

Castaway Kids' Camp 2021 Name Member # **Activity Fee Before Care** $(8 AM - 9 AM)^*By$ reservation only \$10 (One Time) \$30 **Full Day** _Half Day After Tennis/Sailing (9AM - 4PM)(1 PM - 4 PM)**After-Care After-Care Tennis/Sailing** (3 PM - 5 PM) \$10 an Hr. (4 PM - 5 PM) \$10 a Day Please check the class and sessions you would like to participate in. **Wk #1: June 2**nd – June 4th Thurs Fri Tues Wed Wk #2: June 7th – June 11th Tues Wed Mon Thurs Fri **Wk #3: June 14**th – June 18th Mon ____ Tues ___ Wed Thurs Fri ✓ Wk #4: June 21st – June 25th Mon____ Tues___ Wed___ Thurs Fri ✓ Wk #5: June 28th − July 2nd Mon ____ Tues Wed Thurs Fri ✓ Wk #6: July 5th − July 9th Mon Tues Wed Thurs Fri Wk #7: July 12th – July 16th Mon Tues Wed Thurs Fri ✓ Wk #8: July 19th – July 23rd Mon <u>Tues</u> Wed Thurs Fri **V** Wk #9: July 26th – July 30th Mon Tues Wed Thurs Fri **Wk #10: August 2**nd – 6th Tues ____ Wed ____ Mon ____ Thurs ____ Fri ___

() Member's Child \$280 per week or \$70 per day, per Member's Child. Includes lunch & snacks.

Sibling Discount: For families enrolling 2 or more siblings, tuition will be \$240 per 2nd Member's child, per week.



CKC Registration Form 2021

LYC

Please complete the following information about the parent(s) and/or legal guardian(s)				
(Full Name of Parent and	Vor Legal Guardian) (Relationship to Child)			
(Primary Phone Number)	(Alternate Phone Number) (Member #)			
(Additional Contact N	Name) (Relationship to Child)			
(Add'l Contact's Phone Number)	(Add'l Contact's Alternate Number) (Best Contact if Needed?)			
Child #1: (Child's Full Name)	(Nickname) (School)			
D.O.B. (MM/DD/YYYY)	Gender?Can your Child Swim?(Age)male female yes no somewhatI give permission for my Child to swim:			
(Allergies/Food Restrictions)	Medications/ Conditions I give permission for my child to swim.			
Swim Test Date:(Life Guard/Counselor Fill out)	All Areas of the Pool To the 1 st Swim Lane Non-Swimmer			
Child #1: (Child's Full Name)	(Nickname) (School)			
D.O.B. (MM/DD/YYYY)	Gender? Can your Child Swim? (Age) male female yes no somewhat I give permission for my Child to swim:			
(Allergies/Food Restrictions)	Medications/ Conditions yes no			
Swim Test Date:(Life Guard/Counselor Fill out)	All Areas of the Pool To the 1 st Swim Lane Non-Swimmer			
Child #1: (Child's Full Name)	(Nickname) (School)			
D.O.B. (MM/DD/YYYY)	Gender? Can your Child Swim? (Age) male female yes no somewhat I give permission for my Child to swim:			
(Allergies/Food Restrictions)	Medications/ Conditions yes no			
Swim Test Date:	All Areas of the Pool To the 1 st Swim Lane Non-Swimmer			



The parent and/or legal guardian authorizes the following additional transportation for the child. Under no circumstances will LYC release your camper(s) to any individual who does not appear in the list below. In the event of inclement weather or other incidents requiring early dismissal, verbal permission may be given by a parent from the phone number on file. You may amend this list as necessary by filing an updated Camper Authorization Form. At the time of pickup, the adult will be asked to produce a government- issued photo id to ensure the safety of your camper(s). There will be no exception to this policy:

1.	(Full Name as it Appears on ID)	(Relationship to Child)	(Primary Phone Number)
2.	(Full Name as it Appears on ID)	(Relationship to Child)	(Primary Phone Number)
3.	(Full Name as it Appears on ID)	(Relationship to Child)	(Primary Phone Number)
4.	(Full Name as it Appears on ID)	(Relationship to Child)	(Primary Phone Number)

Activity: All LYC activities including but not limited to Friday Nights, Special Events, No School Days Camps & Clinics.

In consideration of your permitting

(Name of Child(ren))

I do for myself, my executors and administrators, heirs and assigns, including the child named above, waive any and all claims as may accrue to me or them against Lauderdale Yacht Club, its appropriate Committee, its Officers, Governors, Members, employees and agents and any one or more of them, arising out of participant's participation in this activity, or arising from any related activities whether occurring on or off the property of Lauderdale Yacht Club. I do further agree to and do hereby indemnify the aforesaid organizations and persons from any claim, demand or judgment, including cost of attorney's fees and expenses incurred in defense of such claims, caused or brought by me, or my administrators, heirs, next of kin and assigns arising out of participant's participation in this or any related activities whether occurring on or off the property of Lauderdale Yacht Club.

Authorization for Medical Treatment

In case of an injury or illness, including an emergency situation, involving my son/daughter, I authorize the attending physician and hospital personnel to take such action and give such treatments as they deem advisable for our child's comfort and well-being. I understand that LYC will also attempt to promptly contact the parent(s) at the telephone numbers on file.

Media Release

I, Parent/Guardian, give the Lauderdale Yacht Club permission to use my Child(ren)'s photograph publicly to promote the Lauderdale Yacht Club. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Lost or Stolen Property

Every child is responsible for all personal belongings and valuables. Lauderdale Yacht Club is not responsible for replacing lost, misplaced, stolen, or damaged belongings and valuables.

Parent and/or Legal Guardian is responsible for updating any information changes to this form. By signing below, I acknowledge that I have read all of the above, agree to the terms and conditions established above, and hereby give my consent.

 Name of Child:

 Parent's Signature:

Date: ______

Parent's Signature: _____ Date: _____

Witness: ____

__ Date: ____

*If only one Parent signs this form, that Parent acknowledges that they are signing as agent for the Parental Unit.

to participate in the above activity:



SWIM ASSESSMENT

Together, we keep kids safe in and around water.

Lauderdale Yacht Club is committed to providing a safe and enjoyable pool experience for all. All children (**12 and under**) must participate in a swimming skills assessment and will be assigned a green, yellow or red swim band. These bands assist our certified lifeguards in keeping our inexperienced swimmers safe. Thank you for your cooperation.

RED BAND



Children who cannot demonstrate the required skills or do not wish to participate in the assessment will be classified as a non-swimmer and will be given a red swim band **and be** required to wear a Coast Guard approved lifejacket.

CHILDREN WITH NO BAND WILL BE TREATED THE SAME AS CHILDREN WITH A **RED BAND.**

YELLOW BAND



A yellow band allows swimmers to use swim safe areas up to the first swim lane line designated for swimmers who are not yet ready for deeper water.

TO RECEIVE A YELLOW BAND, SWIMMERS MUST DEMONSTRATE THE FOLLOWING:

- Float on back for 3-5 seconds and regain vertical position on their own.
- Float on stomach for 3-5 seconds and regain vertical position on their own.
- Swim 15 feet on stomach unassisted.

GREEN BAND



A green band gives proficient swimmers full access to the pool and diving board.

TO RECEIVE A GREEN BAND, SWIMMERS MUST DEMONSTRATE THE FOLLOWING:

- Float on back for 3-5 seconds and regain vertical position on their own.
- Float on stomach for 3-5 seconds and regain vertical position on their own.
- Swim the entire length of the pool unassisted.
- Jump in deep water and return to the surface. •
- Tread water for one minute with ears and face above water at all times.