BEST SUMMER EVER™

Summer Programs
At the Fountain Valley YMCA
Pool and Swimming Updates
Camp and Daytime activities
Programs and more

FOR MORE INFORMATION:
Page Waters
719.329.7281
pwaters@ppymca.org

Fountain Valley YMCA Pool at Fountain Fort Carson High School will be Closed June and July and plans to re-open in August. Fountain Only YMCA members will have access to the Southeast and Armed Services YMCA Pool for the duration of the pool shut down.

The YMCA will offer day-time programming at Aragon Elementary School Monday–Friday 1pm–6pm starting June 1. There will be games, structured activities and open gym available for the community.
Pricing: $2/day

The YMCA is offering a Sports Camp this summer held at the DFAC at Fountain Middle School. Camp will run 1pm–4pm Monday–Friday.
Pricing: $50/Y Members, $60/Non-Members

Contact the Fountain Valley YMCA for more information or to register at 719.884.2198
YMCA 2018 Sports Camp
REGISTRATION FORM

Child Information
Name:__________________________________________________________________________________________________________

Birth Date:_______________________________ Sex: M     F     Age:_________

Attendance in Summer School at Aragon Elementary: Yes     No

First Parent/Guardian Information (Authorized to pick-up: Yes/No)
Name:__________________________________________________________________________________________________________

Address:______________________________________________City:________________________State:_______Zip:________

Email:____________________________________________________________ Daytime Phone:__________________________

Company/Employer Name:__________________________________ Work Phone:______________________________

Second Parent/Guardian Information (Authorized to pick-up: Yes/No)
Name:__________________________________________________________________________________________________________

Address:______________________________________________City:________________________State:_______Zip:________

Email:______________________________________________________ Daytime Phone:__________________________

Company/Employer Name:__________________________________ Work Phone:______________________________

EMERGENCY CONTACT/AUTHORIZED PICK-UP: Please list anyone allowed to pick-up your child. Identification by photo ID is required at any time.

Name:________________________________________________________________ Address:________________________ Phone#:________

Name:________________________________________________________________ Address:________________________ Phone#:________

Please circle all camps you are registering for.

<table>
<thead>
<tr>
<th>Camp Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball Camp</td>
<td>June 18-22</td>
</tr>
<tr>
<td>Football Camp</td>
<td>June 25-29</td>
</tr>
<tr>
<td>Baseball Camp</td>
<td>July 9-13</td>
</tr>
<tr>
<td>Soccer Camp</td>
<td>July 16-20</td>
</tr>
</tbody>
</table>
YMCA 2018 Sports Camp

Health History: Check/list approximate dates; mark N/A if not applicable

____ Frequent ear infections  _____ Chicken Pox  _____ Heart defect/disease  _____ Measles

____ Convulsions  _____ German Measles  _____ Diabetes  _____ Mumps  _____ Epilepsy

____ Mononucleosis  _____ Bleeding/Clotting disorder  _____ High Blood Pressure

Allergies: (please check if applicable)

O Hay Fever  O Ivy Poisoning  O Insect Stings  O Penicillin  O Asthma  O Foods
Other: ________________________________

Parent/Guardian Authorization: I understand that my insurance policy is considered as primary cover-
age and that the YMCA’s is secondary. I understand that before I submit a claim to the YMCA’s insur-
ance company, I must first submit a claim to my insurance company. A statement of allowed expenses
from insurer should be given to the YMCA as soon as possible. This health history is correct so far as I
know and the person herein described has permission to engage in all prescribed child care activities
including field trips except as noted above. The undersigned hereby agree to hold harmless and indem-
nify the YMCA of the Pikes Peak Region and/or of its employees and/or volunteers from and against
any claims, demands, liability, cost of suit, damages, loss, and/or judgments in connection with any use

Emergency Authorization: I hereby give permission to the medical personal selected by the YMCA staff
to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an
emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for; and to
order injection and/or anesthesia and/or surgery for my child as names above. I accept financial re-

SUNSCREEN RELEASE: I hereby give permission for the staff of the YMCA of the Pikes Peak Re-

region, to provide SPF30 sunscreen for my child to self-administer while participating in the

YMCA programs. Time will be set aside for children to self-administer sunscreen twice daily and
additionally when necessary. The YMCA is very concerned about dehydration and sunburns at
camp. Please provide a water bottle with your child’s name and one bottle of sunscreen for kids,
SPF 30 with your child’s name.

*Please initial each line if you have agreed to the conditions listed below

_____ I give permission to the YMCA to use me child’s photograph for promotional purposes

_________________________       ____________
Signature of Parent/Guardian       Date