



# The YMCA of Reading & Berks County Summer Day Camp Handbook

Updated 6.1.2020



## Sinking Spring Family YMCA

# Welcome to the YMCA of Reading & Berks County Summer Day Camp!

Summer Day Camps at the Y share one thing: they're about discovery. Children have the opportunity to explore nature, find new talents, try new activities, gain independence, and make lasting friendships and memories. And, of course, it's fun too.

## 5 REASONS WHY CHILDREN SHOULD EXPERIENCE YMCA DAY CAMP

- 1) Adventure – YMCA has new adventures for everyone.
- 2) Experiences – Explore the outdoors, new friendships and leadership.
- 3) Personal Growth – Learn new responsibilities and challenges.
- 4) New Friendships – Amidst the fun of games and swimming friendships form.
- 5) Memories – Summer Day Camp is an unforgettable experience that will give each camper memories that last a lifetime.

## CAMP GOALS

- To provide a memorable, educational, enjoyable, and enriching experience for youth.
- To help children grow spiritually, mentally, physically, and socially.
- To help children develop good character.
- To help children gain an appreciation of nature.
- To help our staff develop and refine leadership skills.

## CLARIFICATION OF GOALS

Through our daily programs, the YMCA creates a positive experience for each child. We do more for our youth than just baby-sit. At our camps, children learn to develop a good relationship with their counselors, have fun, and make friends. In short, we create an enriching experience that a child will remember for a lifetime.

These goals that we have listed fit with the national goals of the YMCA – to help people reach their full potential in spirit, mind, and body. We teach children to learn and to think, to develop and maintain physical fitness, to develop faith for daily living, and to interact with others in a healthy manner. In addition, everyone in our camp exemplifies good character. We define good character as showing caring, honesty, respect, and responsibility in everything that we say and do.

As mentioned above, this camp does more than babysit. Therefore, children must be able to thrive in a group setting of school age children. We do not provide one on one care. Children should be sufficient in most self-help skills such as toileting, changing, group behavior/interactions, and eating procedures.

## EQUAL OPPORTUNITY

The YMCA of Reading & Berks County is an equal opportunity provide. Applications for enrollment are accepted without regard to race, religion, sex, disability, sexual orientation, political beliefs, family status, or national origin. We celebrate diversity and know that our children benefit through an enriched learning environment.

## REGISTRATION PROCESS

Each camper's parent or guardian must complete the camper registration packet. The following forms must be completed and returned BEFORE your child attends camp. We will accept registration on a first come, first served basis. We apologize for the inconvenience, but all pre-COVID registrants **MUST COMPLETE A NEW, UPDATED PACKET IN ORDER TO KEEP THEIR SPOT**. Paperwork should be emailed to Craig Schlouch at [cschlouch@ymca-berkscounty.org](mailto:cschlouch@ymca-berkscounty.org) or mailed to our facility.

The following forms must be completed and returned:

- Schedule Commitment Form
- Emergency Contact Information Form
- Parent Agreement
- Camp Payment Policy
- Code of Conduct
- Sunscreen Policy
- Medication Log (if necessary)
- Health History Form (with allergies)
- Waiver of Liability
- Aeroball & Inflatable Release Forms
- COVID-19 Release Form

The following must be brought to the Y:

- A wellness visit or doctors report from within the last two years
- Most up to date shot record

## CAMP HOURS

Monday through Friday 7:00am-5:30 PM

Drop off hours: 7:00am-9:00am

Pick up hours: 3:00pm-5:30pm

**\*\*If you need to drop off or pick up your child during the hours of 9:00am and 3:00pm, please contact the camp director to make special arrangements.\*\***

Summer Camp opens at 7:00am. We will not accept children any earlier. The YMCA's Day Camp program begins their "camp" activities at 9:00 AM and concludes at 3:00 PM. Any family who must drop off during this period of time is responsible for making special accommodations with the camp director in advance. Doors will be locked at all times and we will have altered drop off and pick up procedures due to COVID-19, so it is extremely important that you communicate with the camp director if you plan to drop off or pick up your child between the hours of 9am and 3pm. Please pay close attention to any schedule changes given or posted by the camp director. Camp will close promptly at 5:30pm. A LATE FEE of one dollar will be charged for every minute up to 15 minutes that you are late and then \$5 for every 15 minute segments thereafter.

## DROP OFF/ PICK UP

Due to COVID-19, we will be limiting the number of people in our building. Before drop off each day, please take time at home to say goodbyes, give hugs and wish your child an awesome day at camp! Please understand that drop off and pick up will be a more time consuming process than it has been in prior years. Because there may be some wait time, we ask you to please arrive a few minutes early.

**Drop off procedures will be as follows:**

- Pull up to entryway and please remain in your car. A director or other member of our team will be waiting to greet you and get your child checked in. If another family is being assisted, please wait in your car until a member of our staff is ready to greet you.
- When a member of our team is ready to greet you, you will be asked to complete a daily "health check" form to assess the wellness of your child. This process will be completed daily. Next, your child will be asked to

exit your vehicle. At that time, we will check your child's temperature using an infrared thermometer. We will also ask you and your child some basic health questions to make sure your child is healthy enough to attend camp for the day.

- If your child has a fever of 99 degrees Fahrenheit or greater, or any other COVID-19 symptoms (shortness of breath, cough, etc.) your child will not be admitted to camp. To return to camp, your child must be evaluated by a physician and return to camp with a doctor's note stating that your child is allowed to return to camp.
- If your child is healthy, a member of our team will then escort your child into the building for a fun-filled day of camp!

**Pick up procedures will be as follows:**

- Pull up to entryway and please remain in your car. A director or other member of our team will be waiting to greet you. At that time, you will let us know your child's name. Please have your ID ready— We will only release your child to the individuals listed on their emergency contact form.
- A member of our team will then escort your child out of the building to your vehicle.

**REMEMBER: WE CANNOT RELEASE YOUR CHILD TO ANYONE THAT IS NOT ON THIS PAPERWORK.** We will contact the parent/guardian for permission if someone not on the list comes to pick up the child. We know that emergencies happen so parents should send written notice (signed and dated by the parent/guardian) when someone not on the pickup list will be coming to pick up their child.

**WHAT TO BRING TO CAMP**

- Lunch & Snack- NO peanut products or items that need to be refrigerated or microwaved. We ask that all lunches are brought in a paper or other disposable bag. NO lunchboxes/bags permitted, due to COVID-19.
- Swimsuit & Towel- Bring these items everyday for water play. Although we will not be visiting a pool this summer, we will still do our best to have fun with water!
- Sunscreen- Please label this items with your child's name.
- Extra change of clothes- Because sometimes camp gets messy!

\*\*Due to COVID-19, please DO NOT bring a water bottle. We will provide water with disposable cups often throughout the day.

\*\*If a camper brings a peanut product to camp, the camp staff reserves the right to call parents for a new lunch/snack or have this child eat in a separate area from other campers.

\*\*The YMCA is NOT responsible for personal items brought to camp by your child that are lost, stolen, or damaged. Please label all personal items in advance. Toys from home are not allowed at camp.

**ELECTRONIC'S POLICY**

There will be no electronic games and toys permitted at Day Camp. All cell phones are to be kept in camper's backpacks during the day as well.

**REMIND APP**

Please download the Remind App on your smartphone and follow the instructions outlined in the registration packet to receive important notifications regarding all things Summer Camp!

**DAILY ATTIRE**

T-shirt, shorts or pants, and sneakers; make sure your child is comfortable. We are a highly active camp and suggest that campers should not be sent to camp in their best clothing. **No sandals or flip-flops!** The following clothing items will NOT be allowed at camp: clothing with bad words, gestures, or sayings; clothing with tobacco, drug, or alcohol symbols or words; clothing that is obviously too small, too short, or showing the camper's mid-drift (at discretion of camp director).

## MASKS

According to the Pennsylvania Department of Health, masks are required for our staff. Please speak with your child prior to the start of the day camp season to explain this circumstance. We will also ask that all children come to camp with a mask packed in their bags. There may be times that we ask campers to wear their masks during stationary activities such as reading or arts and crafts, for example. We will NEVER ask children in our programs to wear masks during physical activities such as sports or tag games, for example. For the children in our programs, masks are encouraged, not required.

## FIELD TRIPS & SWIMMING

Due to COVID-19, we are not able to take kids swimming or on field trips. We will be bringing guest speakers and other special activities to the branch to make sure the kiddos have the best summer ever!

## SICK CAMPER

If your child is sick and has a fever or any other illness that may be contagious, we ask that you keep your child at home until they are healthy again. This helps to prevent illness from going to all the children and other staff in our camp. In addition, if your child gets sick during camp, we will call you immediately to pick them up. Again, this will allow us to protect all the children and staff from getting sick. This includes, but is not limited to, fever, head lice, vomiting, cold/cough, headaches, etc.

## COVID-19 ADDITIONAL MEASURES

- Upon arrival and regularly throughout the day, children will be required to wash their hands (such as before all meals and/or snacks, anytime they move from space to space and when using the bathroom). We will also provide hand sanitizer throughout the day.
- We will encourage social distancing as best we can during most games and activities and limit group size and group activities accordingly. It is our plan to spend a lot of time outside (to play, exercise and get fresh air)!
- We will clean the building throughout the day and also disinfect and sanitize each night after camp.
- We will have limited shared usage areas (like Kids Court, for example) that will be cleaned and sanitized after each group's visit to each area.
- We will attempt to keep each group of children with the same peers and counselors throughout the summer.
- If it is made known to us that a member of our staff, a camper or parent tests positive for COVID-19, we may close our facility for up to five business days, depending on the situation.
- For campers or staff experiencing symptoms of any illness, we have created an isolation room. Campers and staff showing symptoms of illness will be asked to remain in the isolation room until they are picked up from camp.

## DISPENSING MEDICATION

Medications can be administered to children by our Camp Director only. If your child has a medication that they must take, you need to bring it to camp in the ORIGINAL MARKED bottle with written administration instructions and the number of pills in the bottle in a zip lock bag. **You must also fill out a medication authorization form for medication to be dispensed.** This form is attached at the end of this packet. All medications will be counted to ensure that no one else is using your child's medication and the Director will inform you when the supply gets low. The Director will also record the administration of the medication on a medication log to ensure that each child is getting the medication correctly.

## RISK MANAGEMENT

The YMCA of Reading & Berks County Association takes the business of children very seriously. Nothing is more important to us than your child. In order to share that responsibility with you, we have several policies, procedures, and expectations that you must be aware of.

The YMCA has an extensive risk management program that has been developed and monitored by a committee of volunteers who are experts in the area. Our day camp staff is expected to read, sign, and follow our Staff Code of Conduct; failure to follow this Code of Conduct may result in termination of employment. All staff receives extensive training in the area of child abuse and is able to recognize the signs of abuse. Please note, the YMCA is a mandated reporter of suspected abuse of a child and is required to report any suspicion to Children and Youth Services.

In addition, Video Cell Phones are not permitted at camp. A supervisor will secure Video Cell Phones brought to camp, by a camper or staff member until the end of the camp day.

Our staff is not permitted to make contact with a child or children via the internet. Please notify the Day Camp Director immediately if this occurs. If there is an unusual circumstance in which e-mail is the only means of communication, then the staff is required to have permission from their supervisor and the supervisor must be copied on the e-mail sent.

### **PROGRESSIVE DISCIPLINE POLICY**

The YMCA wants every child to succeed and enjoy their time at Y Camp. Unfortunately, there are times when discipline is necessary and the following discipline plan will be enforced. The YMCA staff cannot provide one on one care for any child. If your child requires special attention due to behavior issues a behavior plan will be developed with our staff, your child and a parent or guardian. If the plan developed cannot be maintained, as a last resort, suspension or termination from camp will result.

These are the Consequences for Inappropriate Behavior:

**Consequence #1:** Warning.

**Consequence #2:** Written warning & action plan

**Consequence #3:** After three write ups, child will be suspended for three days.

**Consequence #4:** Upon returning to camp, after first suspension, if another write up occurs, child will be suspended for one week.

**Consequence #5:** Upon returning to camp, after second suspension, if another write up occurs, child will be suspended for the rest of the program.

Please Note: All disciplinary issues are at the discretion of the Branch Executive, Program Director, Camp Director, and camp staff.

### **SUPPORT SERVICES AND POLICIES**

Our goal is to provide safe, high quality programs in an environment where every child can thrive, grow, and have fun. To ensure success, we must work with you to maintain open and clear communication at all times so that we can deliver a positive experience for your child while they are in our care. The Y adheres to state child care ratios for school-age children and the appropriate compliment of staff. Although the YMCA cannot provide a 1:1 staff to child ratio, we welcome the opportunity to work with you on a solution for your child's needs. If your child receives support services at school, we would be more than happy to discuss how we might be able to incorporate these services into our program. If your child has an IEP or support plan, please provide a copy so we can accommodate your child the best we can.

# Camp General Information

## Sinking Spring YMCA

**LOCATION:** 4920 Penn Ave Sinking Spring, PA 19608

**PHONE NUMBER:** 610-678-0484

**PROGRAM STAFF:**

Zach Rubin, Branch Executive Director: [zrubin@ymca-berkscounty.org](mailto:zrubin@ymca-berkscounty.org)

Craig Schlouch, Camp Director: [cschlouch@ymca-berkscounty.org](mailto:cschlouch@ymca-berkscounty.org)

**REGISTRATION INFORMATION:**

Due to COVID-19, registration for day camp will be different this year. Following the recommendations from the state of Pennsylvania, our maximum enrollment will be much less and staff to child ratios will decrease from 1:12 to 1:9. Because of the circumstances, any child who registered before COVID-19 will be guaranteed a spot.

This year we will ask all parents to complete a schedule commitment form to let us know which weeks your child will attend camp this summer. This information will help us accommodate as many families as we can. See the schedule commitment form for more information.

To register, all paperwork in the parent packet must be completed and returned prior to the first day attended. Incomplete packets will not be accepted and may delay your child's start date. Because we are not able to go on field trips or swim, the 2020 registration fee will be waived. We will accept registration on a first come, first served basis. Paperwork should be emailed to Craig Schlouch at [cschlouch@ymca-berkscounty.org](mailto:cschlouch@ymca-berkscounty.org) or mailed to our facility.

**CAMP FEES:**

2020 Summer Day Camp Pricing	
Full time- 5 days	\$135.00 per week
Daily Rate	\$30.00 per day

**\*\*Preference will be given to full time (5 day) registrants.\*\***

**HOURS:** 7:00am to 5:30pm, Monday through Friday

# Schedule Commitment Form

Due to COVID-19, we are limited in how many children we can accept into our program this summer. In an effort to try and accommodate as many families as possible, we are asking all families to let us know which weeks your child will attend camp this summer as well as their scheduled days. Please check off the boxes of the weeks your child will likely attend and circle which days he/she will attend each week. We understand that this schedule may change and we appreciate if you will communicate any changes to us as soon as possible.

June 15 - June 19     Monday    Tuesday    Wednesday    Thursday    Friday

June 22 - June 26     Monday    Tuesday    Wednesday    Thursday    Friday

June 15 - June 19     Monday    Tuesday    Wednesday    Thursday    Friday

June 29 - July 3       Monday    Tuesday    Wednesday    Thursday    Friday

July 6 - July 10       Monday    Tuesday    Wednesday    Thursday    Friday

July 13 - July 17      Monday    Tuesday    Wednesday    Thursday    Friday

July 20 - July 24      Monday    Tuesday    Wednesday    Thursday    Friday

July 27 - July 31      Monday    Tuesday    Wednesday    Thursday    Friday

Aug. 3 - Aug. 7       Monday    Tuesday    Wednesday    Thursday    Friday

Aug. 10 - Aug. 14     Monday    Tuesday    Wednesday    Thursday    Friday

Aug. 17 - Aug. 21     Monday    Tuesday    Wednesday    Thursday    Friday

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S) # 's Required</b> NAME      TELEPHONE NUMBER WHEN CHILD IS IN CARE		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED # 's Required</b> NAME      ADDRESS      TELEPHONE NUMBER WHEN CHILD IS IN CARE		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER <u>(REQUIRED)</u>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

If the persons are the same the info must be the same.

Must be the same as the Health History Form



**PERIODIC REVIEW**



\_\_\_\_\_ SIGNATURE OF PARENT or GUARDIAN      \_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF PARENT or GUARDIAN      \_\_\_\_\_ DATE

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(C)

<b>Name of Child:</b>		<b>Select One:</b> Male    Female	
<b>Fee Amount (Select One):</b> \$135/week   or    \$30/per day		<b>Day Payment to be made:</b> FRIDAY, BEFORE CARE	
<b>Services to be provided as part of the day care fee (examples: transportation, care, meals, etc.)</b>			
-All day care (camp) -NO lunch or snack provided			
<b>Child's Arrival Time:</b>	<b>Child's Departure:</b>	<b>Person(s) designated by parent to whom child may be released:</b>	
<b>Late Fee:</b> \$1.00 PER MINUTE, PER CHILD			
<b>Extra services to be provided at an additional fee if applicable:</b>  None		<b>SCHOOL:</b>  <b>GRADE:</b>	
<b>I, the parent/guardian:</b>			
<input type="checkbox"/> Received complete written program information at the time of enrollment (I3270.121, 3280.121, 3290.121)			
<input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months, at a minimum. (I3270.124, 3280.124, 3290.124)			
<input type="checkbox"/> Understand that all fees are due weekly, up front, and are to be paid in full regardless of holiday, closing, vacation, illness, or in-service.			
<input type="checkbox"/> Agree to give you two weeks notice of care termination.			
_____ <b>Signature- Operator      Date</b>		_____ <b>Signature-Parent/Guardian      Date</b>	
<b>Date of Child's Admission:</b>		<b><u>PERIODIC REVIEW</u></b> Sign here at 6 month update:	
		_____ <b>Signature-Parent/Guardian      Date</b>	

Parent Email: \_\_\_\_\_

# Camp Payments

In order to expedite the payment process while making it as safe and efficient as possible at the same time, **cash, checks, and money orders are our preferred methods of payment.** With that said, we are able to take credit card payments if need be.

All registration and camp payments are non-refundable. Camp payments must be paid the Friday before participation. If a payment is received after Friday, a parent must speak to the camp director and there will be a \$10.00 late fee. Each parent must fill out a payment card with their payment for camp. These payment cards show each day that your child will be attending camp. Once your payment card is submitted with payment, there are no changes allowed to the payment cards. There will be no refunds or credits to accounts for days your child does not attend camp which you were previously signed up for. This policy helps us to make sure we are staffed appropriately. Please stay up to date on your payments.

If you have paid for a day and marked off "I will bring my child on a certain day but do not bring my child on that day", I understand I will not receive money back or any credit for that day(s). All returned checks will have a \$20.00 NSF fee included in your outstanding billing. If a parent has 2 or more returned checks, cash, money order or credit card will be required.

Mailing payments is also acceptable.

Checks should be made payable to The YMCA of Reading & Berks County  
Financial Assistance is available upon request.

Special payment arrangements need to be made with the program director or executive branch director.

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Child's Name: \_\_\_\_\_

I understand and agree to follow the payment policy as outlined on this page. If I fail to make payments or payment arrangements, I understand that my child may not be allowed to participate in the program.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Code of Conduct

This form contains two separate codes of conduct- one for the campers, and one for the parents. The counselors have already agreed to make a commitment to working with your children and have signed code of conduct forms. Their forms are on file at our YMCA. It is important for you and your child to make a commitment to following the code of conduct that is appropriate for you. It is good for parents to know what is expected of their children, and for children to know what is expected of them. This form will be kept on file at the YMCA. Your child will NOT be able to participate in the YMCA Summer Day Camp Program without a completed form on file. All of the codes of conduct are part of the application and authorization to participate in Summer Day Camp. Failure to comply with the code of conduct may result in removal from the program.

## Parent/Guardian Code of Conduct:

- I will place an emphasis on the fun of participation and keep the emotional and physical well-being of all the children ahead of my own personal desires.
- I will inform the camp director of any physical disability or ailment that may affect the safety of my child, or the safety of others.
- I will require my child to treat other campers, counselors, presenters, bus drivers, etc. with respect without regard to gender, race, religion, culture, or ability.
- I (and my guests) will be a positive role model for my child at all times while on camp property.
- I (and my guests) will not engage in any kind of disrespectful behavior with any counselor, director, camper, etc. such as bullying, physical acts, using profane language, or using profane gestures.
- I will support an assist the experience however I can... by attending camp programs or volunteering whenever possible.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the campers.
- I will teach my child to resolve conflicts without resorting to hostility or violence.
- I will pick my child up and drop them off on time, according to camp policies.
- I will pay my camp fee weekly, according to camp policy.
- I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child, other campers, counselors, or directors, for making a mistake.
- I will demand a camp environment for my child that is free of tobacco, alcohol, and drugs and I will refrain from their use while on camp property.
- I will respect the counselors and their authority while working with their groups and will never question, discuss, or confront counselors in front of their groups. I will take time to speak with counselors at an agreed upon time and place.

## Camper Code of Conduct:

- I will not intentionally hurt or be mean to any camper, counselor, or another person.
- I will respect others by not purposely causing harm or unhappiness to other campers or counselors.
- I will respect property by not damaging any part of the camp or the other places we go and by keeping these places clean.
- I will listen to my counselors by staying in and with my group at all times and following the camp rules.
- I will be kind and polite to everyone, no matter what! If I have a problem with someone else that I cannot solve, I will tell my counselor.
- I agree that if I break this code, I will be subject to disciplinary action.

Child's Name: \_\_\_\_\_

 Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Sunscreen Permission Form

Soaking up the sun's rays used to be considered healthy before we learned about the dangers of ultraviolet rays. These invisible rays, known as ultraviolet-A (UVA) and ultraviolet-B (UVB) cause suntan, sunburn, and skin damage. There is not "safe" UV light. Protecting young people from the sun is especially important as most of our lifetime exposure comes before the age of 20.

YMCA Day Camp participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds, and bodies; we have the following policies to this regard.

- ☀ All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin (including lips), daily, even on cloudy days.
- ☀ Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop-off.
- ☀ Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. ONE CONTAINER PER CHILD, PLEASE. PLEASE NOTE, DUE TO ALLERGIES WE CANNOT GIVE ANYONE ELSE ANOTHER CHILD OR STAFF MEMBER'S SUNSCREEN.
- ☀ Children will participate in outdoor play and swimming frequently throughout the camp season. Parents are expected to provide sunscreen lotion for the protection of their children. Camp staff is not permitted to apply sunscreen to your child, however, CAMPER'S will be reminded to apply sunscreen at least twice during each day. If your child requires sunscreen more often, parents must provide written instructions on how often your child should apply their own sunscreen. The YMCA staff will make every effort to watch children for sunburn, but cannot be responsible for children who do not have sunscreen, have a fair complexion or forget to apply their sunscreen. Please provide a t-shirt in addition to sunscreen for your child to wear swimming if burning is a concern.
- ☀ The YMCA reserves the right to disallow anyone to participate in our day camp programs at any time for failure to comply with this policy.

Please note that these decisions are made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

I verify that I have read, understand, and, for the protection and well-being of my child(ren) agree to comply with the YMCA Day Camp Sunscreen Policy. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the said program.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# YMCA Release and Waiver of Liability

You have registered your child for a YMCA program that involves physical activity and interaction with children and others. This document is a release of claims, and by signing it you do the following:

1. Acknowledge that when performing any physical component of this YMCA program, your child may suffer injury.
2. Present to the YMCA that your child is in good health and physical condition, sufficient to engage in such activities and that your child is not suffering from any condition that would prevent your child from engaging in such activities or that your child's participation in such active potentially dangerous or harmful to your child.
3. Assume the risk of, and release the YMCA and its associates harmless from, any liability for physical or other injury that has been suffered by your child during, or as a consequence of, participation in this YMCA program required in the curriculum of this course and you agree that the YMCA nor any other person involved in organizing or teaching in this program, shall have any liability or responsibility for any injury or harm.
4. I authorize the YMCA to photograph or video that both myself and my child and understand that all photos and video footage are property of the YMCA and may be used for publicity purposes.
5. I give the YMCA and its staff permission to post my child's allergies in an area for staff awareness. I understand that there will be a cover sheet to protect my child's confidential information.
6. I give the YMCA and its staff permission to walk to and from the park on days when the curriculum allows it.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

# CAMPER HEALTH HISTORY

Camper's Name: \_\_\_\_\_ Camp Location: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
 \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Must be the same as Emergency Contact Form.

Please circle any conditions that your child has experienced.

**Allergies**

- Bees
- Peanuts
- Tree Nuts
- Seafood
- Hay Fever
- Poison Ivy
- Poison Oak
- Antibiotics
- Other: \_\_\_\_\_

**Conditions**

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorder
- Hypertension
- Mononucleosis
- Psychiatric Disorder
- Seizures
- Asthma
- Other: \_\_\_\_\_

\_\_\_\_\_  
 Please list any medications your camper is currently taking.

\_\_\_\_\_  
 Please list all known allergies.

\_\_\_\_\_  
 Please list the date and nature of any operations or serious injuries.

\_\_\_\_\_  
 Please list any activities encouraged or limited by a physician.

\_\_\_\_\_  
 Please describe any dietary modifications or considerations.

Name of Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Inflatable Release, Indemnification of all Claims, and Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Inflatable Ride, now or any time in the future.

## Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the use of the Inflatable Ride and other equipment (hereinafter referred to as the Inflatable) has *inherent risks*. I have full knowledge of the nature and extent of all the risks associated with the use of the Inflatable, including but not limited to:

1. All manner of injury resulting in jumping and moving around in the Inflatable structure, such as, but not limited to, sprains, strains, tears or other injuries while jumping up and down, falling, whether due to slipping, tripping, bouncing or any other cause, onto the inflatable or the floor or into the netting, or any surrounding wall or other structure;
2. Net abrasion, entanglement and other injuries resulting from activities on or near the inflatable that lead to contact with the net
3. Injuries resulting from the participation of other individuals, from actions such as, but not limited to their jumping, falling, throwing and colliding with another participant;
4. Cuts and abrasions resulting from skin contact with the inflatable floor or walls;
5. Failure of the blower, damage to, or any other part of the Inflatable structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Inflatable and that the above list in no way limits the extent or reach of this release and covenant not to sue.

## Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Inflatable, I, \_\_\_\_\_, the undersigned user or on behalf of my minor child, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The YMCA of Reading & Berks County, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against The YMCA of Reading & Berks County on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use or my minor child's use of the Aeroball whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of The YMCA of Reading & Berks County, its officers, agents, and employees.

In consideration of my use or my minor child's use of the Inflatable, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS The YMCA of Reading & Berks County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use or my minor child's use of the Inflatable.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Inflatable and that I am voluntarily assuming the risks to myself or minor child. I understand that I will be solely responsible for any loss or damage, including death, I or my minor child sustain while using the Inflatable and that by this agreement hold harmless The YMCA of Reading & Berks County of any and all liability for such loss, damage, or death.

I further certify that I or my minor child' is in good health and that there are no known physical limitations which would preclude my or my minor child's safe use of the Inflatable.

I further certify that my date of birth is \_\_\_\_\_ (month/date/year), that my present age is \_\_\_\_\_, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed at The YMCA of Reading & Berks County this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

# Aeroball Release, Indemnification of all Claims, and Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Aeroball Trampoline, now or any time in the future.

## Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the use of the Aeroball trampoline and other equipment (hereinafter referred to as the Aeroball) has *inherent risks*. I have full knowledge of the nature and extent of all the risks associated with the use of the Aeroball, including but not limited to:

1. All manner of injury resulting in jumping and moving around in the Aeroball structure, such as, but not limited to, sprains, strains, tears or other injuries while jumping up and down, falling, whether due to slipping, tripping, bouncing or any other cause, onto the trampoline or the floor or into the netting, trampoline frame or any surrounding wall or other structure;
2. Net abrasion, entanglement and other injuries resulting from activities on or near the Aeroball that lead to contact with the net
3. Injuries resulting from the participation of other individuals, from actions such as, but not limited to their jumping, falling, throwing and colliding with another participant;
4. Cuts and abrasions resulting from skin contact with the Aeroball floor or walls;
5. Failure of the netting, trampoline, or any other part of the Aeroball structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Aeroball and that the above list in no way limits the extent or reach of this release and covenant not to sue.



## Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Aeroball, I, \_\_\_\_\_, the undersigned user or on behalf of my minor child, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The YMCA of Reading & Berks County, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against The YMCA of Reading & Berks County on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use or my minor child's use of the Aeroball whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of The YMCA of Reading & Berks County, its officers, agents, and employees.

In consideration of my use or my minor child's use of the Aeroball, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS The YMCA of Reading & Berks County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use or my minor child's use of the Aeroball.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Aeroball and that I am voluntarily assuming the risks to myself or minor child. I understand that I will be solely responsible for any loss or damage, including death, I or my minor child sustain while using the Aeroball and that by this agreement hold harmless The YMCA of Reading & Berks County of any and all liability for such loss, damage, or death.

I further certify that I or my minor child' is in good health and that there are no known physical limitations which would preclude my or my minor child's safe use of the Aeroball.

I further certify that my date of birth is \_\_\_\_\_ (month/date/year), that my present age is \_\_\_\_\_, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed at The YMCA of Reading & Berks County this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

# Aeroball Release, Indemnification Continued

\_\_\_\_\_

Aeroball User's Signature

\_\_\_\_\_

Aeroball User's Name (Print Clearly)

\_\_\_\_\_

Witness' Signature

\_\_\_\_\_

Witness' Name (Print Clearly)



\_\_\_\_\_

Parent/Guardian if user is under 18

\_\_\_\_\_

Parent/Guardian if user is under 18 (Print Clearly)

## Contract to Follow Aeroball Safety Policies

I, \_\_\_\_\_ (name of Participant) accept full responsibility for my own safety and the safety of other Participants while playing Aeroball. I agree to abide by, and to help enforce, the following climbing wall safety policies:

1. No unsupervised use of the Aeroball is permitted.
2. Only one person will be allowed in each section of the Aeroball at a time.
3. All participants will wear ankle supports while inside the Aeroball.
4. All participants should stretch and loosen up before participation.
5. No eating or chewing of gum, candy or any other items is allowed in the Aeroball.
6. No one is allowed to sit on the edges of the Aeroball while it is in use.
7. All participants must stay in the middle of the trampoline and limit the height of their jumps to remain centered.
8. Participants may not hang on or use as leverage any of the bars, walls, nets or any other part of the structure.
9. No stunts (such as flips, somersaults, etc) are allowed.
10. Violation of any rules or failure to listen to a YMCA staff member will result in removal and a possible ban from future participation.

The YMCA of Reading & Berks County reserves the right to withdraw the membership of any individual permanently or for a specified period of time for breach of contract in following the Aeroball Safety Policies, or for any conduct that is viewed as unsafe or inappropriate.

In consideration of the use of the Aeroball, I acknowledge that I have read and agree to abide by the Aeroball Safety Policies.



Aeroball User's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print Clearly) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

# COVID-19 WAIVER

## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF READING & BERKS COUNTY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of The YMCA of Reading & Berks County facilities, services, equipment and premises ("Facilities") and any participation in The YMCA of Reading & Berks County programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all ccother risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that The YMCA of Reading & Berks County its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

---

Minor Name (Print Clearly)

---

Date

---

Parent/Guardian Signature

---

Parent/Guardian Name (Print Clearly)



# Sign up for important updates from Z. Rubin.

Get information for **Sinking Spring Summer Camp** right on your phone—not on handouts.

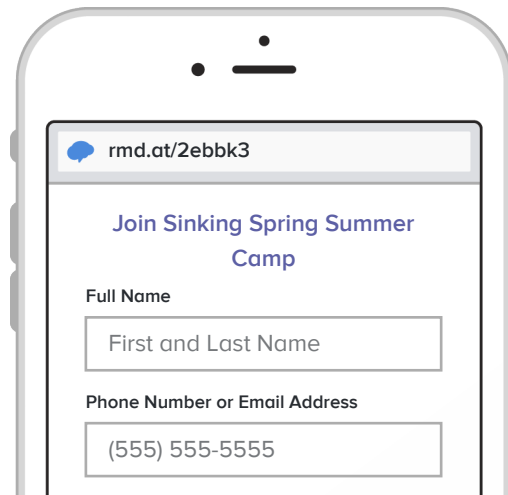
Pick a way to receive messages for **Sinking Spring Summer Camp**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/2ebbk3](https://rmd.at/2ebbk3)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message [@2ebbk3](https://t.me/2ebbk3) to the number **81010**.

If you're having trouble with **81010**, try texting [@2ebbk3](https://t.me/2ebbk3) to **(769) 447-2334**.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/2ebbk3](https://rmd.at/2ebbk3) on a desktop computer to sign up for email notifications.