

SPRING BREAK CAMP 2010 REGISTRATION



Spring Break Camp site: (Please Circle)

RRISD: Bluebonnet Elem.

PISD: Windermere Elem.

LISD: Rutledge Elem.

Hutto/Taylor ISD: Cottonwood Creek Elem

YMCA of Greater
Williamson County

Child's Name _____

Child's Address _____ City _____ Zip _____

Home Phone _____ Parent's Day Phone _____

Circle: Boy Girl Date of birth _____

Responsible Parent/Guardian's Name _____ Day Phone _____

Alternate Phone _____ Mobile/Pager _____ Email Address _____

Other Parent/Guardian's Name _____ Day Phone _____

Alternate Phone _____ Mobile/Pager _____ Email Address _____

Local Person to call in case of emergency if parent/guardian cannot be reached:

Name _____ Phone _____ Alternate Phone _____

Physician's Name _____ Address _____ Phone _____

Hospital/Clinic _____ Address _____ Phone _____

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

I hereby authorize the YMCA Spring Break Camp staff to allow my child to be released to the following persons:

Name _____ Phone # _____ Alternate Phone # _____

Name _____ Phone # _____ Alternate Phone # _____

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

Please **Initial** all lines to indicate received written policies/materials and agree to terms.

____ **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 YMCA Spring Break Camp staff to transport my child to and from his/her Elementary School 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 can not be reached, I hereby authorize the YMCA Spring Break Camp 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 YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, 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 YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

____ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or display.

____ **I understand that refunds or transfers of payment are not applicable. (Required)**

Parent/Guardian Signature _____ Date _____



2010 Spring Break Camp Registration Form

YMCA of Greater Williamson County

Registration Deadline: Sunday, March 7

Payment type & amount | Date and Time Received | Staff Initial | Entered by/Receipt #

Each location is subject to change or be cancelled if enrollment is below 30.

| | | | | |
|-------------------|---|--|--|--|
| March 15-19, 2010 | RRISD: Bluebonnet Elem 1010 Chisholm Valley Drive Round Rock, TX 78681 Maximum Capacity 100 | LISD: Rutledge Elem 11501 Staked Plain Drive Austin, TX 78717 Maximum Capacity 100 | PISD: Windermere Elem 1100 Picadilly Drive Pflugerville, TX 78660 Maximum Capacity 125 | Hutto/ Taylor ISD: Cottonwood Creek Elem 3160 Limmer Loop Hutto, TX 78634 |
|-------------------|---|--|--|--|

SPRING BREAK CAMP FEE

Round Rock, Leander, Pflugerville, Hutto ISD's

___ Family Member/ Teacher Rate \$125
___ Program Member Rate \$135

Total Due \$ _____

Twin Lakes Family YMCA
Member Services
204 East Little Elm, Cedar Park
(512) 250-9622
Office Hours:
M-F, 5:00 a.m.—10:00 p.m.
Sat., 7:00 a.m.—6:00 p.m.
Sun., 12:00 p.m.—6:00 p.m.

Taylor Family YMCA
106 W Lake Drive, Taylor
(512) 365-9622
Office Hours:
M-F, 5:00 a.m.—9:30 p.m.
Sat, 8:00 a.m.—6:00 p.m.
Sun, 1:00 p.m.—5:00 p.m.

Licensed Child Care
1812 N. Mays Street, Round Rock
(512) 615-5563
Office Hours:
M-F, 7:00 a.m.—7:00 p.m.
Sat, 9:00 a.m.—2:00 p.m.

LAST DAY TO REGISTER IS MARCH 7th

**If space is available, late registration will be
March 8th-12th. \$25 late fee applied**

The total fee must be enclosed with the registration form. Incomplete forms or those without payment attached will not be accepted. Refunds or transfers of payments are not applicable.

Child's Name: _____ Parent Name: _____
Home/Cell Number: _____ Work Number: _____
Child's Current Afterschool Program: _____ Child's Grade: _____