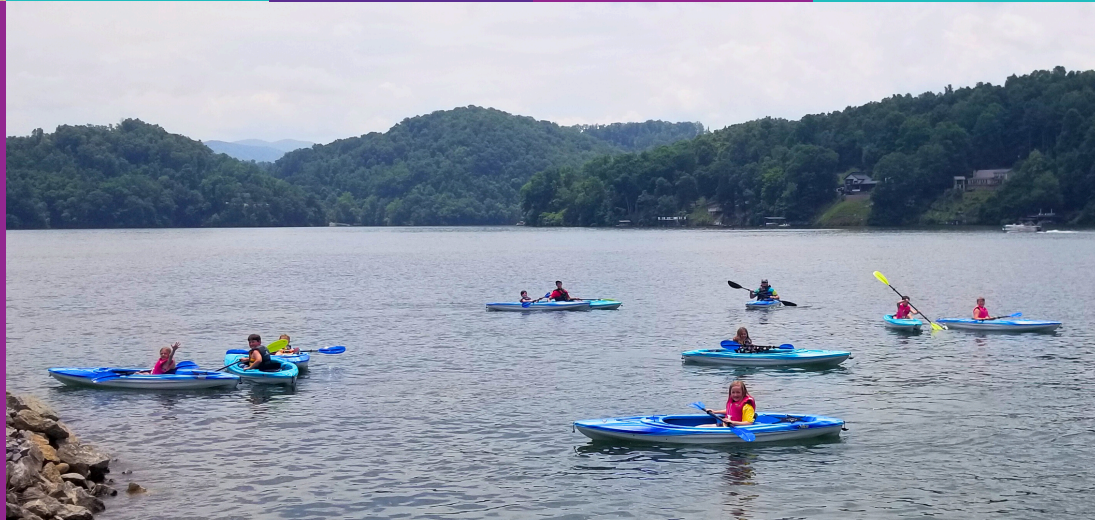
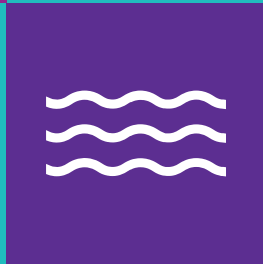




FIND YOUR FUN

YMCA Summer Day Camp 2025



REGISTER TODAY AT MEMBER SERVICES

CAMP LIFE is the BEST LIFE

Summer Camp Information 2025

Welcome Everyone! Where Camp Life is the Best Life! Our goal is to make our Summer Camp program a fun and safe experience for your child. The Y's Summer Camp is for children 5-12 years of age. *

SUMMER PROGRAM THEMES & HOURS OF OPERATION

Session	Theme
Week 1: May 27th - 30th	All About You
Week 2: June 2nd - 6th	Creativity
Week 3: June 9th - 13th	Games, Games
Week 4: June 16th - 20th	Heroes
Week 5: June 23rd - 27th	A Year In A Week
Week 6: June 30th - July 4th	Level Up
Week 7: July 7th - 11th	Fun in the Sun
Week 8: July 14th - 18th	Music/Dance
Week 9: July 21st - 25th	Water World
Week 10: July 28th - August 1st	Challenge Week
Week 11: August 4th - 8th	Mystery Week

Contact the front desk for details for Pre-Camp.

Summer Camp is available Monday through Friday, with the following exceptions:

- Memorial Day (5/26/2025)
 - Independence Day (7/4/2025)
- Pre-program drop-off occurs from 7:00-9:00 am
- Post-program pick-up occurs from 5:00-6:00 pm

Our program closes at 6:00 pm.

Parents are asked not to drop off or pick up children during camp hours (9:00 am-5:00 pm).

* Campers 13 - 15 years of age may apply for the Leadership In Training Program. Contact the front desk for more information. A separate application is required.

All parents must complete a Summer Camp application for each child attending the program and return it upon registration. A weekly deposit is required to secure your child's spot in camp. Financial Assistance is available, but limited.

WEEKLY SCHEDULE

Thanks to a collaboration with Camp Friendship, rising K-6th graders will travel Monday through Friday to Camp Friendships lakeside resort property to enjoy the following activities; canoeing, kayaking, boating, fishing, archery, music and drama, song and dance, team building activities, sports, activities and so much more.

Summer Camp is a great place to make friends, build relationships, enjoy activities, and to live their best life

YMCA OF BRISTOL



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 Summer Day Camp Registration Form YMCA OF BRISTOL

Camper's Information:

First Name _____ Last Name _____

Nickname: _____ ☐ Male ☐ Female

DOB: ____/____/____ Grade Entering: _____

School Name: _____

T-Shirt Size: ☐ Y Small (6-8) ☐ Y Med (10-12) ☐ Y Large (14-16)

☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-L

Who does child live with? _____
Relationship _____

Who is responsible for payment of childcare? _____

2025 Camp Sessions Attending:

Pre-Camp Week: Contact the front desk for details

____ Week 1: May 27th - May 30th (All About You)

____ Week 2: June 2nd - 6th (Creativity)

____ Week 3: June 9th - 13th (Games, Games, Games)

____ Week 4: June 16th - 20th (A Year In A Week)

____ Week 5: June 23rd - 27th (Level Up)

____ Week 6: June 30th - July 4th (Party in the USA)

____ Week 7: July 7th - 11th (Fun in the Sun)

____ Week 8: July 14th - 18th (Music/Dance)

____ Week 9: July 21st - 25th (Water World)

____ Week 10: July 28th - August 1st (Challenge Week)

____ Week 11: August 4th - 8th (Mystery Week)

(Please check all that apply)

Parent/Guardian #1 Information:

First Name _____ Last Name _____ DOB ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Please check the best phone number to reach you:

☐ Home Phone: (____) _____ - _____

☐ Cell/Pager: (____) _____ - _____

☐ Work Phone: (____) _____ - _____

Email: _____

Parent/Guardian #2 Information:

First Name _____ Last Name _____ DOB ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Please check the best phone number to reach you:

☐ Home Phone: (____) _____ - _____

☐ Cell/Pager: (____) _____ - _____

☐ Work Phone: (____) _____ - _____

Email: _____

Emergency Contact Information: (other than parent/guardian)

Must have parent/guardian's permission to make appropriate decisions for child in case parent/guardian cannot be reached.

First Name: _____ Last Name: _____

Relationship to child: _____

Please check the best phone number to reach them:

☐ Home Phone: (____) _____ - _____

☐ Cell Phone: (____) _____ - _____

☐ Work Phone: (____) _____ - _____

Authorized to pick up children: Anyone picking up a child must be listed on child's registration form and needs to carry a photo ID

First Name: _____ Last Name: _____

Phone: _____

First Name: _____ Last Name: _____

Phone: _____

First Name: _____ Last Name: _____

Phone: _____

Not authorized to pick up child:

First Name: _____ Last Name: _____

Relationship to child _____

(Must have accompanying documentation)

2025 Summer Day Camp - Registration Form

Continued... YMCA OF BRISTOL

Medical/Background Information:

Child's Physician: _____

Phone Number: (____) _____ - _____

Child's Dentist: _____

Phone Number: (____) _____ - _____

Family Medical/Hospital Insurance Carrier _____

Policy Number: _____

Does your child have any special problems or needs? If so, please explain. _____

Does your child have any allergies?

Does your child take any kind of medication?

We will need medication form for each medication

Any other information we should know about your child?

Sunscreen Release Form:

- Parents are responsible for providing sunscreen for their child to use at camp. Parents are expected to apply the first coat of sunscreen in the morning before bringing children to camp.
- Camp staff will stop activities for all children to apply sunscreen at two additional times throughout the day.
- I understand that YMCA Camp participants spend a minimum of 80% of their time outside and that use of sunscreen may not prevent my child from being sun burnt but will aid in the protection against harmful sun rays.
- I hereby give permission to the YMCA to help assist in putting sunscreen on my child during my child's participation in 2025 Summer Camp.

Parent/ Guardian Signature _____

Date _____

If you prefer staff to apply a spray sunscreen provided by you please specify below.

Type/ Brand of sunscreen allowed:

Type: ☐ Spray ☐ Lotion

Brand: _____

Camp Authorizations:

Please read and initial that you have read the information below:

_____ I agree to communicate with the YMCA staff regarding any questions, concerns or suggestions in a timely manner.

_____ I have received and read the YMCA 2025 Summer Day Camp Parent Handbook, and I agree to abide by the YMCA Policies.

_____ I understand that I am responsible for the summer camp fees and that they must be paid in advance according to the policies listed below.

_____ I grant permission for the YMCA staff and/or medical personnel to give my child first aid in case of an emergency and to secure any transportation and medical treatment necessary for his/her welfare. I understand that all emergency cost is mine as the parent/guardian. If requested, I agree to pick my child up.

_____ I grant permission for the YMCA to transport my child to and from camp field trips/activities. I also grant permission for my child to participate in field trips/activities. I grant permission for my child to be photographed/videoed for YMCA promotions only.

_____ I understand that the YMCA Summer Camp Program operates on a group format, and that my child is responsible for his/her own behavior, clothes, sunscreen and belongings.

_____ The YMCA of Bristol reserves the right to remove any participant from our program if it is deemed that the inclusion of that child is not in the best interest of the child or the program (child is not able to function consistently and safely in a group setting).

Please print Parent/Guardian's name _____

Parent/Guardian signature _____ Date _____

Pricing Information:

Total Price - Y members \$110 Potential Members \$130

Deposit - \$25 per week (due at time of registration)

Siblings - \$5 rate reduction per week

Financial Assistance - Available but limited

Payment Agreement:

___ I will pay full amount at registration

___ I will pay \$25/per week deposit at registration & have the balance drafted on the Monday before the session starts.

Signature _____ Date _____



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FOR SOCIAL RESPONSIBILITY

SUMMER DAY CAMP WEEKLY DRAFT FORM 2025

YMCA OF BRISTOL

Name of Account Holder: _____

Type of Account: ☐ Checking ☐ Savings ☐ Credit Card ☐ Debit Card

Please initial:

_____ I understand that the Summer Day Camp fees are non-refundable and non-transferable.

_____ Draft occurs each Monday and covers the following week's fee.

_____ Return drafts are charged a \$10 service fee. Return payments will result in your child's participation in the program being suspended.

_____ After any 2 returns, you will need to pay for your Summer Day Camp care in full.

_____ To cancel a draft, a written notice must be submitted to Member Services two weeks in advance. (It is your responsibility to check to ensure that your draft has stopped)

Help us put our mission into action and donate!

___ Yes, I would like to help ___ No, not at this time

If yes, one-time donation of \$_____ paid today.

Or, continuous (add to weekly bank draft) ___ \$5 ___ \$10 ___ \$25 or \$___ other

Weekly Draft (including Annual Giving) \$_____ Beginning _____/_____/_____

By signing, I authorize the YMCA of Bristol to initiate debit entries to my account weekly and understand a written notice is required two weeks prior to draft date to cancel.

Account Holder's Signature _____ **Date** _____