



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BRYAN FAMILY YMCA 501 West Market Street, Greensboro, NC 27401
www.bryanymca.org 336.478.9622

BEST SUMMER EVER

Bryan Ants Camp 2020

2020 Camp Information:

Thank you for choosing the Bryan YMCA for your family's Summer Camp Needs in 2020! The Bryan Y Ants Camp runs from 7am – 6pm, Monday through Friday from June 8th – August 21st. All Rising 1st – Rising 9th graders are eligible to



attend the program. Weekly programs include swimming, open gym, field trips, movies, & club activities. Space is limited! Please register early to hold your child's spot!

2020 ANTS CAMP REGISTRATION INFORMATION

Weekly Camp Rate for YMCA MEMBERS	\$135 per week
Weekly Camp Rate for NON MEMBERS	\$165 per week
Weekly Deposits (due at the time of registration)	\$35 per week
Registration Opens MARCH 1st, 2020. All Financial Aid Requests must be made by APRIL 15th.	

The mission of the YMCA of Greensboro is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all

BRYAN YMCA ANTS CAMP 2020



SUNDAY, MARCH 1st:	Camp Registration Opens / Financial Aid Request Opens (12pm – 6pm)
WEDNESDAY, APRIL 15th:	Financial Aid Request Deadline
MONDAY, JUNE 1st:	Deadline for Full Pay Option (\$1350 for members / \$1650 for non-members)
MONDAY, JUNE 1st:	First Week's Camp Balances Due
TUESDAY, JUNE 2nd:	New Parent Orientation (6pm – 7:30pm)
MONDAY, JUNE 8th:	FIRST DAY OF CAMP!
MONDAY, AUGUST 10th:	Final Camp Payment Balances Due
FRIDAY, AUGUST 21st:	LAST DAY OF CAMP!

2020 BRYAN YMCA ANTS Camp Registration Packet

CAMPER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Grade (Fall 2020): _____ T-Shirt Size : _____

GROUP (circle one):

LEMON ANTS (Rising 1st, and 2nd Graders)

FIRE ANTS (Rising 5th, 6th, and 7th Graders)

LEAFCUTTER ANTS (Rising 3rd and 4th Graders)

CARPENTER ANTS (Rising 8th and 9th Graders)

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 First Name: _____ Last Name: _____

Email Address: _____

Cell Phone Number: _____ Work Number: _____

Parent/Guardian 2 First Name: _____ Last Name: _____

Email Address: _____

Cell Phone Number: _____ Work Number: _____

Child Lives With (Select One):

One Parent (List Name): _____ Both Parents (Split): _____ Both Parents (Together): _____

AUTHORIZED PICK UP LIST

Please list up to 5 individuals (including yourself) who are allowed to pick up your child. Individuals must be listed here AND must bring a valid photo ID in order to pick up your camper.

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

FIELD TRIP PERMISSION: BUS

I give permission for my child, _____ to be transported by YMCA Bus to and from the Bryan YMCA during the Summer of 2020 while a participant with the ANTS Camp:

Triad Lanes Bowling Alley	Discovery Place, Charlotte	The North Carolina Zoo	Lindley Park
High Point City Pool & Slide	Carmike Cinemas, G'boro	Celebration Station	Barber Park
YMCA Camp Weaver	Gillespie Golf Course	Lake Daniel Park	Homeland Creamery

FIELD TRIP PERMISSION: WALKING

I give permission for my child, _____ to walk to and from the following locations with direct counselor supervision during the Summer of 2020 while a participant with ANTS Camp.

Greensboro Central Library	Greensboro Cultural Center	Center City Park	LeBauer Park
Greensboro Historical Museum	Greensboro College	Newbridge Bank Park	UNCG Campus

I understand that my child will be in the company of other campers and within the sight of a trained Summer Camp Counselor at all times while on field trips. I further understand that if my child is dropped off at camp after the YMCA buses have departed, I will be responsible for driving my child to the field trip location, or checking him/her into the Playzone at the YMCA (if hours permit). I understand that YMCA Camp Staff will be responsible for my child's belongings while on field trips, including any money and/or souvenirs.

Signature of Parent or Legal Guardian: _____ Date: _____

2020 ANTS CAMP WEEKS & TRIPS:

Please Circle the Week(s) and Date(s) You Wish Your Camper to Attend.

Space is limited in each week, and availability is subject to strict number caps for each age group.

WEEK ONE:	June 8 th – June 12 th	GREENSBORO GRASSHOPPERS DAY GAME!
WEEK TWO:	June 15 th – June 19 st	FIRST TEE OF THE TRIAD GOLF LESSONS!
WEEK THREE:	June 22 nd – June 26 th	NC ZOO (NORTH AMERICA SIDE)!
WEEK FOUR:	June 29 th – July 3 rd	HOMELAND CREAMERY!
WEEK FIVE:	July 6 th – July 10 th	DISCOVERY PLACE, CHARLOTTE!
WEEK SIX:	July 13 th – July 17 th	YMCA CAMP WEAVER!
WEEK SEVEN:	July 20 th – July 24 th	TRIAD LANES!
WEEK EIGHT:	July 27 th – July 31 st	CELEBRATION STATION!
WEEK NINE:	August 3 rd – August 7 th	NC ZOO (AFRICA SIDE)!
WEEK TEN:	August 10 th – August 14 th	HIGH POINT CITY POOL & WATERSLIDE!
WEEK ELEVEN:	August 17 th – August 21 st	CAMPER'S CHOICE!

DAILY LUNCHES

Lunch is to be provided by the parent/guardian every day of camp. Please place lunch in a secure lunch box, lunch bag, or plastic disposable bag. Lunches are kept in a refrigerator or cooler so paper bags are not conducive to those environments. Bryan YMCA ANTS Camp DOES NOT provide lunch should your child forget a lunch. We will call you in the event of a forgotten / missing lunch. The Bryan YMCA Ants Camp will provide 2 snacks a day as part of camp registration.

DAILY SNACKS

The Bryan YMCA Ants Camp will provide 2 snacks each day (late morning and mid-afternoon). Snacks choices will vary from day to day, and will include a variety of items ranging from fruits to breads, as well as pre-packaged crackers and other treats. Campers who would prefer to bring their own snacks instead of eating the camp-provided snacks are welcome to do so.

MEDICATION ADMINISTRATION AUTHORIZATION

I, _____ authorize the Bryan YMCA to administer the following medications to my child, _____ at the following times and dosages while attending the Bryan YMCA ANTS Summer Camp 2020:

Medication: _____ Dosage: _____

Time(s): _____ , _____

Medication: _____ Dosage: _____

Time(s): _____ , _____

Special Instructions: _____

CAMPER ALLERGIES AND / OR SPECIAL MEDICAL INFORMATION:

Please let us know if your child has any special medical information or allergies in the space below.

ADDITIONAL CAMPER INFORMATION

Is there any additional information you would like us to know about your child before ANTS Camp starts?

CAMPER / PARENT EXPECTATIONS & AGREEMENT

(please sign by each item below)

By signing, I _____ the parent/guardian of _____
acknowledge that I understand each of the following policies & expectations for the 2020 Summer Ants Camp Program:

1. All Campers are expected to cooperate and show respect to all staff and fellow campers. This includes:

- Using appropriate language at all times
- Following the directions of counselors and other YMCA staff
- Respecting all Equipment and Materials
- Staying with a counselor / staff member / group at all times

_____ (signature)

2. If a Camper is unable to comply with behavioral expectations, he or she may be asked to leave the program. Behaviors which may result in dismissal from the program include – but are not limited to – the following:

- Fighting / Biting
- Possession of any and all types of weapons
- Vandalism or destruction of property
- Attempting to run away / leave a camp group
- Making verbal or written threats, insults, abusive jokes, or name-calling

_____ (signature)

3. The YMCA staff cannot be held responsible for lost / missing / damaged personal items that campers bring from home. While certain small personal & electronic items will be permitted for use at selected designated times, the use & storage of these items will be the responsibility of each individual camper. The YMCA staff will not handle a camper's cash or personal belongings, unless asked to do so by a parent or guardian directly. While every effort will be made to keep children's personal belongings safe and cared for, the YMCA cannot be held responsible for lost or missing money / personal items.

_____ (signature)

4. Cell phone usage is not permitted at Ants Camp. Counselor staff will have access to radio / walkie-talkies whenever in the facility – and will have limited cell use while on trips and/or off-site with the campers. Cell phone use by campers is strictly prohibited. Campers who need to make urgent phone calls will be permitted to do so from the YMCA hard-line phones when in the facility – or from a counselor / administrator's phone while off-site. Cell phones seen in use by campers (or counselors) while in the facility will be confiscated and returned at pick-up.

_____ (signature)

PAYMENT AGREEMENT

1. I understand that when I register I will pay a \$35.00 non-refundable deposit for each week my child is attending to hold my child's spot in camp. This \$35.00 deposit will go towards my weekly fee of \$135.00 for members / \$165.00 for non-members. _____ (initial here)
2. I understand that I can choose to pay in full for the full Summer, instead of week to week. The full payment of \$1350/members and \$1650/nonmembers covers all 11 weeks of camp from June 8th to August 21st is non-refundable, even if I later decide to withdraw my child from multiple weeks of camp. In addition I understand that full payment must be made before June 1st to keep this special rate. _____ (initial here)
3. I understand that payment for each week of camp is due no later than the Monday of the week before my child attends a particular week of camp. If I do not pay for camp by the Monday before that week starts, I will pay a \$10.00 late fee for that week of camp. For example, the payment of Week 1 of camp (June 8th- June 12th) is due no later than Monday, June 3rd. _____ (initial here)
4. I understand that if I am late with my weekly Summer Camp payment, in addition to the above mentioned \$10.00 late fee, my child will not be able to attend camp until I have paid for my balance in full. _____ (initial here)
5. I understand that if I am going to cancel a particular week of Summer Camp for my child, I must clear this request with Associate Executive Director James Wright (Jamie) one full week prior to the week I am dropping. For example, if I am going to withdraw my child from Week 2 of camp (June 15th- 19th) I must clear that request with Jamie Wright by June 8th. Any notice given less than one full week prior will result in my full payment for that week of camp, regardless of whether my child attends or not. _____ (initial here)
6. If I wish to add an additional week of camp after my initial registration I understand that I must contact Associate Executive Director James Wright (Jamie) as soon as possible with my request. While we will make every effort to add a child to additional weeks, we cannot guarantee that space will be available after initial registration is complete. Please make your requests early. _____ (initial here)

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately. This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms: 1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect. 2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks. 3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate. 4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you. 5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion. **HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

Parent/Guardian Signature: _____ Date _____