



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UPPER GRADE OVERNIGHT "Tropical Getaway"

Where: YMCA Mapleton Facility (4th – 5th grades)

When: Friday, February 10th 6pm - Saturday, February 11th 9am

Fee: YMCA Member \$45 / Non-Member \$55

All 4th and 5th Grade children welcome- you do not need to be enrolled in the YMCA School Age Program to attend.

Contact: Hayden Alewine, Mesa Director (303) 709-2488; mesa@ymcabv.org

Schedule:

6:00pm	Drop-off at Mapleton YMCA
6:00-7:00pm	Dinner: Taco/Nacho Buffet, Fruit and Veggie Mix, 100% Juice
7:00-10:30pm	Choose Your Own Adventure Sand Art and Lei Creations Swimming @ the YMCA Scavenger Hunt Mega Volleyball
10:30pm	Movie: "Rio" rated PG Snack: Smoothies/Tropical Trail Mix
12:00am	Bedtime
8:00-9:00am	Family Continental Breakfast & Parent Pick-up at Mapleton YMCA

Important Information

Must have photo ID Saturday morning at pick up time!

Please ensure that you or your emergency contact is available for the duration of the overnight.

What to Bring

Swimming suit/Towel, Pajamas, Sleeping bag and pillow, Tennis shoes, Clothes for Saturday morning, Toothbrush/Toothpaste & Positive attitude

What to Leave at Home

Food, money, iPod, toys, electronic devices, cell phones, vitamins/unnecessary medication, etc...

Registration form on reverse side.

(Please turn registration and payment into your YMCA Site Director **by Wednesday Feb. 1st** in order to reserve a space.)

YMCA Site Director can be found in your school cafeteria from school dismissal until 6pm on school days.

MAPLETON YMCA: 2850 Mapleton Ave. Boulder

YMCA of Boulder Valley
Corporate Offices: 2800 Dagny Way, Lafayette, CO 80026
Ph: 303-664-5455
www.ymcabv.org

February 10th, 2012 "Tropical Getaway" Overnight

Child's Name _____ Age ____ DOB _____ Grade ____ School _____
Address _____ City _____ Zip _____

1st (Guardian's) Name _____
Home Phone _____ Cell Phone _____

2nd (Guardian's) Name _____
Home Phone _____ Cell Phone _____

Emergency Contact and Pick Up:

(must be available from 6:00 pm Friday through pick up time on Saturday)

Name _____ Address _____
Home _____ Cell _____ Relationship to your Child _____

Allergies _____ Reaction _____

Medications _____

(Must have current prescription label or original over the counter bottle and YMCA Medication form signed by Doctor and parent.)

Special Needs/Concerns _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Name _____ Policy # _____ Hospital _____

Please initial each item below:

____ I understand that I will need to discuss **any special needs or allergies** directly with the director in order to make sure accommodations can be made before registering my child.

____ I understand that my **payment must be attached** to this registration form.

____ I understand that my payment is **non-refundable**.

____ **Transportation/Field Trip:** I understand that field trips may be a part of the program experience if noted on flyer. I agree to allow my child to attend all field trips and to have my child transported by BVSD school bus, YMCA vehicles, RTD bus or walking.

____ **Medical Authorization:** As a parent/legal guardian, I hereby give consent to the YMCA to secure emergency dental or medical care for my child at my expense. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my child. I also give permission to the YMCA to transport my child as necessary in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA in writing of any changes in my child's health.

____ **Movie:** I give permission for my child to see the movie listed on the front of this flyer.

____ **A late fee of \$20 per 10 minutes** will be charged for late pick up beginning at 9:01

____ **A Photo ID** must be available at time of pick up by authorized pick up person listed on this form.

____ I give my child permission to swim in **water above his/her shoulders after passing a "deep swim" test** given by YMCA staff.

Parent Signature _____ Date _____

Member: \$45 _____ SAP Yr Round _____ SAP School Yr _____ Facility Member

Non-Member: \$55 _____ SAP Drop-In _____ Non-Member

Payment by: Cash _____ Check # _____

Visa/MasterCard _____ Exp. Date: _____ Vin #: _____

Cardholder's Signature _____ Date _____

Intake by _____ Date _____ Copied _____ Date _____ Entered _____ Date _____

(GL# 01-5590-03-34-0295 Code MA02/100V)