



Spring Break Camp!

March 16th-20th

Traditional Camp

Ages: 5-11 Years Old
Time: 7:30am-6:00pm
Daily Rate: \$60 Member or \$90 Non-Member
5 Day Rate: \$250 Member or \$350 Non-Member

Special Needs Camp

Ages: 5-22 Years Old
Time: 7:30am-6:00pm
Daily Rate: \$65 Member or \$95 Non-Member
5 Day Rate: \$255 Member or \$355 Non-Member
Intake Interview required prior to registration



Tweens & Teens Camp

Ages: 12-16 Years Old
Time: 8:00am -6:00pm
Daily Rate: \$80 Member or \$120 Non-Member
5 Day Rate: \$300 Member or \$400 Non-Member
Daily Field Trips
****Lunch or Lunch Money Daily***

Sports Camp

Ages: 5-11 Years Old
Time: 9:00am -2:00pm
Daily Rate: \$70 Member or \$100 Non-Member
5 Day Rate: \$260 Member or \$360 Non-Member

Aqua Camp

Ages: 5-11 Years Old
Time: 9:00am -2:00pm
Daily Rate: \$70 Member or \$100 Non-Member
5 Day Rate: \$260 Member or \$360 Non-Member

What to Bring

- Nut Free Lunch
- Nut Free Morning Snack
- Nut Free Afternoon Snack
- Refillable Water Bottle
- Bathing Suit, Towel, Goggles
- Change of Clothes

Extended Care (AM and PM)

Ages: 5-11 Years Old
Time: 7:30am-9:00am (AM Extended)
Daily Rate: \$15 Member or \$45 Non-Member
5 Day Rate: \$50 Member or \$75 Non-Member

Ages: 5-11 Years Old
Time: 2:00pm-6:00pm (PM Extended)
Daily Rate: \$30 Member or \$60 Non-Member
5 Day Rate: \$65 Member or \$90 Non-Member

Peter Blum Family YMCA Spring Break Camp 2026 Registration Form

Select Camp: Trad ____ SN ____ Tween/Teen ____ Sports ____ Aqua ____ AM ____ PM ____

Select Date/s: Mar 16 ____ Mar 17 ____ Mar 18 ____ March 19 ____ Mar 20 ____ All 5 Days ____

****Sports & Aquatics are 9am-2pm, if you need extended care please select AM and/or PM ****

Childs Information:

Child's Last Name *First Name* *M.I* *Date of Birth* *Age*

Street Address *City* *State* *Zip Code*

Parent/Guardian Name *Parent/Guardian Name*

Primary Number *Secondary Number* *E-Mail Address (recommended for program updates)*

<p>Emergency Medical Treatment: I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the YMCA of South Florida to obtain medical treatment.</p> <p>Parent/Guardian Signature: _____ Day Time Phone: _____</p> <p>Family Physician/Clinic: _____ Phone: _____</p> <p>Insurance Company: _____ ID# _____ Group# _____</p> <p>Preferred Hospital: _____</p>

Authorization to Remove Child:

Father: Yes ____ No ____ Mother: Yes ____ No ____

(If "NO", please provide documentation stating such.)

Emergency Contacts and Pick Up: (Parent/Guardian and any other person to whom your child may be released and/or may be contacted in case of an emergency)

- 1. Name: _____ Phone #: _____ Relationship: _____
- 2. Name: _____ Phone #: _____ Relationship: _____
- 3. Name: _____ Phone #: _____ Relationship: _____
- 4. Name: _____ Phone #: _____ Relationship: _____

MEDICAL PROBLEMS (I.E. ALLERGIES, PHYSICAL LIMITATIONS, ETC.)

BEHAVIOR, EMOTIONAL & MENTAL HEALTH. DOES YOUR CHILD HAVE AN IEP? (INDIVIDUALIZED EDUCATION PLAN)

Please provide us with information about your child's behavior, emotional, and mental health about which the camp staff should be aware. Your feedback helps us to fulfill our goal in creating an environment that provides optimal support for each and every camper.

Agreement & Release of Liability Statement

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand, and expressly acknowledge, that when my child attends the YMCA premises, he/she does so at his/her own risk. I release the YMCA and it's staff members, its directors, officers and agents from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, offices, members, agents, representatives and guests. I have read this form and grant permission for my child, _____ to participate in all activities provided by the YMCA of Boca Raton. I authorize the staff of the YMCA of Boca Raton, or appropriate medical personnel, to administer emergency medical treatment to my child. I also understand that I am solely responsible for all costs incurred for such treatment. I will permit my child to attend field trips and swimming lessons within the YMCA programs. I have read and am voluntarily signing this authorization and release. I also give my permission for photographs of my child to be used in YMCA brochures, flyers, videos and to be released to the news media.

Parent/Guardian Signature

Date