



WYOMING COUNTY YMCA
LEAPIN' LIZARDS
2025 PARTICIPANT FORMS



CAMP PACKET CHECKLIST —

ALL COMPONENTS MUST BE COMPLETED PRIOR TO TURNING IN:

- _____ PARTICIPANT PROFILE **(DUE BY JUNE 20, 2025)**
- _____ PARTICIPANT HEALTH FORM — TO BE FILLED OUT AND SIGNED BY DOCTOR
(DUE BY JUNE 20, 2025)
- _____ IMMUNIZATION RECORDS **(DUE BY JUNE 20, 2025)**
- _____ FIRST WEEKS PAYMENT **(DUE WITH REGISTRATION)**
- _____ PAYMENT/SUBSIDY AGREEMENT **(DUE WITH REGISTRATION)**
- _____ ACKNOWLEDGEMENT OF CONTINUATION OF 2025 CHANGES **(DUE WITH REGISTRATION)**
- _____ INFLATABLE WAIVER **(DUE WITH REGISTRATION)**
- _____ BEHAVIOR AGREEMENT **(DUE WITH REGISTRATION)**
- _____ PRE-REGISTRATION WEEKS AND DEPOSITS
- _____ JOIN OUR SITE APP FOR COMMUNICATION PURPOSES

Important info: Children joining Leapin' Lizards must be age 3 by the first week of program. Children must be fully potty trained by the start of program. Staff may not assist in changing or wiping due to regulations!!

Please check the box to acknowledge that you have read and understand the info above!



PAYMENT AGREEMENT:

- WE ENCOURAGE YOU TO PRE-REGISTER YOUR WEEKS. THE LAST FEW SUMMERS WE HAVE BEEN FILLING OUR WEEKS AT CAMP . WE WOULD SUGGEST THAT YOU PAY A DEPOSIT TO HOLD YOUR SPOT. TO PRE-REGISTER WE WILL REQUIRE A \$25 NON-REFUNDABLE DEPOSIT PER CHILD PER WEEK. THIS DEPOSIT WILL BE SUBTRACTED FROM YOUR BALANCE DUE FOR EACH WEEK. THERE ARE NO DISCOUNTS FOR DEPOSITS FOR SCHOLARSHIP, DSS RECIPIENTS OR 2ND CHILD.
- PAYMENTS ARE DUE BY 7:00 PM ON FRIDAYS TO THE YMCA. NO PAYMENTS WILL BE ACCEPTED AT PROGRAM. ANY PAYMENT RECEIVED AFTER THE FRIDAY DEADLINE, PRIOR TO THE WEEK ATTENDING, WILL RECEIVE A \$20 LATE FEE. NO REGISTRATIONS WILL BE ACCEPTED AFTER 12:00 PM ON SATURDAYS AND NO CHILD WILL BE ALLOWED TO ATTEND PROGRAM ON MONDAY MORNING WITHOUT HAVING BEEN REGISTERED BY THE SATURDAY DEADLINE.
- NO ONE WILL BE ALLOWED TO ATTEND PROGRAM IF THEIR PAPERWORK IS NOT TURNED IN TO THE YMCA BY FRIDAY JUNE 20TH OR THE WEDNESDAY BEFORE THE INTENDED WEEK OF ATTENDANCE. NO PAPERWORK WILL BE ACCEPTED AT PROGRAM.

<u>PARTICIPANT NAME:</u>	<u>BIRTHDATE:</u>
<u>PARENT/GUARDIAN SIGNATURE:</u>	<u>DATE:</u>

PAYMENT/SUBSIDY AGREEMENT

- I AM RESPONSIBLE TO MAKE TIMELY PAYMENT FOR MY CHILD(DREN)'S CAMP
- FULL PAYMENTS WILL BE MADE IN ADVANCE OR BY THE FRIDAY BEFORE EACH WEEK OF CAMP

WEEK 1	JUNE 30 TH -JULY 3	DUE BY: JUNE 27
WEEK 2	JULY 7-JULY 11	DUE BY: JULY 4
WEEK 3	JULY 14- JULY 18	DUE BY JULY 11
WEEK 4	JULY 21- JULY 25	DUE BY JULY 18
WEEK 5	JULY 28 – AUGUST 1	DUE BY JULY 25
WEEK 6	AUGUST 4- AUGUST 8	DUE BY AUGUST 1
WEEK 7	AUGUST 11 – AUGUST 15	DUE BY AUGUST 8
WEEK 8	AUGUST 18 – AUGUST 22	DUE BY AUGUST 15
WEEK 9	AUGUST 25- AUGUST 29	DUE BY AUGUST 22
- I UNDERSTAND THAT IF I RECEIVE ASSISTANCE THROUGH A THIRD-PARTY SUCH AS THE DEPARTMENT OF SOCIAL SERVICES, IT IS MY RESPONSIBILITY TO FILE THE APPROPRIATE PAPERWORK TO THAT AGENCY AND WILL INFORM THE YMCA OF MY SUBSIDY PLAN. A COPY OF THE APPROVAL LETTER MUST BE SUBMITTED AS WELL.
- I UNDERSTAND THAT MY SUBSIDY PLAN MAY BE BASED ON THE NUMBER OF HOURS ATTENDED THROUGH CARE. IF I DO NOT MEET THE REQUIRED NUMBER OF HOURS IN ATTENDANCE, I AS THE LEGAL GUARDIAN WILL BE RESPONSIBLE FOR MAKE THE REMAINDER OF THE PAYMENT OWED.

- IF MY CHILD HAS ATTENDED PROGRAM AND MY SUBSIDY CARE PLAN EXPIRES OR IS NOT APPROVED, I WILL BE RESPONSIBLE TO PAY THE AMOUNT OWED FOR THE TIME MY CHILD ATTENDED CARE.

<u>PARTICIPANT NAME:</u>	<u>BIRTHDATE:</u>
<u>PARENT/GUARDIAN SIGNATURE:</u>	<u>DATE:</u>

WYOMING COUNTY YMCA LEAPIN' LIZARDS PROGRAM PARTICIPANT PROFILE – SUMMER 2025

PRICING: LEAPING

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9
JUNE 30TH TO JULY 3 (4 DAY WEEK)	JULY 7 TO JULY 11	JULY 14 TO JULY 18	JULY 21 TO JULY 25	JULY 28 TO AUGUST 1	AUGUST 4 TO AUGUST 8	AUGUST 11 TO AUGUST 15	AUGUST 18 TO AUGUST 22	AUGUST 25 TO AUGUST 29

LIZARDS IS A 5 DAY PER WEEK PROGRAM THIS YEAR: WEEK 1: \$160 FOR ALL

WEEKS 2-9: \$200 PER WEEK/ MEMBER

\$225 PER WEEK/ NON MEMBER

CHILD AND FAMILY INFORMATION

Child's Name:		Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age in Fall 2025:
Address:		Town	State:	Zip code:	
Child's Nickname:	Child lives with:	Email address:			Known Allergies:
Parent's Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Parent's Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Emergency Contact Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Emergency Contact Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				

PARENT/GUARDIAN AGREEMENT

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ I must notify the YMCA staff immediately of any changes on these forms.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport children at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ I have read the YMCA Summer Program Parent Guide associated with my child's program and shared it with my child and agree to these policies and procedures. My child will be expected to follow all Camp rules and regulations. Failure to abide by the Camp rules and regulation may result in expulsion from the program.
- ✓ My child has my permission to participate in walking field trips with the YMCA and to ride on vehicles as arranged by the GLOW YMCA for transportation to and from YMCA Summer Programs and scheduled field trips. Specifics will be posted weekly.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child.
- ✓ My child has permission to swim at YMCA Summer Programs. I understand that my child's swimming ability will be assessed by the Progressive Swim Instructor prior to participating in swimming activities and will be reassessed on a regular basis to ensure swimmer safety. My child will only be able to swim in areas deemed appropriate for their swimming ability by the Progressive Swim Instructor.

- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE. MY SIGNATURE ALSO ACKNOWLEDGES THAT I HAVE READ THE PARENT INFORMATION PORTION OF THE PARENT PACKET.

<i>Parent/Guardian Name:</i>	<i>Parent/Guardian Signature:</i>	<i>Date:</i>
------------------------------	-----------------------------------	--------------

IN ADDITION TO THIS FORM, THIS PACKET CONTAINS THE FOLLOWING FORMS THAT MUST BE COMPLETED AND TURNED IN BY FRIDAY JUNE 20TH

PARTICIPANT LIABILITY WAIVER – READ AND SIGNED BY PARENT/GUARDIAN – INCLUDED IN THIS PACKET

PARTICIPANT HEALTH FORM – FILLED OUT BY PARENT/GUARDIAN AND SIGNED BY PHYSICIAN – INCLUDED IN THIS PACKET

INDIVIDUAL STANDING ORDER FORM – FILLED OUT AND SIGNED BY PHYSICIAN – INCLUDED IN THIS PACKET

IMMUNIZATION RECORDS – COPY PROVIDED AT CHECK-IN – PROVIDED BY PHYSICIAN

WYOMING COUNTY YMCA LEAPIN' LIZZARDS PROGRAM

PARTICIPANT HEALTH FORM – TO BE COMPLETED BY PARENT/GUARDIAN

THE CHILD'S PHYSICIAN SHOULD COMPLETE BOTH SIDES OF THIS FORM. PLEASE NOTE THE NEED FOR PHYSICIAN'S SIGNATURE ON BACK SIDE OF THIS FORM.

NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION, HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION SO THAT WE CAN BEST CARE FOR YOUR CHILD.

Child Name:	Age:	Height:	Weight:
Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Illness/Disease:		Symptoms:	
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company:			
Card Holder:		Policy/Group #:	

PROGRAM PARTICIPANT HEALTH FORMS— TO BE COMPLETED BY PHYSICIAN

Child is looking forward to YMCA Program with? Enthusiasm Acceptance Caution Anxiety
Has your child been away from home before? Explain.
Does your child have any special talents, hobbies or special interests?
How does your child express anger/frustration? Is there a form of discipline (time-out is usually used) that works best with your child?
Does your child have any fears?
Things I would like my child to accomplish at the YMCA program are:
My child's swimming ability is: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some Lessons <input type="checkbox"/> Confident in Deep Water
Does your child have any emotional triggers that you are of and what are they?
Does your child have any special needs that require any physical or behavioral modifications?
Have any significant events happened in your family in the last few years?
Is there any other information you think is important for us to know about your child?

CAMPER HEALTH HISTORY

Please Check All That Apply.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Allergies:
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Neurological Disorders	<input type="checkbox"/> Dental:
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Other:
<input type="checkbox"/> Emotional Disorder	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Illness:	<input type="checkbox"/> Other:

ADMINISTRATION OF PRESCRIPTION MEDICATIONS TO CHILD

PLEASE COMPLETE WITH PATIENT'S CURRENT/SUMMER REGIMEN FOR BOTH SCHEDULED AND PRN MEDICATIONS.

DRUG NAME	ROUTE (PLEASE INDICATE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE ONE)

Physician's Signature on bottom of reverse side authorizes all medical information on both sides of this form.

INDIVIDUALIZED STANDING ORDERS FOR ADMINISTRATION OF

NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION OR HOUSE MEDICATIONS. HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION. THE FOLLOWING MEDICATIONS MAY BE AVAILABLE AND WILL BE ADMINISTERED AT THE DISCRETION OF THE YMCA NURSE/MAT/HEALTH CARE PROVIDER AS INDICATED.

CHILD NAME:		AGE:	WEIGHT:	HEIGHT:
DRUG NAME	ROUTE (PLEASE CIRCLE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE)
SUN SCREEN LOTION/SPRAY	Topical	As per package instructions	As needed	YES NO
INSECT REPELLANT	Topical	As per package instructions	As needed	YES NO
ANTISEPTIC OINTMENT	Topical	As per package instructions	Minor wound care Other:	YES NO
ANTI-ITCH OINTMENT	Topical	As per package instructions	Rashes insect bites Other:	YES NO
ANTI-STING OINTMENT	Topical	As per package instruction	Insect bites Other:	YES NO
ANTIBIOTIC OINTMENT	Topical	As per package instruction	Minor wound care Other:	YES NO
SUNBURN RELIEF OINTMENT	Topical	As per package instructions	Sunburn Other:	YES NO
IBUPROFEN	Oral	As per package instructions	Pain; swelling; fever Other:	YES NO
ACETAMINOPHEN	Oral	As per package instructions	Pain; swelling; fever Other:	YES NO
ANTI-FUNGAL CREAM	Topical	As per package instructions	Athletes foot Other:	YES NO
ANTACID/ ANTIEMETIC	Oral	As per package instructions	Nausea; diarrhea Other:	YES NO
SWIMMER'S EAR DROPS	Topical	As per package instructions	Ear pain after swimming Other:	YES NO
EYE DROPS	Topical	As per package instructions	Eye irritation; allergies Other:	YES NO
HYDROCORTISONE 0.5%	Topical	As per package instructions	Rashes; insect bites; poison ivy Other:	YES NO

COUGH SYRUP	Oral	As per package instructions	Coughing Other:	YES NO
LAXATIVE	Oral	As per package instructions	Constipation Other:	YES NO
ANTI-HISTAMINE	Oral or Topical	As per package instructions	Swelling Hives; allergic reaction; nasal congestion; Other:	YES NO
ANTI-DIARRHEA	Oral	As per package instructions	Diarrhea Other:	YES NO
LICE TREATMENT	Topical	As per package instructions	Detection Other:	YES NO

Health Care Provider Name:		
Address:		
City:	State:	Zip:
License Number:	Phone:	Fax:
As requested by the patient and as mandated by New York State Department of Health, a dated and/or current copy of immunizations/shot records is attached. _____ Physician Initials		
PHYSICIAN SIGNATURE:		DATE:

YMCA Kid's Gym, Inflatable, Camp Hough and Red Pines Participant Waiver

Although we strive to make all activities as safe as possible, activities of this nature do come with some element of risk. This waiver ensures that we have contact information for you and/or your child and you are aware of these risks. Please fill this out completely, if you have any questions, please contact the YMCA.

Participant Name _____	DOB _____
Parent/Guardian Name (Printed) _____	
Address _____	City _____ State _____ Zip _____
Home Phone _____	Emergency Phone _____

MEDICAL PROFILE - I recognize that the Kid's Gym climbing elements and Inflatables are physically strenuous endeavors requiring my child to be in good physical condition. I hereby certify that he/she does not suffer from any physical or mental infirmities or illnesses which would affect his/her ability to engage in climbing activities. I further certify that if my child is on any regular medication I will discuss this medication with the YMCA/Kid's Gym staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF RISK & ASSUMPTION RESPONSIBILITY - I understand that during my child's participation in a Kid's Gym activity he/she may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the GLOW YMCA and or its employees as a result of my child's participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees. I have accepted responsibility for verifying my child's personal health and medical history on the top of this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program. I also understand that I share responsibility for safety and I assume that responsibility.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experiential program. I also authorize the treatment of him/her by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me. Further I wave any claim that may arise against the GLOW YMCA and or its employees, its employees, directors, and agents and other participants as a result of my participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees, its employees, directors and agents and other participants.

Parent/Guardian Signature _____ Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GLOW YMCA SUMMER PROGRAMS Behavior Agreement

Participant:

1. I will obey the rules of the YMCA summer program.
2. I will do my best to be Caring, Honest, Respectful, and Responsible while attending the YMCA Program.
3. I will respect everyone who attends the YMCA summer program. This includes the staff and other children attending the program. I will also respect their property and the building which the program is in.
4. I understand that the YMCA program does not allow swearing, talking back, or physical harm/fighting.
5. I understand that if I do not follow these rules, my parents will be called to pick me up.
6. I understand that if that behavior continues when I return, I may be removed from the program.
7. I understand and agree with the rules listed above and will try my very best to follow these rules while at the YMCA program.

Parent/Guardian:

I have discussed the above guidelines with my child. My child and I fully understand that I will be called to pick-up my child if they do not follow the agreement.

Parent/Guardian Signature

Date



PARENT GUIDE TO LEAPIN' LIZARDS SUMMER 2025

Welcome to Leapin' Lizards. We have a fantastic summer planned for your children and believe that the Y offers the perfect environment for your child to develop character skills, build meaningful friendships and instill values that will last a lifetime. We recognize how important it is to provide a fun, safe and enriching summer opportunity for your child and thank you for entrusting your children with us.

In this guide you will find all the necessary information and forms that you will need to prepare yourself and your child for the Leapin' Lizards experience. Please read over the information carefully as some of it has changed from years past. Of course, if you have any questions, please feel free to contact the Wyoming Counting YMCA and we will gladly answer your questions.

REGISTRATION INFORMATION

Fees and Payments

The following describes the steps necessary to register your child for one of our summer camp programs.

1. Fill out a registration form for each child. You may register for multiple weeks.
2. Fill out the necessary forms and waiver (attached to this packet), and return it to the Y by **Friday June 20th**. Please be sure to note that your Physician will need to sign the Health Form and the Individualized Standing Order Form as well as provide a copy of your child's immunization record.
3. Each additional week must be paid in full by the Friday prior to the start of the session. **Failure to register your child by the Friday prior will result in a late fee charge of \$20 per child** or your child may be ineligible to attend that session of camp. Payments may be made at the YMCA with cash, check, visa or master card. Phone payments may be made with Visa or MasterCard.

Parents are responsible for payment if their child does not attend the program on their scheduled day(s).

REQUIRED WAIVERS AND FORMS

The following forms need to be filled out completely and returned to the Y by **Friday June 20th**. or Friday before the intended session. We encourage you to make a photocopy of each form for your own records. **Children will not be admitted to camp without completed paperwork.** If your child is attending more than one session of camp or attending another GLOW YMCA program, you need to only fill out one set of forms. All information in your child's record is privileged and confidential and will not be released without your written consent.

- **PROGRAM PARTICIPANT PROFILE AND PARTICIPANT LIABILITY WAIVER** – Please note that it is the responsibility of the child's parent/guardian to provide for the child's own accident and health coverage while participating in activities with the GLOW YMCA. Any changes in pickup authorization, address, work or home phone numbers, emergency contacts etc., need to be given to the camp Director as soon as possible.
- **PROGRAM PARTICIPANT HEALTH FORM AND INDIVIDUALIZED STANDING ORDERS FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION** - This form provides important medical information. Please note that this two-page form requires a physician's signature in one place and a current copy of your child's immunizations/shot record.

2025 Y Leapin' Lizards GENERAL INFORMATION

Leapin' Lizards Hours

Hours are from 7:30-5:30 pm. Planned programming begins each morning at 9:15am with morning announcements and any necessary daily information. Whenever possible, please make an effort to have your child here by 9:15am to assure they do not miss out on any of the day's activities!

Late Fees and Pick-up Policy

On certain occasions when a parent must be late the YMCA has established these firm policies:

- Parents must call the Y staff to let them know what time they can be expected to arrive or to inform them of alternate transportation arrangements that have been made.
- Parents will be **assessed a Late Fee of one dollar per child per minute** after 5:30pm. The clock at the program site will be used to determine the Late Fee charge. Late Fees will need to be paid before your child is able to attend program the next day.
- In the event that the Y does not receive a prior phone call from the parent, the following procedures will be immediately implemented:
 1. A staff member will try to contact the child's parents
 2. If contact cannot be made, a staff member will call the emergency contact list to arrange pick up.
 3. If one hour late from official closing time and contact cannot be made to the child's parents or emergency contacts, a call will be placed to the Child Protective Services as to what further arrangements are necessary.

Transportation for Leapin' Lizards

Parents/guardians are expected to provide transportation to and from the YMCA.

Attendance and Authorization

The Y is responsible for all registered campers each day.

- If your child is not going to attend camp, please call the camp site phone to report the absence. This is the same policy you follow during the school year. Please call before the 9:00 am start time.
- Every morning a parent/guardian must walk the camper into the building and sign the camper in.
- Parents, or designated persons picking up children, must enter the building with photo identification.
- Children must be signed out by a parent/guardian, or authorized adult 16 years of age or older whose name appears on the Authorized Pick-up portion of the Participant Profile.
- If at any time someone other than the person designated on your release form is picking up your child; it is necessary to fill out the Additional Authorized Pick-up Form at least **24 hours in advance**. In the case of a last minute pick-up change please call the rec phone and notify the site director. The pick-up person must have photo identification. **No child will be released without prior notification of pick-up change and photo identification.**

Emergency Communication

In case of medical or family emergency, contact your Leapin' Lizards Director by calling the Y at 585-786-2880. The Director will also give you info about joining the "Band App" for daily updates, reminders and another source of communication with staff!

Telephone Contact

Parent/guardians may contact the Day Camp Director at any time to discuss their child's experience. YMCA Day Camp programs have a "no-cell phone" policy for participants at camp. In return for helping us be cell-phone-free, we agree to tell you if your child is experiencing a challenge in their adjustment to the YMCA program.

Leapin' Lizards PROGRAM INFORMATION

Camper Expectations

Sharing and group work are an integral part of our Y programs. Each day, campers are given opportunities to demonstrate leadership skills and challenge themselves with new activities. Leapin' Lizards is physically active, with long days; participating fully is important and expected at the Y. The staff makes every effort to ensure camp is a fun, enjoyable experience. However, there will be times each day that campers will be asked to help with small tasks to keep our program safe and enjoyable. These tasks help to instill a sense of ownership and develop values in our participants that can be translated into school and home life.

Behavioral Expectations

Campers are expected to act as they would in a normal school day. Following directions, treating others fairly and respectfully and obeying rules are necessary. Please be certain to explain to your children that while camp is meant to be a fun experience, their best behavior is still expected. Lizards staff will enforce discipline when needed, refunds will not be granted for children who are removed from the program for behavioral reasons.

Termination

If a child poses a threat to, or physically/mentally harms another child, the following disciplinary actions will be followed and documented:

- 1) Warning with a "time-out"; parent/guardian notified of the incident that day.
- 2) Meeting will occur with the child, parent/guardian, Camp Site Director and the Administrator.
- 3) Strike 3 – The child will be asked to be removed from the program for the remainder of the summer.

Please know that if a situation occurs which is severe enough to remove your child from the program, they will be terminated without having to follow the 3 disciplinary steps listed above.

Group Assignments

Throughout the week, there are occasions when campers are placed in groups with children of the same age, same gender, in a big brother/big sister role or activity interest. Campers have the opportunity to participate in a variety of interesting, age-appropriate and mission driven activities led by our trained Y Staff Team.

Special Events and Weekly Themes

Each week of Lizards will have a special theme day and a selection of activities.

Swimming

Participants will have specified days for recreational swimming each week. Please make sure your child brings a towel and swimsuit for swimming days (cut-off shorts or t-shirts are not allowed in the pool). Swimming is an extremely valuable part of camp and we encourage everyone to participate. The Y will implement a "buddy system" to ensure safety and there will be one counselor in the water and two certified lifeguards on deck at all times. Participants will take a swim test in order to determine their swim level and be permitted into areas of the pool based on their ability level.

Lunch

Each child must bring a lunch and snack daily. **Please do not pack soda or candy.** Please keep in mind that we have limited refrigerator space, we suggest that children use a lunch box that is insulated and pack frozen drinks like juice boxes. Multiple water bottles are encouraged for children to stay hydrated throughout the day.

Clothing and Equipment

Be aware that camp is hard on clothing and equipment due to our very active days. We recommend against bringing new and/or expensive clothing or other items. Socks and sneakers should be worn daily. All personal belongings should be plainly and BOLDLY marked for easy identification and are ultimately the responsibility of the camper. Unclaimed lost and found property will be kept for one week and then donated to various local charities.

PLEASE DO NOT BRING: Trading cards, candy, pop, +3+cellular phones, cash, electronic games, music players and/or other electronic devices.

Daily recommended items:

- Jacket
- Swimming Suit & Towel
- Water Bottles
- Hat
- Sneakers & Socks
- Backpack
- Sunscreen

Leapin' Lizards WELLNESS PLAN

Health Care Policies

Each child must have an up-to-date Leapin' Lizards Participant Profile form on file. Children who become ill or are suspected of having a communicable disease may not remain in the program. They will be isolated from the other children; parents or an emergency contact will be called and asked to come pick up their child immediately. Children who are sent home due to sickness cannot return to camp for 24 hours or until they have no signs of illness. The guidelines listed below have been set up and will be followed unless your physician states in writing that your child may attend. Please refrain from sending your child to camp if any of the following are observed:

- Pink Eye
- Impetigo
- Head Lice
- Ring Worm
- A temperature of 101 or above
- Severe Cold with a Fever
- Any contagious disease
- Vomiting

Camper Medication

Upon arrival at the YMCA, all medications - **both prescription and nonprescription** - will be collected. Prescription medications can only be self-administered according to the directions on the label. Please make an effort to administer morning and evening meds at home to help limit the amount of self-administration needed at rec.

The state requires that all medications be in its **original** bottle. Please send only medications that your child takes on a regular basis. To help out, put your child's medication bottles in a zip-lock bag and write your child's name and week number/dates in permanent marker. Prescribed medication must be clearly marked with: child's name, directions for administration, name of medication and name and phone number of physician. If your child requires an asthma inhaler or a bee sting kit, their counselor will be able to carry one. It is **highly** recommended that you send a second or even third one that can be kept at the YMCA as a back-up. Based on program location, an additional form may be required.

Please be sure to contact the Y with any questions you may have about our program. We look forward to having your child attend our Summer Leapin' Lizards program!

Have a Great Summer!

Y camp Staff

Join our App!!

<https://band.us/n/aba5Aeu5R5Q3R>

This will be used to communicate with parents and post pictures and updates through out the summer!

