



YMCA Summer Programs at River Valley YMCA in Prior Lake

3611 N. Berens Rd. NW • Shepherd's Path Church Campus • Prior Lake, MN 55379

August 31 – September 4, 2009

Program Hours: 6 a.m. – 6:30 p.m.

Enjoy one more week of summer with the YMCA!



Summer Power Kindergarten

For children entering grades K – 1 in fall, 2009

New friends will be made in a safe and fun-filled environment at Y Summer Power Kindergarten. Weekly themes and field trips bring new adventures as zoos, museums, and parks become your child's classroom. Children explore their world through activities geared to their age and development level. We provide responsible and secure supervision at all times.

Summer Power

For youth entering grades 2 – 5 in fall, 2009

Summer Power is your answer to quality care and exciting adventures for your child this summer. We offer a full day enrichment program with flexible 3-, 4-, and 5-day options. Kids enjoy their day in age-appropriate groups and participate in activities such as arts and crafts, group games, sports, and weekly field trips, under the guidance of our trained Y staff.

Uproar

For preteens and teens entering grades 6 – 8 in fall, 2009

Uproar provides an exciting combination of spirited adventures and growth opportunities that challenge the mind and stretch the body! Exciting field trips, group activities, and local amusement and water parks are among the many fun things to do at Uproar. The program leaders provide character development opportunities to encourage independence and responsibility.

Summer Power Kindergarten, Summer Power, Uproar 2009 Registration Form • River Valley YMCA

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • fax 612-465-0559**

Participant Information:

Child's Name _____
YMCA Member? Yes member # _____ No, Participant only

Office Use Only

PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX

<input type="checkbox"/> Summer Power Kindergarten Entering K - 1	FEES:	<input type="checkbox"/> 5 days per week \$175	<input type="checkbox"/> 4 days per week \$144	<input type="checkbox"/> 3 days per week \$114
<input type="checkbox"/> Summer Power Entering Grades 2 - 5	FEES:	<input type="checkbox"/> 5 days per week \$175	<input type="checkbox"/> 4 days per week \$144	<input type="checkbox"/> 3 days per week \$114
<input type="checkbox"/> Uproar Entering Grades 6 - 8	FEES:	<input type="checkbox"/> 5 days per week \$180	<input type="checkbox"/> 4 days per week \$148	<input type="checkbox"/> 3 days per week \$120

Aug 31-Sept 4 Mon. Tues. Wed. Thurs. Fri.

SITE: River Valley YMCA 3611 North Berens Road N.W., Shepherd's Path Church Campus, Prior Lake, MN 55379

Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives subsidy from: County _____ YMCA Financial Assistance Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # Required _____ Paperwork submitted to County/Agency: Yes No

Third Party Agency Name: _____ Third Party Member #: _____

Payment Information: Please note, registration is non-refundable. Include full payment.

Check Enclosed Amount: \$ _____ Full Payment **Credit Card** ___ Visa ___ MasterCard ___ Discover ___ American Express

Weekly EFT Authorization (Electronic Fund Transfer)

Please charge Entire fee for all programs selected

Name on Card _____ Card Number: _____ Exp Date: _____

I agree to pay above total amount according to card issuer agreement.



River Valley YMCA in Prior Lake Summer Programs Emergency & Health Information Form

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • fax: 612-465-0559**

PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Child's First Name _____ Middle Initial _____ Last Name _____ Birthdate _____ Gender F M

Grade in Fall 2009 _____ Age _____ This is my _____ year in Summer Programs

Friends you would like to be grouped with : (To ensure positive group dynamics, please limit **two** friends per request who are within the same age group.) _____

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Change of Address

Parent/Guardian's Birthdate _____ Gender F M Home Phone (_____) _____ E-mail _____

Parent/Guardian's Work Phone (_____) _____ Cell Phone(_____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender F M Home Phone (_____) _____ E-mail _____

Parent/Guardian's Work Phone (_____) _____ Cell Phone(_____) _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

2. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

Family Doctor _____

Phone (_____) _____

Family Dentist _____

Phone (_____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT _____ Polio _____

Measles _____ Mumps _____

Rubella _____ HIB _____

Tetanus _____

IS THE CHILD TAKING ANY MEDICATIONS? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs _____

Allergies or Asthma _____

Dietary restriction/s _____

Chronic or recurring illnesses _____

Operations or serious injuries (include date/s) _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others?

Yes No

If yes, please comment: _____

SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW: _____

Waiver of Liability

I understand that The Young Men's Christian Association of Metropolitan Minneapolis assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to it's directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a results of participating in these activities.

Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.

2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.

3. My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.

4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.

5. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature _____ Date _____ / _____ / _____