



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER FUN

Kamp Kermit BEDELL FAMILY YMCA

At the Y, we have something for everyone!
 Your 3-5 year old will have a wacky and wild time at Kamp Kermit. Each day of camp includes healthy snacks, crafts, music, special games, and more!! (Must be potty trained to participate - classes limited to 15 kids per session)
 Spots fill up fast, so sign up at the Y TODAY!

WEEK 1: LET'S PRETEND JUNE 13-17

What/Who would you like to be if you were not you? Imagine if you were a fish in the lake, a monkey in the jungle or even your favorite cartoon character. This week we will let our imaginations run wild!

WEEK 2: SUMMER SPECTACULAR JULY 11-15

Its summertime fun time! Join us for a summerific week of fun with bubbles, balloons, special games and crafts too!

WEEK 3: UP, UP AND AWAY AUGUST 8 -12

Do you wish you were able to go high in the sky? This week you can with spaceships, hot air balloons and birds. We will have crafts and activities to explore new heights!



Each camp session includes healthy snacks, crafts, music, special games, and more!! (Must be potty trained to participate)

DAYS: Monday-Friday
TIMES: 9 - 11 am
LOCATION: Bedell Family YMCA
FEES PER SESSION:
 \$40/Members; \$55/Non-members

KAMP KERMIT

Sessions Attending (Check all that apply) Session 1 _____ Session 2 _____ Session 3 _____

Name _____ DOB _____ Age _____

Address _____ Email _____

Parent Name _____ Phone _____

Emergency Contact _____ Phone _____ Amount Due _____

I understand Bedell Family YMCA will not be held responsible for injuries resulting from participation. As the parent or legal guardian of the above named child, I hereby give consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. As the parent or legalf guardian I release and consent the use of any and all photographs taken of my dependent.

Parent Signature _____ Date _____