



# WHERE SUMMER HAPPENS

**SUMMER DAY CAMP MIAMI COUNTY YMCA**

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# SUMMER DAY CAMP

For Boys and Girls going into grades 1-3 & 4-6



## DAY CAMP CONCEPT

Summer Camp provides boys and girls an opportunity to enjoy themselves and make new friends in an outdoor/camp atmosphere. A variety of activities will be offered including swimming, hiking, arts and crafts, sports, nature studies, and more.

## DAY CAMP PROGRAM

During activities, campers will be broken into groups based on their grade in school. First through third graders will focus on activities involving arts & crafts and physical activity (sports, games, etc.). Fourth through sixth graders will focus on leadership building activities and physical activity. Groups will also combine for large camp activities.

Each week will have a different theme, ensuring a variety of activities at camp. Parents will receive a calendar at the beginning of each week which includes daily activities, swim time, and the "trip of the week"

## COUNSELOR IN TRAINING (CIT) PROGRAM

The CIT Program is designed for youth in grades seven and up. This program gives these youth a chance to take a leadership role during camp, helping counselors with supervision within their groups and with running camp activities. Many CITs go on later to become Counselors themselves. Spots will be very limited and participants must interview with a Day Camp Director before May 7th. Parents will be notified after the interview on acceptance into the CIT Program.

## CAMP STAFF

Our staff is chosen for their experience, leadership skills, strong Christian character and enthusiasm for working with children.

## A TYPICAL DAY CAMP SCHEDULE

9:00am	Day Campers load the bus and will be driven to one of the following: 1. An area park, camp or nature preserve for outdoor camp activities. 2. The "Trip of the Week"
12:00pm	LUNCH
12:30-3:30	Outdoor activities, swimming, sports games...
4:00pm	Camp Closes - Camp normally ends at 6:00pm on Trip Day. See the Weekly Schedule for time.

In case of severe weather, camp activities may be changed.

## DROP-OFF / PICK-UP

This camp will offer drop-off/pick-up at both the Piqua Branch and Robinson Branch. Drop-off check in begins at 8:45. Pick-ups no later than 4pm unless noted in the schedule.

# 2024 CAMP SESSIONS

Day Camp begins June 3rd and will run for 11 weeks, through August 16th.

Campers attending at least 5 weeks, or more, and signing up as YMCA Members, will be registered first.

Week 1: Columbus Zoo (June 6)

Week 2: Urbana Air (June 13)

Week 3: Carillon Park (June 20)

Week 4: Kings Island (June 27)

Week 5: Zipzone (July 3)

Week 6: Cincinnati Museum (July 11)

Week 7: COSI (July 18)

Week 8: Young's Dairy (July 25)

Week 9: LegoLand (August 1)

Week 10: Other World (August 8)

Week 11: EnterTRAINment Junction (August 15)

Please Check on Departure and Return Times.

Weeks can be reserved with a \$20.00 non-refundable/non-transferrable deposit.  
All fees must be auto drafted on the Friday preceding each enrolled week of camp.

# 2024 REGISTRATION FORM

ALL AREAS MUST BE COMPLETED BEFORE REGISTRATION IS ACCEPTED

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(going into)

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Second Parent or Guardian or Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

**Must be filled in to be eligible for camp (no additional paperwork accepted)**

Health Insurance Provider \_\_\_\_\_

Insurance # \_\_\_\_\_ Member ID# \_\_\_\_\_ Group # \_\_\_\_\_

Immunization Record: Enter Month/Year of each Immunization (must be filled in to register)

DPT 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

TD

Polio 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Measles, Mumps, Rubella - Usually Combined as MMR \_\_\_\_\_ If separate: Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Tetanus (Date of last immunization) \_\_\_\_\_ HIB \_\_\_\_\_ TB test \_\_\_\_\_

Name of Physician or Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist or Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Health Record

1. Describe any current health conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_  
\_\_\_\_\_
2. List all allergies and any special precautions and treatment indicated for these allergies (ie. Foods, Medications, or Environmental) \_\_\_\_\_  
\_\_\_\_\_
3. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child: \_\_\_\_\_  
\_\_\_\_\_
4. List any chronic physical problems, diseases and any history of hospitalization: \_\_\_\_\_  
\_\_\_\_\_

**(Special form must be completed for administration of over the counter/prescribed medication by camp staff)**

## Important - This Box Must be Completed for Attendance\*

1. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby Give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the Physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed form may be photocopied for the trips out of camp.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

2. I also understand and agree that my child must abide with the restrictions placed on their camp activities.

\*If for religious reasons you cannot sign, then the camp should be contacted for a legal waiver which must be signed for attendance.

# REGISTRATION FEES

## MEMBER

First Child/Additional Child  
Weekly Fees (Includes Trip)  
\$130/\$120

## NONMEMBER

First Child/Additional Child  
Weekly Fees (Includes Trip)  
\$155/\$145

## CIT FEE

Weekly Fees (Includes Trip)  
\$60 member /\$80 nonmember  
T-shirt Fee = \$40

## CIRCLE CAMP WEEK CHOICES

CAMP WEEK 1 2 3 4 5 6 7 8 9 10 11

Camper Name \_\_\_\_\_ T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL XL

All fees must be set up to be auto drafted on the Friday preceding each enrolled week of camp.

**REGISTRATION BEGINS APRIL 1, 2024**

(Spots are limited) Weeks can be reserved with a \$20.00 deposit/per week.

## MIAMI COUNTY YMCA PHOTO RELEASE

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give the Miami County YMCA the absolute and irrevocable right and permission, with respect to the photographs that have been taken of me or in which I may be included with others.

- A. To copyright the same in the Miami County YMCA's name or any other name that the Miami County YMCA may choose.
- B. To use, re-use, publish, and re-publish the name, in whole or part, individually, or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, television and multimedia.
- C. To use name in conjunction there with if the Miami County YMCA chooses.

I hereby release and discharge the Miami County YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of Miami County YMCA.

I hereby certify that I am the parent or guardian of the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her or them.

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

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

*Signature of Witness*

# FOR PARENTS

## WHAT TO BRING?

**Daily Needs:** Sack Lunch, suitable clothing, swim suit, towel, sunscreen, insect lotion, change of clothing.

**Optional Needs:** Swim goggles, aqua socks/sandals, sunglasses, "Trip Day" money. (may need prepaid debit card)

## DAY CAMP ORIENTATIONS

Day Camp Orientation Meetings will be held for anyone needing information on our summer activities.

**Dates and Times:** May 14 - 6:00 pm - Robinson  
May 16 - 6:00 pm - Piqua

## SHIRTS

All campers will receive a 2024 Miami County YMCA Summer Day Camp T-Shirt. T-Shirts MUST be worn on all "Trip of the Week" days.

## YOUTH MEMBERSHIP

Children who learn the value of a healthy body, mind and spirit at an early age usually continue that life-style in their later years. A membership gives your child the chance to participate in an endless array of programs at a considerable savings! It also provides the opportunity for youth to participate in youth sports leagues, swim or gymnastics programs and open gym and swim times. Don't put it off, a youth membership almost guarantees a memorable year for your child and an economical one for you.

## SPONSORSHIPS

Ask the Welcome Center Staff at either branch for a financial assistance application. Once completed and membership is obtained, please speak to Jaime Hull at [j.hull@miamicountyymca.net](mailto:j.hull@miamicountyymca.net) or 773-9622 about Program Assistance.

## CONTACT INFORMATION

For more information covering this year's program, please contact Noah Prunty at [n.prunty@miamicountyymca.net](mailto:n.prunty@miamicountyymca.net) or 440-9622.