

YMCA Camp Algonquin



Presents



Spring Break Camp March 29—April 1, 2010

Children ages 6-13 will enjoy a variety of activities that combine learning with fun. Our highly trained, qualified staff is committed to providing each child with the best experience possible.

Program Fees

Regular Camp Day—\$135

9:00 AM—3:00 PM

Extended time—No Fee

6:30 AM—9:00 AM

4:00 PM—6:00 PM

Friday at the Y—\$35

Friday at the Y

An additional day of camp, to be held at the YMCA of McHenry County, is available on Friday. This day will include swimming and a pizza party.

Please visit

www.ymcaofmchenrycounty.org to download a registration form or call 815.459.4455 for more info.

Activities during the week will include:

Arts & Crafts

Nature Studies

Hiking

Sports and Games

Cooking (Lunch provided daily)

Extended Care & Transportation

Extended time will be available at both YMCA Camp Algonquin and the YMCA of McHenry County from 6:30 AM until 9:00 AM and from 4:00 PM until 6:00 PM. Campers who are dropped off at the YMCA of McHenry County will be transported, via van, to YMCA Camp Algonquin.

If you are utilizing extended time at the YMCA please drop off no later than 8:30. You may pick up at the YMCA anytime after 4:30.

YMCA Camp Algonquin is located at 1889 Cary Rd in Algonquin, IL

YCAMP™

We build strong kids, strong families, strong communities.

Spring Break Camp Registration Form

Name of Child(ren): _____

Gender (Please Circle): **B G** Date of Birth (mm/dd/yyyy): _____

Address: _____

Parents Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Full Payment is due upon registration. We reserve the right to cancel the program due to low enrollment.
Please mail registration form with payment to: YMCA of McHenry County 701 Manor St, Crystal Lake, IL 60014.

Please Circle which option(s) you are choosing:

Registration Fee \$135

Friday at the YMCA \$35

Early Care at the YMCA (No Fee)

Early Care at Camp Algonquin (No Fee)

Total \$_____ (Please make checks payable to YMCA of McHenry County)

Visa/MasterCard (Circle one) Cardholder's name: _____

Card Number: _____ Exp. Date: _____

Medical Information

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____

Relationship to Camper: _____

Please List Any of the Following:

Allergies: _____

Current Medications Prescribed: _____

Current Medical Conditions: _____

Serious illness/injury in the last 2 years: _____

Hold Harmless Statement: All activities are at your own risk. By use of this facility or any other facility or property of The YMCA of McHenry County all groups, individuals, heirs, executors and administrators agree to hold harmless The YMCA of McHenry county for all injuries and damages, unless due to the gross negligence or willful neglect of The YMCA of McHenry County.

I have read and understand the YMCA of McHenry County's hold harmless Policy as outlined on this form.

Signature: _____ Date: _____

In case of medical or surgical emergency: I hereby do give my permission **to the medical personnel** selected by the Director of Camping Services to secure proper treatment, hospitalize, and to order injections, anesthesia or surgery for my child at the nearest health care facility.

Signature: _____ Date: _____

Not a School Sponsored Activity