



# GREAT SUMMERS START AT THE Y!

## YMCA Squirt Camp | 2021

**RESERVE YOUR SPOT TODAY**

Summer is a time for kids to be kids. And Y day camp is the place to make every precious summer day a great one!



- Days will be filled with:
- › **Fun camp activities** to engage brains
  - › **Opportunities to explore**, develop new skills and try new things
  - › **Plenty of physical activity** and games to keep bodies active

Campers develop new friendships and have tons of fun in a safe environment that will include:

- › Physical distancing
- › Face mask and hygiene protocols
- › Small group sizes

**CAMP LOCATION INFO:**  
**HICKORY FOUNDATION YMCA**  
 701 1ST ST NW | HICKORY NC 28601  
 828 324 2858 | [WWW.YMCACV.ORG](http://WWW.YMCACV.ORG)

**For a better us. | [www.ymcacv.org](http://www.ymcacv.org)**

# 2021 WEEKLY THEMES

---

Squirt Camp is a half-day camp for ages 3 to 5 that operates Monday-Friday from 8:30am-12:30pm. Campers will enjoy a day filled with exciting water and land-based activities that will help them build character, learn to share and develop teamwork skills in a fun and nurturing environment. All campers will receive a weekly swim lesson from our trained instructors. Other fun activities include crafts, story time and lots of games.

Campers should bring a towel, bathing suit, and water bottle each day labeled with their first and last name. If you send sunscreen with your child, please make certain it is labeled with their name also.

**(All campers must be potty trained)**

## **Week 1: Pack Your Bags! (June 14th-18th)**

Join us for our first week of summer camp, where we will be packing our proverbial bags for our Summer Vacation right here at the Y! We will be creating our very own passports and getting to know our travel companions. We will break out our maps and plot our course for the journey ahead. So fasten your seatbelt and get ready for take off!

## **Week 2: Viking Voyage (June 21st - June 25th)**

It's time to head north! It may be summer here at the Y, but this week we will be exploring the countries of Scandinavia, so bring your coats! We'll learn about the history of the region by making our very own Viking Ships and Icelandic "Leaf Bread Ornaments."

## **Week 3: All Around Asia (June 28th - July 2nd)**

Have you ever wondered what it's like on the other side of the world? This week we will take a look, by learning about the countries of Asia. From the famous Cherry Blossoms of Japan, to the Ancient Temples of Cambodia, we will explore geographic and cultural staples native to Asia. We will participate in STEM activities to learn about the Great Wall as well as the art of Origami.

**\*\*No camp July 5th-9th\*\***

## **Week 4: Journey Down Under (July 12th - July 16th)**

We are off again, and headed all the way to Australia! We'll learn about some of the oldest cultures in the world, and do some kangaroo crafts! And with the heat of summer in full force, we'll make our own Australian rain sticks to try and cool off!

## **Week 5: Desert Days (July 19th - July 23rd)**

Welcome to Northern Africa! From the Mausoleums of Timbuktu and Pyramids of Egypt, from Luxor to Cairo, we will learn about ancient and modern cultures alike. We will explore the hottest and driest desert in the world, the Sahara, by making our very own desert art.

## **Week 6: Southern Safari (July 26th - July 30th)**

We are off to see some of the most beautiful landscapes and wildlife in the world! We will learn about the animals of Southern Africa and what their landscapes have to offer. We will make some Elephant Toothpaste, and do a Giraffe Watercolor experiment! We will check out the view from Mount Kilimanjaro and make masks to become our favorite safari animals!

## **Week 7: Adventures on the Amazon (August 2nd - August 6th)**

For the last stop on our world tour, we will visit the rainforests of the Amazon! We will learn about the countries of South America, and the rainforests that occupy nearly half of the continent! We will discover and decorate our own walking sticks to help us on our travels all the way to Patagonia!

## **Week 8: Wheels on the Ground! (August 9th - August 13th)**

Home sweet home! After exploring the continents of our world, we have made it full circle. This week, we will celebrate the journey we have taken this summer, and the friends we have made along the way! We will have our "Welcome Home Party" and enjoy some much needed R&R, with a celebratory Pajama and Movie Day!

**\*\*All activities are subject to change due to any unforeseen circumstances.**

# Squirt CAMP REGISTRATION FORM

The YMCA of Catawba Valley discounts camper fees if you have a "Family with Dependents Membership" with the enrolled camper listed as a member.

Camper is a  YMCA Member  YMCA Non-Member

## CAMPER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred Name \_\_\_\_\_

Campers Physical Address \_\_\_\_\_

Known Allergies \_\_\_\_\_

## PARENT/GUARDIAN (Financially Responsible Party)

Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## PARENT/GUARDIAN

Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Name of adult with whom camper resides \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone (if different) \_\_\_\_\_

## The following are authorized to pick up camper:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Camper's Swimming Ability:  None  Beginner  Moderate  Advanced

Camper's Shirt Size:  YS  YM  YL  AS  AM  AL

**Waiver of Liability:** I fully assume and understand the risks of my child participating in the YMCA program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize the program staff to provide medical attention at my expense should my child appear in need. I carry Medical Insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors and anyone else connected with the organization of this program from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns arising from my child's participation in this program or the instructions received. I agree that images taken of my child during this program may be used in any legal manner without payment to me. The YMCA reserves the right to reject any and all applications and to terminate any and all program privileges by refunding the prorated program fees. Such rejection or termination is to be the sole discretion of the YMCA of Catawba Valley. I authorize the YMCA to transport my child on field trips and to play outside fenced-in areas at the YMCA. I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Squirt CAMP ENROLLMENT FORM

**Camper Name** \_\_\_\_\_

Monday - Friday half day camp 8:30 AM- 12:30PM

PROVIDED: Swim lesson once a week; morning snack; arts & crafts, games, etc.

WHAT TO BRING: Towel, bathing suit, water bottle.

Please label ALL of your child's belongings INCLUDING sunscreen.

Camper is a: <input type="checkbox"/> YMCA Member <input type="checkbox"/> Non YMCA Member		<b>Squirt DAY CAMP</b> (Y Member \$65 / Non Y Member \$85)																					
WEEK	DATES	THEME	CHECK TO ATTEND																				
1	06/14/21 - 06/18/21	Pack Your Bags!	<input type="checkbox"/>																				
2	06/21/21 - 06/25/21	Viking Voyage	<input type="checkbox"/>																				
3	06/28/21 - 07/02/21	All Around Asia	<input type="checkbox"/>																				
		**No Camp July 5th-9th																					
4	07/12/21 - 07/16/21	Journey Down Under	<input type="checkbox"/>																				
5	07/19/21 - 07/23/21	Desert Days	<input type="checkbox"/>																				
6	07/26/21 - 07/30/21	Southern Safari	<input type="checkbox"/>																				
7	08/02/21 - 08/06/21	Adventures on the Amazon	<input type="checkbox"/>																				
8	08/09/21 - 08/13/21	Wheels on the Ground!	<input type="checkbox"/>																				
<b>TOTAL NUMBER OF WEEKS ENROLLED:</b>																							
<b>For Staff Use Only:</b>  Received by Clerk: _____ Date: _____  Approved by Camp Staff: _____ Date: _____  Notes/Comments: _____ _____ _____ _____ _____ _____ _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">PAY DEPOSITS OPTION</th> </tr> <tr> <td colspan="2" style="text-align: center;">(Balance is due Friday prior to camp)</td> </tr> <tr> <td style="width: 80%;"> <b>1. Total Deposits*</b>                      (# Weeks x \$25)                 </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> <b>2. Registration Fee</b>                      (One per Child)                 </td> <td style="text-align: right;">\$ 35.00</td> </tr> <tr> <td> <b>Total Due Now</b>                      (1 + 2)                 </td> <td style="text-align: right;">\$</td> </tr> <tr> <th colspan="2" style="text-align: center;">***OR*** PAY IN FULL OPTION:</th> </tr> <tr> <td> <b>1. Total Fees</b>                      (# Weeks x \$65/85)                 </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> <b>2. Registration Fee</b>                      (One per Child)                 </td> <td style="text-align: right;">\$ 35.00</td> </tr> <tr> <td> <b>3. Registration Discount**</b>                      (10% off if enrolled by 4/30)                 </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> <b>Total Due Now</b>                      (1 + 2 - 3)                 </td> <td style="text-align: right;">\$</td> </tr> </table>		PAY DEPOSITS OPTION		(Balance is due Friday prior to camp)		<b>1. Total Deposits*</b> (# Weeks x \$25)	\$	<b>2. Registration Fee</b> (One per Child)	\$ 35.00	<b>Total Due Now</b> (1 + 2)	\$	***OR*** PAY IN FULL OPTION:		<b>1. Total Fees</b> (# Weeks x \$65/85)	\$	<b>2. Registration Fee</b> (One per Child)	\$ 35.00	<b>3. Registration Discount**</b> (10% off if enrolled by 4/30)	\$	<b>Total Due Now</b> (1 + 2 - 3)	\$
PAY DEPOSITS OPTION																							
(Balance is due Friday prior to camp)																							
<b>1. Total Deposits*</b> (# Weeks x \$25)	\$																						
<b>2. Registration Fee</b> (One per Child)	\$ 35.00																						
<b>Total Due Now</b> (1 + 2)	\$																						
***OR*** PAY IN FULL OPTION:																							
<b>1. Total Fees</b> (# Weeks x \$65/85)	\$																						
<b>2. Registration Fee</b> (One per Child)	\$ 35.00																						
<b>3. Registration Discount**</b> (10% off if enrolled by 4/30)	\$																						
<b>Total Due Now</b> (1 + 2 - 3)	\$																						
* Deposits are non-refundable and non-transferable to another person or another week of camp. ** Early Registration Discount cannot be combined with any other discounts or financial assistance.																							

Once submitted, any changes, cancellations, or additions to this form must be submitted to the Camp Director in writing using the YMCA Change Form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# YMCA FINANCIAL COMMITMENT FORM

It is the intent of the YMCA of Catawba Valley to provide quality care for each child. The YMCA of Catawba Valley is a non-profit organization; therefore, it is important for each parent to pay for services rendered.

**DEPOSITS:** A deposit is required at registration to reserve your spot for each week of camp. The deposit is non-refundable and non-transferable to another person OR to another week of camp.

**CHANGES TO ENROLLMENT:** Once campers are enrolled for a week of camp, you are requested to complete a change form in writing AND submit it to the Camp Director to notify the YMCA that they will be absent no later than the Friday BEFORE the week of camp begins.

**EXPRESS DROP OFF / ATTENDANCE LOGS:** It is important that you sign your camper in and out each day. If your camper's name is not printed on the sign-in sheet, you will be asked to come into the facility to verify his/her enrollment.

**LATE PAYMENTS:** Payments not received by 9am on Tuesday of the camp week are considered delinquent. A \$25 late fee will be automatically added to your account. Your camper may not attend camp if the account is delinquent. Please see the Camp Director if you have special circumstances.

**CUSTODY ARRANGMENTS:** The parent/ guardian signing this form is responsible for payment.

### \*\*\*Choose a Payment Option\*\*\*

- Payment Option 1: PAID IN FULL at time of registration**
  - Personal check, credit/debit card, or EFT accepted
- Payment Option 2: AUTOMATIC payment via Credit/Debit Card or Bank Account (EFT)**
  - Upon registration you will pay a one-time non-refundable registration fee plus a deposit for each week of camp enrolled.
  - Provide the YMCA with your credit/debit card or bank account authorization (see box below) and the remaining balance for each week will automatically be charged to your account the Friday prior to each camp week(s) enrolled.
  - Declined charges to your credit/debit card will result in a delinquent account and you will automatically incur an additional fee of \$25.
- I will contact the Camp Director for other payment arrangements.**

I choose to use the AUTOMATIC Payment Option for the weeks of camp enrolled. By completing the information below, I authorize the YMCA to charge the balance owed for the following week to my credit/debit card OR my bank account each Friday before that week of camp.

Parent/Guardian Name: \_\_\_\_\_ Camper Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

VISA / MASTERCARD / DISCOVER / AMEX Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3-digit Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_  
                  mth    yr

\*\*\*OR\*\*\*

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

By signing below, I agree to comply with the financial commitment stated above.

Printed Camper Name: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CAMPER HEALTH HISTORY FORM

Camper's Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent/Guardian: _____	Preferred Phone Number: _____	
Address: _____	City/State/Zip: _____	
Emergency Contact: _____	Relationship: _____	
Emergency Contact Phone: _____	Camper Height/Weight: _____	

Please circle any conditions that your child has experienced.

### Allergies

Bees

Peanuts

Tree Nuts

Seafood

Hay Fever

Poison Oak or Ivy

Antibiotics

Other: \_\_\_\_\_

### Conditions

Heart Defect / Disease

Frequent Ear Infections

Convulsions

Diabetes

Bleeding/Clotting Disorders

Hypertension

Mononucleosis

Psychiatric Disorders

Seizures

Asthma

ADHD / ADD

### Diseases

Chicken Pox

German Measles

Other: \_\_\_\_\_

Please list any medications your camper is currently taking including dose, prescription, and times (additional medication release form is required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the date and nature of any operations or serious injuries:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any disability or chronic reoccurring illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any activities limited by a physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any dietary modifications or considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

**IMPORTANT:** Please include a copy of your child's most recent immunization record with this form.

The healthy history is correct, as far as I know, and the person herein described has my permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the Camp Director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child named above.

\_\_\_\_\_  
Parent/Guardian Signature Date

# Medication Administration Permission Form

10A NCAC 09 .0803 (centers) and .17209(b) (family child care homes)

Parent/guardian completes, signs, and dates the Medication Administration Permission Form. The person accepting this form must attach the Medication Administration Record(s) to this form.

Permission valid from date:	To date:
-----------------------------	----------

<b>Only complete this box if the medication is for a child who has a chronic medical condition or an allergy</b>
<input type="checkbox"/> This document is written permission to administer this medication for up to 6 months.
Specific chronic medical or allergic condition: _____
Child has an: <input type="checkbox"/> Medical Action Plan (required)

Child's full name:	Date of birth:
Medication name:	Expiration date:

**When to give medication (choose one):**

<input type="checkbox"/> Give medication on these specific dates and times:
<input type="checkbox"/> Give medication as needed. List the specific symptoms or circumstances needed to give the medication and how often it can be given. Ex. If Suzy has a rash and is scratching it, apply this ointment to the rash. Wait at least 6 hours before reapplying.

Dosage (how much medication to give):
Route (how to give the medication):
Special instructions on how to give medication:
Possible reactions or side effects:
<input type="checkbox"/> Child has received at least one dose of medication at home without reactions or side effects.

Prescribing health care professional name:	Phone:
Pharmacy:	Phone:

**I give authorization to give medicine and to call the prescribing health care professional or pharmacy if needed**

Parent/guardian name:	
Parent/guardian signature:	Date:

**Medication received, returned, or disposed of:**

Received from parent/guardian	Date	Amount	Parent/guardian signature	Child care provider signature
Returned to parent/guardian	Date	Amount	Child care provider signature	Witness signature
Disposed of medicine	Date	Amount	Child care provider signature	Witness signature

### Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name \_\_\_\_\_

Permission is given to apply the following (name/type) \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date, if applicable \_\_\_\_\_

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- all exposed skin       diaper area       other (specify) \_\_\_\_\_
- face only       toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- before going outside       after each diaper change       other/as needed for (specify) \_\_\_\_\_
- after a bowel movement       before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. \_\_\_\_\_

**I give permission to my child care provider to apply the medication listed above as instructed:**

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

### Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name \_\_\_\_\_

Permission is given to apply the following (name/type) \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date, if applicable \_\_\_\_\_

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- all exposed skin       diaper area       other (specify) \_\_\_\_\_
- face only       toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- before going outside       after each diaper change       other/as needed for (specify) \_\_\_\_\_
- after a bowel movement       before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. \_\_\_\_\_

**I give permission to my child care provider to apply the medication listed above as instructed:**

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



# **DISCIPLINE & BEHAVIOR MANAGEMENT POLICY**

---

The YMCA is devoted to helping youth develop self-esteem. We feel discipline must be done in a positive manner. Praise and positive reinforcement are effective methods of the behavior management policy. When children receive positive, non-violent and understanding interactions from adults and others they develop good self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn and develop values, our staff will practice the following discipline and behavior management policies.

## **WE...**

1. WILL praise, reward and encourage the child.
2. WILL reason with and set limits for the children.
3. WILL model appropriate behavior for the children.
4. WILL modify the classroom environment to help.
5. WILL listen to the children.
6. WILL provide alternatives for inappropriate behavior to the children.
7. WILL provide the children with natural and logical consequences of their behavior.
8. WILL treat the children as people and respect their needs, desires and feelings.
9. WILL ignore minor misbehaviors.
10. WILL explain things on a child's level.
11. WILL use short supervised periods of "time-out."
12. WILL stay consistent with our behavior management program.

## **WE...**

1. WILL NOT spank, bite, pinch, push, slap or otherwise physically punish the child.
2. WILL NOT make fun of, yell at, threaten, make sarcastic remarks, use profanity or otherwise verbally abuse the children.
3. WILL NOT shame or punish the children when bathroom accidents occur.
4. WILL NOT deny food or rest as punishment.
5. WILL NOT relate discipline to eating, resting or toileting.
6. WILL NOT leave the children alone, unattended or without supervision.
7. WILL NOT place the children in locked rooms, closets or boxes as punishment.
8. WILL NOT allow discipline of children by children.
9. WILL NOT criticize, make fun of or otherwise belittle children's parents, families or ethnic groups.

## **Parent Participation**

The YMCA Summer Camp program encourages the communication between parents and counselors and welcomes conferences at any time with the Camp Director. The YMCA requests complaints concerning a particular counselor or a policy to be taken to the Camp Director. Please notify the Camp Director immediately regarding a concern about your child's treatment by other children or a staff member. We believe complete honesty and openness between parents and staff is vital to the operation and success of the program. We do ask that parents refrain from discussing personal/personnel issues with counselors in front of children or parents while at the program. We strive to encourage parent participation in our program. Please see the Camp Director if you have questions or concerns.

## **Parent Expectations**

1. We want you to be happy and feel comfortable leaving your child in our care.
2. We want to hear your concerns or comments. Please talk to the Coordinator, Program Director or Counselor at any time.
3. We want you to participate in fundraisers, parties, outings and other activities your child is involved with.
4. We need you to pay ALL fees on time.
5. We need you to constantly update us on new phone numbers or changes that should be made on your child's records.
6. We need you to sign your child IN and OUT upon arrival and dismissal.
7. We expect you to let us know in person or by note if someone different will be picking up your child. This person must provide picture identification for your child to be released to their care.
8. We need you to make sure your child has a complete change of clothes, swim suit, towel, closed-toe shoes and sunscreen each day.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# AQUATICS ACTIVITY POLICY

---

Aquatic activities are defined as activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, visits to water parks and boating.

## General Supervision

- At least 1 person who has a current lifeguard training certificate must be at the site for every 25 children in care that are participating in aquatic activities. The certified lifeguards will not be counted in child/staff ratios.
- Child/staff ratios that have been mandated for school age children will apply to all childcare aquatic activities and must be maintained at all times. The ratios will be 1 staff member to 13 children for aquatic activities.
- Regardless of how small a number of children are participating in aquatic activities at least 2 staff members must be present at all times.
- Staff will devote their full attention to supervising the children in the pre-assigned areas of coverage and shall communicate with one another about children moving from one area to another. Adequate supervision must be maintained at all times.
- Half of the staff needed to meet staff/child ratios must be in the water and the other half must be out of the water. If an uneven number of staff is needed to meet the required staff ratios, the majority shall be in the water. Those stationed outside the water must be stationed alongside the pool so visual supervision is maintained. Positions will be assigned before arrival to ensure that staff will be able to see, hear and respond quickly to the children.
- NC childcare law prohibits children in licensed childcare programs from being in public restrooms or dressing rooms with the general public present.
- Staff must check restrooms and dressing rooms to determine that no one is inside before allowing children in their care to enter public restrooms.
- Staff should remain at the entrance to deter others from entering while the children are inside.
- While staff is on duty during aquatic activities, the use of a personal cell phone to take/make calls or text messages is prohibited.
- All staff regulations such as no tobacco use, dress code and conduct are enforced on aquatic activities.

## Supervision of Attending to Personal Needs of the Children (restroom, changing clothes, etc.)

- A staff member that is outside the water will supervise the children with their personal needs away from the pool area.
- A staff member will never assist a child with their clothing unless necessary and there will always be another staff member in attendance.
- Staff in the water should be notified of any children that are leaving the pool area and should be notified upon their return.
- All children must come to the program with appropriate sunscreen on for protection. After 1 hour to 1 and 1/2 hours of aquatic play the children will have the opportunity to re-apply their sunscreen.

## Aquatic Safety Hazards

- Children must follow the posted rules for the aquatic activity at all times.
- Running while participating in an aquatic activity is prohibited.
- Children are not allowed to participate in horseplay in or around the water.
- Children must stay within the designated area unless escorted by a staff member.
- Pool staff must be notified of any instance where medical or first aid attention is necessary. (Example: cuts, falls, scrapes, vomiting of swallowed water, etc.)
- All children must pass a swim test (given by the lifeguards) at each visit to an aquatic activity to be allowed to swim in the deep area of the water.

## Discipline during Aquatic Activities

- Staff and/or lifeguards will review with the children safety practices at each visit to an aquatic activity and will be reminded of the consequences of breaking these rules.
- Rules that are posted at the aquatic activity apply to all children.
- When any child does not follow the established rules for the aquatic activity they may be corrected by the lifeguard on duty or staff of the program.
- The discipline and behavior policy of the YMCA of Catawba Valley is strictly enforced during aquatic activities. Any child that repeatedly disregards this policy will be disciplined accordingly. This discipline could result in missed swim time.

By signing this document you are stating that you have read and are in agreement with the policies listed above. You are further stating that you give permission for your camper to participate in all aquatic activities.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PHOTO, MEDIA & TRANSPORTATION RELEASE FORM

---

## **MEDIA RELEASE**

From time to time, the YMCA of Catawba Valley (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such recordings in newspapers, websites, social media and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. Further I agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **TRANSPORTATION AND ACTIVITY AUTHORIZATION**

I understand my child may be using bus transportation provided by the YMCA during summer camp. This might be for a field trip or for transportation to and from the camp. By my signature below, I give permission for my child to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the camp, and that there will be at least one staff member present at all times. I agree to release the YMCA and the YMCA staff from any and all claims of damages, demands or liabilities, which may arise as a result of my child's participation on these bus trips.

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time my child is to participate in an activity that would involve transportation. This authorization is valid from the first day of Summer Camp through the duration of summer camp.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_