



FOR YOUTH DEVELOPMENT
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA SCHOOL'S OUT FUN DAYS (January - April 2017)

YMCA Fun Days are thematically planned and structured activity days offered on days when school is not in session. Children need to bring a sack lunch (*lunch at 11:30 am*). *Payment and the completed registration forms are only accepted at the Y office and are due at the time of registration. Deadline dates* are two weeks prior to each scheduled Fun Day.* Must be 5 or more registered in order to hold each Fun Day—so be sure to register to avoid program cancelation.

Call the YMCA office at 735-3915 or visit www.lincolnymca.org for more details.

Recreation & Play
 Group Time
 Art & Craft Time

Hands-on Projects
 Story/Song Time
 Mini Character Lessons

Guest Speakers
 Exercise

Location: YMCA Activity Center at 719 Wyatt Avenue
Time: 6:30 am – 6:00 pm
Grades: Kindergarten – 6th
Cost: \$22 / Day (Member Rate) \$25 Day (Non-Member Rate)
**Fee increases \$10 per child/day after every registration deadline day for both cash based and state subsidized participants. (Deadline is 2 weeks prior to each Fun Day event.)*

_____	Fri., January 13	Dist. 27
_____	Mon., January 16	Dist. 27/CEL/Zion/Oly South
_____	Mon., February 20	Dist. 27/CEL/Zion/Oly south
_____	Fri., February 24	Dist. 27
_____	Mon., April 10	Dist., 27/CEL/Zion
_____	Tues., April 11	Dist. 27/CEL/Zion
_____	Wed., April 12	Dist. 27CEL/Zion
_____	Thur., April 13	Dist. 27/CEL/Zion
_____	Fri., April 14	Dist. 27/CEL/Zion/Oly South
_____	Mon., April 17	Dist. 27/CEL/Zion/Oly South



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's name _____ School Attends _____ Male / Female

Age _____ Grade _____ Alleries/Special Needs _____

Parent's Name _____ Home/Cell Phone _____

Address _____ Work Phone _____

Emergency Contact _____ Phone _____

Name of persons authorized to pick up my child from the program:

Name _____ Phone _____ / Name _____ Phone _____

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages. Failure to check either choice automatically provides authorization. YES NO

Authorization for Emergency Medical Treatment. Each line must be completed in full or "n/a" inserted.

If my child becomes ill or is injured at YMCA SCHOOL'S OUT FUN DAYS, I understand that the facility will (1) Contact me immediately (2) Contact the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

List Necessary Medical/Allergy/Special Needs Conditions: _____

Preferred Physician _____ Phone _____

If applicable please list additional information if preferred physician and/or hospital are outside of 62656 zip code.

Insurance Company _____ Group # _____ Expiration Date _____

Release of Liability: I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from injury and illness that my child or myself may sustain during any of the Lincoln YMCA programs/activities. I will accept responsibility for payment of medical services rendered due to such that occurs to child/self while participating in said Y programs/activities.

Signature _____ Relationship _____ Date _____

Spaces are limited and are on first come/serve basis. A minimum of 5 participants must be enrolled in order to operate each Fun Day Due to processing, enrollment forms will not be accepted after 2 days prior to each Fun Day.

Parents must bring completed registration form to the YMCA office. Payment is due with registration form no later than 14 days prior to each Fun Day, or a late registration fee of \$10 per child, per day will be applied. Late fees apply to cash and state subsidy based participants. Cash payments and charge payments must be made at the Y office located at 604 Broadway Street, Suite #1, Lincoln during 8:30 am – 5:00 pm, M-F.

Fun Day fees are non-transferable and non-refundable.
Call the YMCA office at 217-735-3915.

Date Received _____

Amount Paid _____

Check/Receipt # _____

Staff Initials _____

Date _____

Comments: