



THE Find Your *Best Friend* PLACE

Day camp is more than just summer fun—it's where kids build lasting friendships, celebrate achievements, and discover a place they can truly belong. Guided by trusted staff, campers can look forward to:

- Swimming, sports, and outdoor play
- Creative art and STEM projects
- Field trips
- And so much more!

JOIN US FOR THE BEST SUMMER EVER!

The YMCA Summer Camp program focuses on organized, safe play in a friendly environment. Daily activities include sports, swimming, arts and crafts, games, themed events, field trips, and special guest visits.



Week 1: June 29 – July 3

Week 2: July 6 – July 10

Week 3: July 13 – July 17

Week 4: July 20 – July 24

Week 5: July 27 – July 31

Week 6: August 3 – August 7

Week 7: August 10 – August 14

Week 8: August 17 – August 21

Week 9: August 24 – August 28

MAKE THE MOST OF SUMMER CAMP WITH A FAMILY MEMBERSHIP!

By becoming a member, you can save \$75 per week on summer camp – a discount that adds up fast! If your camper attends for just a few weeks, the savings could cover the cost of membership.

For only \$92/month, a 2 Adult Family Membership includes:

- Early registration for programs (never miss out on the most popular sessions).
- Full access to our Child Watch and Adventure Rooms, indoor track, and aquatics center, including a splash pad and sauna.
- Discounts on additional programs and exclusive member perks year-round.

Ready to join? Visit glowymca.org or stop by the front desk to sign up.

IMPORTANT INFORMATION

This page provides essential information about our Summer Camp program, including daily routines, policies, and reminders for a safe and positive experience. Families are encouraged to review and keep this information for a smooth and enjoyable summer for campers and families alike.

CAMP HOURS & ATTENDANCE

Camp runs from 7:00 AM to 6:00 PM. All campers must be picked up by 6:00 PM. Early drop-off or late pick-up is not available. If your child is showing signs of illness (fever, vomiting, diarrhea, etc.), please keep them home until they have been symptom-free for 24 hours.

COMMUNICATION & UPDATES (BAND APP)

The Band app is our main communication tool during the summer for updates, reminders, and photos. Parents and guardians must download the app and join their child's camp group to stay informed. Regularly check Band to avoid missing important information.

Download the App



DROP-OFF & PICK-UP PROCEDURES

At drop-off, a parent or guardian must sign their child in with a staff member and place a lunch order if needed. At pick-up, notify the sign-out attendant who you are picking up and have **valid ID ready**. Staff may vary, and ID is always required. Only individuals listed on the camper's registration or YMCA account may pick up. To authorize someone new, provide written consent at drop-off or update your online account.

MEALS & SNACKS

Breakfast and lunch are provided free of charge by the **Batavia City School District** or campers may bring their own. Breakfast is available **until 9:00 AM**. Campers arriving after 9:00 will not be served. Lunch is served at **between 11:30 AM and 12:30 PM**, depending on group assignment. Snacks can be brought from home to eat in the afternoon, however snack will not be provided.

SWIMMING

Camp includes **free swim lessons** as part of the daily schedule, and all campers are **highly encouraged** to participate. A swim schedule will be provided, and campers should bring a swimsuit and towel **every day**. Goggles are allowed, but inflatable flotation devices are not. To ensure safety, campers will complete a swim ability test at the start of camp and regularly throughout the summer. This helps determine whether they need a flotation device, should stay in the shallow end, or are cleared for the deep end.

WHAT TO BRING

Campers should come prepared each day with a **swimsuit, towel, water bottle, and snack**, along with **shoes** suitable for active play. A sweatshirt is optional, as the building is air-conditioned. Lunch may be brought from home or ordered at drop-off. If you choose to send sunscreen, please note that your child **must be able to apply it independently**.

TOYS, ELECTRONICS & CELL PHONES

Campers may bring small toys of minimal value, but the **YMCA is not responsible for lost, broken, or stolen items**. No electronics are allowed. Cell phone use is discouraged and phones must remain in bags if brought. Staff will contact families in an emergency, and parents may reach us via the BAND app or by calling the YMCA.

SCHEDULE CHANGES & GROUPING

If you need to change your camper's scheduled days, a change request must be submitted at least 14 days in advance. However, changes are not guaranteed due to high enrollment.

Camp groups are created based on age and developmental stage to support effective programming. **Friend or group requests cannot be honored**. Groupings may shift throughout the summer, and campers will have opportunities to interact with other groups during shared activities.

RATES & PAYMENT INFORMATION



ACCESS FOR ALL

The YMCA ensures access for everyone, offering financial assistance through online applications at glowymca.org or at the front desk.

APPLY TODAY



DSS SUBSIDIES

The YMCA accepts DSS childcare subsidies for Summer Camp. Families should contact their local DSS office and the YMCA ahead of time to prepare required approvals and documentation before camp starts.

BECOME A MEMBER & SAVE!

Rate Plan	Member	Non- Member
5 Day	\$245	\$320
3 Day	\$195	\$270

Week	Start Date	Payment Due	Change Requests
1	6/29/2026	6/19/2026	6/15/2026
2	7/6/2026	6/26/2026	6/22/2026
3	7/13/2026	7/3/2026	6/29/2026
4	7/20/2026	7/10/2026	7/6/2026
5	7/27/2026	7/17/2026	7/13/2026
9	8/3/2026	7/24/2026	7/20/2026
7	8/10/2026	7/31/2026	7/27/2026
8	8/17/2026	8/7/2026	8/3/2026
9	8/24/2026	8/14/2026	8/10/2026

PLEASE NOTE

A valid credit card is required to remain on file for automatic payment processing. Payments will be processed 10 days prior to the start of each camp week. All cancellation and/or change requests must be received no later than 14 days before the start of the applicable camp week. Please refer to the published schedule of dates for details.



GENESEE COUNTY YMCA SUMMER CAMP REGISTRATION

Child's Name:

Date of Birth: / / Age During Camp: Grade in Fall:

Gender: Male Female Non-Binary Shirt Size: SM M LG XL Youth Adult

Address:

City: State: Zip:

Valid Email (required):

Name of Email Owner: Child Lives With:

PRIMARY GUARDIAN (REQUIRED)

Name:

DOB:

Relationship to Child:

Primary Phone: ()

Emergency Contact

Pick-Up Authorization

Guardian Address (if different):

SECONDARY/EMERGENCY CONTACT

Name:

DOB:

Relationship to Child:

Primary Phone: ()

Emergency Contact

Pick-Up Authorization

Authorized to Make Account Changes

Address (if different):

KINDER CAMP (3 – 5 YR OLD)

DAY CAMP (5 – 12 YR OLD)

	SELECT DAYS					RATE PLAN	
	MON	TUE	WED	THU	FRI	3 Day	5 Day
WEEK 1: JUNE 29 – JULY 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2: JULY 6 – 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3: JULY 13 – 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4: JULY 20 – 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5: JULY 27 – 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6: AUGUST 3 – 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7: AUGUST 10 – 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8: AUGUST 17 – 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 9: AUGUST 24 – 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Registration requires a \$30 non-refundable deposit per child, per week. This deposit will be subtracted from your balance due each week. Remaining balances are due 10 days prior to the start of the registered week.

Payment Method (Required if not already on file)

Name On Card/Account: Visa Mastercard

Address Associated with the Card:

Card Number: 3-Digit/VIN: Expiration Date:

(OR) Bank Account Number: Bank Routing Number:

HEALTH & INFORMATION FORM – TO BE COMPLETED BY GUARDIAN

Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what illness/disease:	Symptoms:
Is the child covered by a hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company:	
Card Holder:	Policy/Group #:
How does your child express anger/frustration?	
Does your child have any fears?	
Child is allergic to:	
Please list all medications your child is currently taking:	
Child keeps an: <input type="checkbox"/> Inhaler <input type="checkbox"/> EPI Pen <input type="checkbox"/> Kept in backpack <input type="checkbox"/> Kept at camp *MUST BE LABELED*	
Special dietary needs or restrictions?	
Any activity restrictions for your child? Please explain in detail:	
My child has an IEP/504 plan <input type="checkbox"/> No <input type="checkbox"/> Yes <i>*if you answered yes provide a copy prior to camp to make your child's experience positive.</i>	
My child is fully toilet trained and can independently use the toilet: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>All campers are expected to be able to toilet independently. No physical assistant will be provided with wiping or cleaning children up if they have an accident. No diapers/pull ups. If you answered no contact program director before registration.</i>	
My child's swimming ability: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some lessons <input type="checkbox"/> Confident in deep water	
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"/> Bleeding/Clotting Disorder | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Allergies: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Illness: _____ |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Dental: _____ |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Other: _____ |

All campers must have current, age-appropriate immunizations on file as recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). **A copy of your child's most recent immunization record must be submitted within seven (7) days of registration or by the first day of camp, whichever comes first.** Required vaccines include DTaP/DT/Td/Tdap, Polio (IPV), Hib, Pneumococcal (PCV13), Hepatitis B, MMR and Varicella (or documented proof of immunity), and Meningococcal (Menactra) for campers age 11 and older. If additional immunizations are received after registration, updated records must be submitted within one week of the appointment. Medical exemptions are accepted only with current written documentation from a licensed physician (MD/DO) or pediatric/family practice nurse practitioner explaining the contraindication, in accordance with all applicable state and local regulations.

Health Care Provider Name:		Primary Care Physician:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Guardian's Signature			Date:



GLOW YMCA SUMMER REC & CAMP REGISTRATION AGREEMENT

This Agreement applies to **all GLOW YMCA summer recreation and camp programs**, including but not limited to park recreation programs, municipal recreation partnerships, day camps, extended care, swim programs, specialty activities, inflatables, Kid's Gym, and off-site or partner-location programming. By enrolling my child(ren) in any GLOW YMCA Summer Program, I acknowledge that I have read, understand, and agree to the following terms:

1. Emergency Medical Authorization

In the event of an accident, illness, or medical emergency, the GLOW YMCA will make every reasonable effort to contact the parent/guardian or emergency contacts listed on file. If I cannot be reached, I authorize the GLOW YMCA and its representatives to act according to their best judgment in securing emergency medical treatment for my child, including hospitalization, medical procedures, injections, anesthesia, or surgery as deemed necessary by a licensed medical provider. I understand and agree that I am financially responsible for all medical treatment and related expenses.

2. Medical Fitness, Disclosure & Health Information

I certify that my child is physically and mentally able to safely participate in YMCA programs and activities. I agree to fully disclose all medical conditions, allergies, injuries, behavioral needs, developmental considerations, limitations, and special accommodations required for my child's participation. I understand that complete and accurate health information is required and that I must promptly notify the YMCA of any changes. I agree to discuss any regular, emergency, or situational medications with YMCA staff prior to participation, as applicable. I further acknowledge that the YMCA may rely on physician-completed health forms, immunization records, and individualized standing orders when required by program or regulation.

3. Medication Administration, Personal Care Products & Health Precautions

I understand that medication administration policies vary by program and location. I agree to inform YMCA staff if I have administered fever-reducing medication to my child within four (4) hours prior to program attendance. Where permitted, emergency medications such as inhalers or EpiPens may be supervised or assisted in accordance with YMCA policy and any required physician orders.

Personal Care Products Permission

I understand that YMCA staff are **not permitted to apply personal care products** to my child. I give permission for YMCA staff to **supervise my child while they independently apply** only the personal care products that I provide and approve below:

- Sunscreen Spray
- Insect Repellent
- Lip Balm

I understand that **only the items selected above may be used**. If no items are selected, I acknowledge that my child will **not use any personal care products** while participating in YMCA programs.

Parent/Guardian Initials: _____

4. Program Activities & Physical Risk

I understand that YMCA programs may include physically active and recreational activities such as swimming, water play, inflatables, climbing elements, playground use, sports, field games, walking excursions, and specialty activities. I acknowledge that participation involves inherent risks, including the possibility of injury, illness, or accident.

I certify that my child is able to participate safely in all activities offered and agree to notify staff of any limitations that may affect participation.

Continued from previous page

5. Supervision, Transportation & Mandated Reporting

I understand that YMCA staff and volunteers are not permitted to babysit or transport children outside of YMCA-arranged programming. I acknowledge that the YMCA is a mandated reporter and is legally required to report suspected cases of child abuse or neglect to appropriate authorities.

6. Field Trips, Off-Site Activities & Swimming

I give permission for my child to participate in walking field trips, off-site activities, and transportation arranged by the YMCA, including school buses or partner transportation when applicable.

I also give permission for my child to participate in swimming and water activities. I understand that swimming ability will be assessed by YMCA staff and that participation will be limited to areas appropriate for my child's demonstrated skill level.

7. Illness & Communicable Disease Acknowledgment

I acknowledge that participation in group programs carries an inherent risk of exposure to communicable illnesses, including but not limited to COVID-19 and other viral or bacterial infections. I knowingly accept this risk on behalf of my child and agree to hold harmless the GLOW YMCA and its representatives from illness-related claims, except in cases of gross negligence or willful misconduct.

8. Liability Waiver & Assumption of Risk

I knowingly and voluntarily assume all risks, both known and unknown, associated with my child's participation in YMCA programs and activities. I release, waive, and hold harmless the GLOW YMCA, its officers, directors, employees, agents, volunteers, municipal partners, and program hosts from any and all claims arising from participation, including injury, illness, disability, property loss, or death, except where such claims result from gross negligence or willful misconduct.

The YMCA is not responsible for personal property that is lost, stolen, or damaged during participation.

9. Photo & Media Release

The GLOW YMCA may take photographs, video, audio recordings, or other media of participants during programs and activities. These may be used for promotional, educational, or informational purposes without notice or compensation.

Check here to OPT OUT of photo and media use for my child and/or myself.

Parent/Guardian Initials: _____

10. Payment, Fees & Electronic Funds Transfer Authorization

I agree to pay all program fees as published. I understand that some programs require payment in full at registration, while others require a deposit with remaining payments scheduled to the payment method on file. I authorize the GLOW YMCA to process payments via EFT where applicable and understand that late or failed payments may result in fees or loss of enrollment. Change or cancellation requests must be submitted at least fourteen (14) days in advance. If I receive third-party assistance (including DSS), I am responsible for required documentation and any balance not covered.

11. Acknowledgment & Signature

By signing below, I certify that I am the parent or legal guardian of the enrolled child(ren) and that I have read, understand, and agree to all terms outlined in this Unified Summer Recreation Agreement. I accept responsibility for my child's participation, conduct, and compliance with all YMCA policies.

Parent/Guardian Name: _____

Signature: _____ Date: _____



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

YMCA name: _____
Lesson location: _____
Day/time: _____
Session start/end dates: _____
Student ID: _____

SAFETY AROUND WATER ENROLLMENT AND CONSENT FORM

Person's first name:		Person's last name:	
Person's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> prefer not to identify <input type="checkbox"/> Other Identity:		Person's birth date (mm/dd/yyyy):	
Name of parent/caregiver (if applicable):			
Zip code:	Phone:	Email:	
Emergency contact:		Emergency phone:	
Number of adults and children in your household (including this person):			
Can the person taking lessons jump into the water and safely exit the pool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the person enrolling ever had a swim lesson before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the participant new to the Y (i.e., has never participated in a Y program before)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Person's race/ethnicity (optional):			
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native American, Indigenous American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
	<input type="checkbox"/> Two or more races/ethnicities	<input type="checkbox"/> Other Identity, please specify	<input type="checkbox"/> Prefer not to identify
How did you hear about this program?			
<input type="checkbox"/> Y staff member/volunteer	<input type="checkbox"/> Friend/family member/word of mouth	<input type="checkbox"/> Mailing/email communication	<input type="checkbox"/> Poster/flyer/Y event
<input type="checkbox"/> Y's website	<input type="checkbox"/> Media (TV, Web, radio, print, etc.)	<input type="checkbox"/> School	<input type="checkbox"/> Community-based organization
	<input type="checkbox"/> Other, please specify:		
<input type="checkbox"/> I have signed and returned the required photo, audio/video, narrative release form.			
<input type="checkbox"/> I have signed and returned the Y's standard liability waiver.			

Please complete back side of enrollment and consent form



SAFETY AROUND WATER ENROLLMENT AND CONSENT FORM

CONSENT TO PARTICIPATE IN DATA COLLECTION

Your local YMCA and YMCA of the USA collect data and evaluate our programs to see what we are doing well, to identify areas of the program that we can improve, and to make sure that the participants we serve are benefiting from this program. Participant demographics and attendance will be collected as part of participation in this program and will be shared with our program funders.

WHAT YOU WILL BE ASKED TO DO

For evaluation purposes, we ask your permission to use the participant's swim skills assessment results, which is completed by the YMCA swim instructor at the beginning and end of the swim lesson session for program evaluation purposes.

KEEPING YOUR INFORMATION CONFIDENTIAL

All collected data for this project will be accessible only to the approved and trained researchers and authorized staff. Y-USA plans on keeping this data indefinitely, in order to identify trends in program participation, fidelity, quality, and outcomes over time.

We will not use the participant's name in any report or publication; rather, the data will be aggregated with other program participants. This data may be included in local, regional, and national reports; other publications; and submitted to funders or potential funders.

There is a very small risk that confidential data will be compromised. We will minimize this risk by ensuring that only approved local Y and Y-USA staff involved in the program have access to this information.

PAYMENT

You will not be paid for providing this data.

LEGAL RIGHTS

You will not lose any of your legal rights by signing this consent form.

CONTACT INFORMATION

For any additional questions you can contact aquatics@YMCA.net

AGREEMENT TO SUBMIT DATA

I have read and understand this consent information.

Printed name of Individual Participant or Parent(s)/Caregiver(s): _____

Individual Participant or Parent/caregiver signature

Printed Name of Child if under 18.

Date

There are two copies of the consent form, and both need your signature. The first copy needs to be returned to the YMCA. Since there is important information in this consent form, including contact information if you have questions or concerns, we want you to keep the second copy for your records.

PARTICIPANT CHARACTER CODE

At the YMCA, we believe children learn best in an environment that is safe, supportive, and consistent. We partner with families to help children develop positive social skills, emotional regulation, and respect for others. To create that environment, all participants are expected to follow our Participant Character Code.

Participant Character Code

At program, we practice the YMCA core values every day:

*We **CARE** for ourselves and those around us.*

*We earn each other's trust through **HONESTY**.*

*We show **RESPECT** to people and property.*

*We take **RESPONSIBILITY** for our own choices and actions.*

These values guide our behavior expectations and help ensure a positive experience for all participants.

Participants have a responsibility to conduct themselves in a manner that is in the best interests of the program, its participants and staff. Parents/Guardians have a responsibility to go over the Participant Character Code with their child(ren), as we want to make all participant experiences positive ones. The YMCA staff has a responsibility to support your child in the program setting, be a role model and to follow all safety protocols, including behavior management.

All participants must follow the "Site Rules" that have been established by and agreed to between the staff and participants. If any of these rules are broken while the child is under the YMCA's care, the following procedure will be followed. One or more steps of the discipline process may be omitted due to the severity of a behavior violation, to be determined by the Program Director.

1. Reminder/Verbal Warning/Redirection
2. Talk through the problem with the child to dialogue alternative solutions to the problem
3. Cool Down/Break
4. If behavior continues, establish behavior management plan with guardian and child with guardian solutions
5. Write a report, have it signed by the guardian, for unsafe behavioral incidents, the document may also be shared with school administration if appropriate
6. Three behavioral reports may constitute a suspension or expulsion from the program (note in this situation, no refund for the unused days in the month will be issue)

I have reviewed this with my child and will abide by the guidelines the YMCA has set forth.

Parent/Legal Guardian Signature

Date