



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER BETTER THAN OTHERS

Summer Camp

Our YMCA Summer Camps provide worthwhile summertime activities for kids and peace of mind for parents. Y Summer Camps provide personal enrichment and fun new experiences. Camps counselors have extensive Y training and a genuine concern for children. Our camps help children develop their creative abilities, make new friends, learn about nature, be active, and above all - have fun!

The Two Rivers YMCA Camp Program is one of the top summer programs in the Quad Cities and an experience kids will truly enjoy!



TWO RIVERS YMCA

**REGISTRATION
DEADLINE: MAY 18, 2012**

Small Wonders Camp

Entering Kindergarten-1st Grade

Start your little one on a camp journey with fun-filled activities that will make them smile each day. There will be opportunities for social interaction, creativity, education and self-expression. The weekly field trip will provide new adventures and experiences for the whole group.

Discovery Camp

Entering 2nd-4th Grades

Youth will blast off on new frontiers into the past, present and future. Their spirit, mind and body will be challenged through exciting activities in and outside the facility. The weekly field trip will be based on weekly themes and lessons.

Sports Camp

Entering 2nd-4th Grades

Sports new and old will be played by youth with a focus on skill development and basic fundamentals. Our team will teach sportsmanship and fair play to each member of this active camp. Campers will participate in First Tee Golf lessons throughout the summer. The weekly field trip will support the sport the group will be learning each week.

BTween Camp

Entering 5th-6th Grades

We are here for you! This group has been in camp and knows what they like and what they don't. Our counselors will listen to this group's needs and wants to make their summer enjoyable and safe. The two weekly field trips will make their summer experience one to remember.

Leaders In Training

Entering 7th-8th Grades

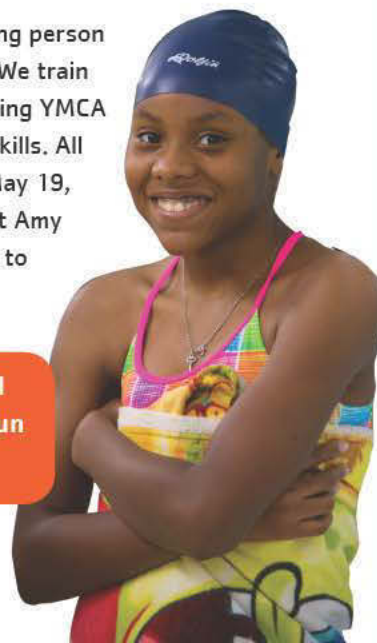
We will prepare the young leaders of this camp to model positive behavior. With the help of camp counselors, they will learn how to help others while handling conflicts, teaching games and mentoring younger children at camp. We will also take this group on two field trips a week that will include educational and recreational fun for all.

Junior Counselor Program

Entering 9th-10th Grades

The Junior Counselor program will teach your young person how to work with kids in a summer camp setting. We train Junior Counselors to join our adult camp staff during YMCA summer programs to develop leadership and job skills. All JCs are required to attend training on Saturday, May 19, 2012 from 9:00-11:00 am at the Y. Please contact Amy Johnson at 797-3945 ext. 242 if you are not able to make this training date.

The field trip and swim schedules for June will be available by May 4, 2012. All camps have fun swims in the Y pools at least once a week.



Schedule:

June 4 - August 17

Monday - Friday 6:30am - 5:30pm

Registration:

Registration begins February 1, 2012

Registration deadline is May 18, 2012

***\$5 per child late fee after May 18, 2012**

Daily Camp Fees:

1 day rate \$25

3 day rate \$75

5 day rate \$125

Activity Fee: \$71 Members / \$142 Community non-refundable annual activity fee per child due at registration*

Junior Counselor Fees:

1 day rate \$8

3 day rate \$24

5 day rate \$40

Activity Fee: \$71 Members / \$142 Community non-refundable annual activity fee per child due at registration

Financial Assistance

No person is denied care due to inability to pay fees. Assistance applications are available at the Membership Desk and must be submitted by May 18, 2012. You may only use one form of assistance.

Attendance Policy

Registration and payment must be received at the Y Membership Desk by each Friday at the close of business the week before your child will attend. Any changes to the schedule after this time will result in \$10 fee per child. We need to know in advance of when your child will be attending the following week.

Refund Policy

Accounts will only be refunded if you cancel in advance. If your children do not attend the week you registered and paid for in advance, you will not be refunded. Activity fees will not be refunded after May 18, 2012.

Don't Miss the Fun!

2012 Summer Camp participants must be registered by a parent or guardian before May 18, 2012. Anyone registering after this date will be charged an additional \$5 per child plus the activity fee.

Register at the Two Rivers YMCA Membership Desk:

Monday – Friday 8:00 am – 9:00 pm
Saturday 8:00 am – 5:00 pm
Sunday Noon – 5:00 pm

2012 Summer Camp Kick-off

Friday, June 1, 2012 • 6:00 – 7:30 pm

Join us at the Two Rivers YMCA Pavilion for a fun family event to kick-off the summer. Two Rivers YMCA will provide food and drinks from 6:00–7:00 pm and an informational session from 7:00–7:30 pm. Bring your lawn chairs! Please RSVP by May 30, 2012 to Amy Johnson, 797-3945, ext. 242.

Summer Camp Family Fun Night

Friday, July 6, 2012 • 4:30 – 7:00 pm

Carnival activities, inflatables for the whole family, Olympic games, family raffle baskets, concession stand, face painting, tattoos, dunk tank, counselor pie in the face and much more. Mark your calendar for a fun family night!

Y Summer Camp Staff

Camp counselors are trained, qualified, competent and excited to spend the summer with your child. Each employee is required to have extensive experience working with youth, a background check, CPR certification and attend one intense week of training that focuses on YMCA Summer Camp Policies and Procedures. Our camp coordinators and administrative staff have many years of experience and college degrees that include child care, elementary education and recreation. YMCA Summer Camp participants enjoy a fun, creative and safe environment in an excellent facility.

DRAFT PAYMENT

If you choose to provide us with your checking, savings, debit or credit card information, we will draft your fees twice a month and there will be no advance payment requirement. We will draft or charge your account at the first and middle of the month (closest banking day) to keep your account current. Our first draft will be June 15, 2012.

I also understand that should a payment not be honored with the credit card provided below, I am still responsible for that payment in addition to any service fees established by the YMCA and/or my bank or credit card provider. If your card is declined for any reason there will be a \$10 service fee for each incident.

If at any time I prefer to discontinue this means of payment, I must provide written notice to the Two Rivers YMCA ten (10) days prior to the next scheduled payment.

AUTHORIZATION TO DEBIT CREDIT CARDS (Information will be kept confidential.)

I hereby authorize the Two Rivers YMCA to keep the following information on file electronically and to draft payments once during the first of each month and once at the middle of each month (when a balance is present).

Type of account (check one): Savings Checking (attach voided check)

Debit Card - Expiration date: _____ Credit Card - Expiration date: _____

Name on card: _____

Account number: _____

Bank Routing number: _____

Signature: _____

Camp Curriculum

Arts & Humanities:

Drama, music, art, crafts, art history and poetry

Character Development:

Caring, honesty, respect and responsibility

Health, Wellness and Fitness:

Sports, team building activities, nutrition education and healthy lifestyles

Outdoor Education:

Hiking, climbing, group games that focus on experiential and environmental education

Literacy:

Reading, writing, speaking, gathering and using information, critical thinking, understanding others and expressing oneself

Science and Technology:

Use of technology to research, study and learn what happens in the world around them

Service-learning:

Develop skills, knowledge and civic awareness to make meaningful contributions to the community

Social Competence & Conflict Resolution:

Help make program emotionally and socially comfortable for participants and enhances their ability to interact with one another

Camp Dates:

Wk 1	June 4–8	Wk 2	June 11–15
Wk 3	June 18–22	Wk 4	June 25–29
Wk 5	July 2–6 (no program July 4th)		
Wk 6	July 9–13	Wk 7	July 16–20
Wk 8	July 23–27	Wk 9	July 30–Aug 3
Wk 10	August 6–10	Wk 11	August 13–17

School's Out Club will be available between the end of camp and the start of the 2012–2013 school year. Visit our website for specific dates.

YMCA Provides Daily:

Morning snack and drink if camper arrives before 8:30 am, drinks at lunch, afternoon snack and drink before 4:00 pm. Water is always available. Water will be our primary beverage.

Campers Required to Bring:

- Sack Lunch
- Swimsuit, Towel & Bag
- SPF 45+ Sunscreen
- Water Bottle
- Wear Tennis Shoes

Upon registration, you may request a Parent Guide with additional information from the YMCA Membership Desk. Guides will also be available at Camp Kick-off and on our website.

TWO RIVERS YMCA

2040 53rd Street, Moline, IL 61265

309 797 3945

tworiversymca.org

Nonprofit Org.
U.S. Postage
PAID
Permit No. 175
Rock Island, IL

Your Y Your Way

Build a Membership

MONTHLY MEMBERSHIP FEES (as of September 1, 2010)

Membership Category	Monthly Fee	Activation Fee
Individual	\$37	\$37
Individual adult 19 and older.		

Additional Adults	\$11	\$11
Each additional adult living at the same private residence when added to an individual membership.		

Additional Children	\$12	\$12
Includes all children living at the same private residence up to age 18 or full-time college student through age 23 when added to an individual membership.		

Youth/Student 50% Subsidy	\$18.50	n/a
18 and under or full-time college student through age 23. (Individual memberships only, not those with additional adults or youth.)		

Senior Individual 15% Subsidy	\$31.50	\$31.50
Individual adult 65 or older.		

Did you know?
A youth membership
is just \$18.50 a month
with no activation fee.
You'll save on the cost
of programs, classes
and child care -
plus your child will
enjoy full use of the
Two Rivers YMCA.
Join today!



Name of family physician: _____

Address: _____

Phone: _____

Date of last physical exam: _____

Clinic/Hospital: _____

Insurance carrier: _____

Dentist or Orthodontist: _____

Phone: _____

Special needs - health, physical, special diet, educational or other special instructions for staff awareness:

Allergies: _____

Other afflictions or details of above: _____

Current medications (prescription only): _____

Any specific activities to be encouraged or limited by physician's advice: _____

Swimming Ability: Non-swimmer
 Beginner Intermediate Advanced

PROMOTIONAL AGREEMENT

The Two Rivers YMCA has my permission to use photographs of my children in YMCA promotional materials. Yes No

SIGNATURE OF PARENT DATE

PARENT AUTHORIZATION

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Two Rivers Young Men's Christian Association (YMCA). This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes which would make him/her and undesirable participant. I understand that repeated disruptive, abusive, rude or otherwise inappropriate behavior will result in the dismissal of my child. The staff will determine when dismissal shall occur. I understand that advance notice of such dismissal is not required. I have studied the brochure and "Parent Guide" and understand the contents thereof. I understand the attendance and refund policies.

SIGNATURE OF PARENT DATE

EMERGENCY MEDICAL AUTHORIZATION

I hereby give permission to the medical personnel selected by the directors/ coordinators to order X-rays, routine tests and treatment for me or my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the directors to hospitalize, secure proper treatment for, and order injections(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

SIGNATURE OF PARENT DATE

ACTIVITY AUTHORIZATION

I hereby give permission for my child to participate in activities outside of the YMCA facility, which may include YMCA or public pools and traveling on YMCA or Johannes Buses. I agree to release the Two Rivers Young Men's Christian Association, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in activities. I give permission for my child to participate in neighborhood walks.

SIGNATURE OF PARENT DATE

TWO RIVERS YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT DATE

2012 Summer Camp Registration

One child per form, please. You may copy this form. Please complete both sides. I wish to enroll my child in the Two Rivers YMCA Summer Camp Program. Registration will not be complete until the registration fee has been paid. **The registration fee is non-refundable. Registration deadline is May 18, 2012 (\$5 late fee per child). Financial aid requests must be submitted before May 18, 2012.**

Please print in black or blue ink

Camper Name _____ Age _____ Male Female

Date of Birth _____ Current Grade _____ School _____

Home Address _____ City/State/Zip _____

Parent/Guardian _____ Home Phone _____

1. Cell Phone _____ Work Phone _____ Email _____

2. Cell Phone _____ Work Phone _____ Email _____

My child would like to be in a group with: _____

(List two children only. **Placement is not guaranteed.**)

You may only register for one camp per child for the entire summer. Children are not allowed to switch camps after choice is made.

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Small Wonders Camp (entering grades K-1) | <input type="checkbox"/> Discovery Camp (entering grades 2-4) |
| <input type="checkbox"/> Sports Camp (entering grades 2-4) | <input type="checkbox"/> BTween Camp (entering grades 5-6) |
| <input type="checkbox"/> Leaders In Training Camp (entering grades 7-8) | <input type="checkbox"/> Jr. Counselors Program (entering grades 9-10) |

Please check one:

T-shirts Size: Youth 6-8 10-12 14-16
Adult sm med lg xl

FOR OFFICE USE ONLY

Registration fee paid Summer membership
Form received by _____ Computer entry _____

PICK-UP INFORMATION

I authorize only the people below to pick up my child. **Please list in order of preference all persons (including yourself and, if applicable, the child's other parent or legal guardian) who are authorized to pick up your child.** For your child's safety, he/she will not be released to anyone else. No changes to this list will be made unless the parent or legal guardian whose signature appears on reverse requests such changes in writing at least one day in advance. **Photo ID required at pick up.**

Name _____

Name _____

Address _____

Address _____

Work Phone _____

Work Phone _____

Other Phone _____

Other Phone _____

Relationship _____

Relationship _____

Name _____

Name _____

Address _____

Address _____

Work Phone _____

Work Phone _____

Other Phone _____

Other Phone _____

Relationship _____

Relationship _____