCA of Austin

Program Services
2121 E. Sixth St., Ste. 203
Austin, TX 78702
Phone: 512-236-9622
Fax: 512-478-8065

Financial Assistance

“YMCA of Austin programs and activities are designed to benefit persons of all backgrounds, and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee.”

The Mission of the YMCA of Austin is to put Christian principles into practice through programs that build health spirit, mind, and body for all.

Theme: *Out of this World!*

Ages: 5 - 12 years old

Dates: March 12th-16th

Hours of Operation: 7:30 am - 6:00 pm

Cost:

YMCA Members: \$155 **Non Members:** \$185

Locations:

**Northwest Family YMCA
Springs Family YMCA**

**East Communities YMCA
Boone Elementary School**

***Hays Communities YMCA will serve as a drop off and pick up location for day camp at Springs Family YMCA. Bus leaves each morning at 8:15 am and will return by 4:45 pm**

Theme Description: *Prepare to explore the galaxy, planets, universe, and more in a camp that is Out of this World! Discover what it takes to become an astronaut, investigate life on other planets, and test out your gravity in the YMCA swimming pools. Venture to the final frontier for a Spring Break that will take you up, up and away!*

***Children will take one field trip and swim twice during each week of camp. Please refer to www.AustinYMCA.org for specific details and dates.**

Children Need: Please bring a sack lunch and drink daily.

Swimsuit and towel will also be needed on swim days.

The YMCA recommends that all children wear close-toed shoes and that children do not bring electronic devices or money.

www.austinyymca.org

YMCA REGISTRATION FORM – SPRING BREAK CAMP 2012

Please check each camp location and session date(s) that you would like to register for:

Boone Elementary East Communities YMCA Hays Communities YMCA Northwest YMCA Springs YMCA

*I am a current YMCA of Austin Family Member? No Yes - Member Number: _____

Child (1) Name: _____ Gender: [M] [F] (circle one) Date of Birth: __/__/____

Child's School: _____ Grade Level: _____

Allergies and/or Special Conditions: _____

Child (2) Name: _____ Gender: [M] [F] (circle one) Date of Birth: __/__/____

Child's School: _____ Grade Level: _____

Allergies and/or Special Conditions: _____

Primary Guardian [Mother] [Father] [Other: _____] Authorized to Pick-up: [Yes] [No]

(Person Listed as Primary Guardian will be the sole person to authorize changes to information and/or cancellation of care.)

Name: _____ Email: _____ City: _____ Zip Code: _____ Cell Ph: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Secondary Guardian [Mother] [Father] [Other: _____] Authorized to Pick-up: [Yes] [No]

Name: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

(Must list at least one additional emergency contact. Please note that anyone listed must be of 18 years of age or older and are authorized to pick up)

Name: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Name: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

I Authorize my child to participate in the following activities: View a PG rated film, travel on YMCA arranged transportation, participate in all activities planned including water activities, participate in photo and/or video activities and participate in planned YMCA field trips.

Waiver, Release, Indemnification and Hold Harmless Agreement: I acknowledge and understand that participation in the YMCA of Austin activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of Austin, its organizer, employees, volunteers, officers, representative, and agent, from and against any and all losses, injuries, harm, claims and damages, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicted upon, or in any way resulting from participation in YMCA of Austin activities, other use or occupancy of the YMCA of Austin's facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of Austin, its organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of Austin's own negligence or gross negligence. I expressly assume all such dangers, risks and hazards to me and all minors in my care.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AND MEMBERSHIP AGREEMENT.

**I UNDERSTAND THAT IF I DO NOT CANCEL MY CHILD'S REGISTRATION AT LEAST 14 DAYS IN ADVANCE, I WILL BE CHARGED A \$25.00 CANCELLATION FEE. NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS LESS THAN 5 DAYS PRIOR TO EACH SESSION.

Primary Parent/Guardian Signature: _____ Date: _____

Full Payment is due at time of Registration

Payment Method (Check One): Check - Paid \$ _____, Check # _____; or Credit/Debit Card

CREDIT/DEBIT CARD TYPE: Visa; Amex; MasterCard; Discover (Circle One) Card Holder Name: _____

Card Number: _____ Expiration Date: ____/____

Signature _____ Date: _____