

# HOLIDAYS UPGRADED!

## Holiday Camp at the Y

YMCA OF THE HIGHLAND LAKES

1601 S. Water St, Burnet, TX • 512-756-6180

**REGISTRATION DATES:  
NOV 25 - DEC 20**

\*Late fee applied for each child starting Dec 18th\*



### DAY CAMP



DEC 23RD



DEC 26TH



DEC 27TH

K-6 grade • 7am-6:30pm

\*\*\*Daily Cost: \$25 Members / \$35 Non-Member

\*\*\*Located at the YMCA of the Highland Lakes

Holiday Camp at the YMCA of the Highland Lakes at Galloway-Hammond will see campers have the chance to swim everyday, engage in arts and crafts projects, while also taking part in unique games and activities. Our camp provides a great opportunity for the kids to be safe during their holiday break while spending time with their friends and making lasting memories!



Child's First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Boy  Girl Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Child's Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other Parent / Guardian Name \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Local Person to call in case of emergency if parent / guardian cannot be reached: (authorized to release child to)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

# HOLIDAY CAMP WAIVER FORM

## Parent / Guardian Acknowledgments

please INITIAL all lines to indicate received written policies / materials and agree to terms.

_____	_____	_____
print camper name	grade in 2019-2020 school year	date

\_\_\_\_\_ ADA Policy (REQUIRED): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_\_\_ Permission for Transportation (REQUIRED): I grant permission for the Y staff to transport my child to and from his / her Elementary School or other Y camp site for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ Waiver for Medical Treatment (REQUIRED): In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ Waiver for Participation (REQUIRED): I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

\_\_\_\_\_ Policy Agreement (REQUIRED) I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.

\_\_\_\_\_ Refund / Transfer Policy Agreement (REQUIRED): A \$ 10 processing fee will be applied for all drops or transfers for each child.