

# Winter Day Camp 2024 at the Auburn YMCA-WEIU

January 2nd, 8:00 am to 8:00 pm

January 3rd, 8:00 am to 8:00 pm

We may not be able to have camp at Camp Y-Owasco in winter, but that does not mean that we can't have camp! Winter Camp is a chance to experience many of the things that make camp so great just when you miss it the most!

- A 2 Day Camp Y-Owasco DAY CAMP experience held at the Auburn YMCA!

- TUITION INCLUDES: Camp programming and supervision

- 4 meals

Thursday, January 2nd, Check-in 8:00am-8:30am, Check-out 7:30pm-8:00pm

Friday, January 3rd, Check-in 8:00am-8:30am, Check-out 7:30pm-8:00pm

## **Fee:**

Y- Member Rate: \$75 for one day or \$140 for two days

General Public: \$100 for one day or \$180 for two days

**Questions? Contact Gracie Murphy, Family and Camp Director, at 315-253-5304 ext 1015 or [Gracem@auburnymca.net](mailto:Gracem@auburnymca.net)**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
Years at Camp: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian 1: Name:

\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Phone #s (H): \_\_\_\_\_  
(W) \_\_\_\_\_  
(C) \_\_\_\_\_

Parent/Guardian 2:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Phone #s  
(H): \_\_\_\_\_  
(W) \_\_\_\_\_  
(C) \_\_\_\_\_

# Medical History

Does the camper require allergy shots? Yes No

Is the camper currently taking medications of any type? Yes No

Did/Does the child have any of the following illnesses?

Recurrent ear infections Yes No

Heart defect/disease Yes No

Physical disability or handicap Yes No

Asthma or bronchitis Yes No

Epilepsy or convulsions Yes No

Diabetes Yes No

Allergic reaction to insect bites, medicine, food, etc. Please list: \_\_\_\_\_

\_\_\_\_\_

Please list past medical treatment, if any:

\_\_\_\_\_

\_\_\_\_\_

Please describe any current physical, mental, psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency the following person (s) should be notified:**

1.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Camper's Doctor:

\_\_\_\_\_

Phone \_\_\_\_\_

My child may be released to the following person (s):

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

If the camp is unable or does not have the time to locate the person(s) designated to be notified in case of emergency, I hereby give permission to take emergency measures as they deem appropriate for the welfare of the child at camp. I give YMCA staff permission to administer first aid for my child as staff deem necessary. I give consent to use my child( s) photo for promotional purposes. Signature of Parent/Guardian:

\_\_\_\_\_  
Date \_\_\_\_\_

## **Auburn YMCA-WEIU Minor Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING AUBURN YMCA-WEIU FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Auburn YMCA - WEIU facilities, services, equipment and premises ("Facilities") and any participation in Auburn YMCA - WEIU programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document. Waiver, Release, Indemnification & Covenant Not to Sue In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Auburn YMCA - WEIU, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs. I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees. In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

# Code of Conduct

The Auburn YMCA-WEIU is committed to providing a safe and welcoming environment for all. For the safety and comfort of those who are in our facility, participating in our programs, or on grounds, we ask individuals to act in a manner that upholds our guiding principles of honesty, responsibility, respect and caring at all times and to comply with all YMCA policies and rules regarding use of facilities and equipment. I understand that failure to comply with the YMCA's rules and regulations could result in revocation of my membership or facility privileges. I acknowledge the mission of the Auburn YMCA and I will act responsibly and respect the rights and dignity of other members and staff. I understand I can be denied entry or terminated for not following the YMCA rules and policies. I assume responsibility for injuries sustained. The YMCA may use my/our likeness for promotional purposes.

Date: \_\_\_\_\_

Minor Name (print clearly): \_\_\_\_\_

Parent/Guardian Name (print clearly):

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

( ) Please check here if not an Auburn Y member and provide the following:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_