



ARMED SERVICES YMCA

Armed Services YMCA Killeen 2025 Summer Camps Registration Forms



ARMED SERVICES YMCA

SUMMER 2025 CAMP SELECTION

Child's Name: _____

Date: _____

DOB: _____

****Must be of age at the time of registration ****

Day Camp Locations

All-day licensed childcare

Operation Hours: 6 AM - 6 PM (late pickup fees apply if applicable) Cut-off time for drop-off: 10 AM

Indicate Desired
Location

_____ **Cedar Valley ES (4-12 yrs)**

4801 Chantz Drive, Killeen, TX 76542

Accepts CCS

_____ **Clifton Park ES (4-12 yrs)**

1801 S 2nd Street, Killeen, TX 76541

Accepts CCS

_____ **Skipcha ES (4-12 yrs)**

515 Prospector Trail, Harker Heights, TX 76548

Accepts CCS

_____ **ASYMCA Child Care Center (4-12 yrs)**

501 Clara Drive, Copperas Cove, TX 76522

Does not accept CCS

_____ **Sparta ES (4-12 yrs)**

1800 Sparta Road, Belton, TX 76513

Accepts CCS

Preschool Camp Locations

All-day licensed childcare

Operation Hours: 6 AM - 6 PM (late pickup fees apply if applicable) Cut-off time for drop-off: 10 AM

_____ **ASYMCA Killeen Program Center (2-3 yrs only)**

100 E. Beeline Lane, Harker Heights, TX 76548

Does not accept CCS

Specialty Camp Locations

_____ **ASYMCA Killeen Wellness Center**

110 Mountain Lion Road, Harker Heights, TX 76548

Day Camp

\$40 one-time registration fee per child**

Indicate Desired Weeks

Week 1*	(May 27-30)	Early Registration: Members \$89/week Non-Members \$101/week	Regular Registration: Members \$101/week Non-Members \$113/week
Week 2	(Jun 2-6)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 3	(Jun 9-13)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 4	(Jun 16-20)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 5	(Jun 23-27)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 6*	(Jun 30-Jul 3)	Early Registration: Members \$89/week Non-Members \$101/week	Regular Registration: Members \$101/week Non-Members \$113/week
Week 7	(Jul 7-11)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 8	(Jul 14-18)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 9	(Jul 21-25)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 10	(Jul 28-Aug 1)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week
Week 11	(Aug 4-8)	Early Registration: Members \$110/week Non-Members \$120/week	Regular Registration: Members \$125/week Non-Members \$140/week

**To qualify for Early Registration discount, the child(ren) must be registered by close of business on Thursday the week prior to the week for which they are being registered.

*Weeks 1 and 6 are partial weeks and thus have reduced pricing

****All fees due at time of registration****

Preschool Camp

****Please indicate desired weeks****

___ Week 1 | May 27-30*

___ Week 2 | Jun 2-6

___ Week 3 | Jun 9-13

___ Week 4 | Jun 16-20

___ Week 5 | Jun 23-27

___ Week 6 | Jun 30-Jul 3*

___ Week 7 | Jul 7-11

___ Week 8 | Jul 14-18

___ Week 9 | Jul 21-25

___ Week 10 | Jul 28-Aug 1

___ Week 11 | Aug 4-8

Full week rates

Early Registration:
Members \$130/week
Non-Members \$140/week

Regular Registration:
Members \$145/week
Non-Members \$160/week

*Partial week rates

Early Registration:
Members \$104/week
Non-Members \$112/week

Regular Registration:
Members \$116/week
Non-Members \$128/week

*Weeks 1 and 6 are partial weeks and thus have reduced pricing

**To qualify for Early Registration discount, the child(ren) must be registered by close of business on Thursday the week prior to the week for which they are being registered.

One-time registration fee of \$40 per child. All fees due at time of registration.

Preschool Camp includes specialty fitness classes (e.g. Soccer, Tumbling, Ballet, etc)

Specialty Camps

Important Information | Specialty Camps

- Drop-off time for Specialty Camps starts 30 minutes before camp begins; cut-off time for drop-offs is 15 minutes after camp begins
- Please bring a water bottle for your child
- Please label all your child's belongings with their full names
- Specialty camps are drop-off programs; parents are not permitted to remain in the camp area after drop-off
- Please ensure phone numbers/email addresses you have on file with us are accurate in the event we need to contact you about your child/Specialty Camp
- There will be brief breaks during each Specialty Camp; you are welcome to pack a small snack for your child if you wish

Week 1 (May 27-30)

****Week 1 is 4 days only****

Tumbling (Ages 6-8)

This camp will run from 9:00 AM - 12:00 PM
Early: \$70/wk Members | \$82/wk Non-Members

Regular: \$80/wk Members | \$92/wk Non-Members

Soccer (Ages 3-8)

This camp will run from 9:00 AM - 12:00 PM
Early: \$70/wk Members | \$82/wk Non-Members

Regular: \$80/wk Members | \$92/wk Non-Members

How-To-Cake-It (Ages 8-12) *ALL DAY CAMP*

This camp will run from 9:00 AM - 4:00 PM
Early: \$160/wk Members | \$176/wk Non-Members

Regular: \$172/wk Members | \$188/wk Non-Members

Indicate Desired Weeks

****All fees due at time of registration****

Week 2 (Jun 2-6)

Basketball (Ages 6-10) OR

6-10 yrs: 9:00 AM - 12:00 PM
Early: \$100/wk Members | \$115/wk Non-Members

Basketball (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM
Regular: \$115/wk Members | \$130/wk Non-Members

NFL Flag (Ages 6-10) OR

6-10 yrs: 9:00 AM - 12:00 PM
Early: \$120/wk Members | \$130/wk Non-Members

NFL Flag (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM
Regular: \$135/wk Members | \$145/wk Non-Members

Chef (Ages 6-8)

This camp will run from 9:00 AM - 12:00 PM
Early: \$150/wk Members | \$165/wk Non-Members
Regular: \$165/wk Members | \$180/wk Non-Members

Week 3 (Jun 9-13)

Volleyball (Ages 8-10) OR

8-10 yrs: 9:00 AM - 12:00 PM
Early: \$120/wk Members | \$130/wk Non-Members

Volleyball (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM
Regular: \$135/wk Members | \$145/wk Non-Members

Lego Builders (Ages 7-12)

This camp will run from 9:00 AM - 12:00 PM
Early: \$100/wk Members | \$110/wk Non-Members
Regular: \$115/wk Members | \$130/wk Non-Members

Week 4 (Jun 16-20)

Basketball (Ages 6-10) OR

6-10 yrs: 9:00 AM - 12:00 PM
Early: \$100/wk Members | \$115/wk Non-Members

Basketball (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM
Regular: \$115/wk Members | \$130/wk Non-Members

Fashion (Ages 7-12)

This camp will run from 9:00 AM - 12:00 PM
Early: \$115/wk Members | \$130/wk Non-Members
Regular: \$135/wk Members | \$150/wk Non-Members

Week 5 (Jun 23-27)

Tumbling (Ages 9-12)

This camp will run from 9:00 AM - 12:00 PM
Early: \$100/wk Members | \$115/wk Non-Members
Regular: \$115/wk Members | \$130/wk Non-Members

Art (Ages 6-8)

This camp will run from 9:00 AM - 12:00 PM
Early: \$120/wk Members | \$135/wk Non-Members
Regular: \$135/wk Members | \$150/wk Non-Members

Soccer (Ages 3-8)

This camp will run from 9:00 AM - 12:00 PM
Early: \$100/wk Members | \$115/wk Non-Members
Regular: \$115/wk Members | \$130/wk Non-Members

Indicate Desired Weeks

All fees due at time of registration

Week 6 (Jun 30-Jul 4)**BYE WEEK | No Specialty Camps****Week 7 (Jul 7-11)****Volleyball (Ages 8-10) OR**

8-10 yrs: 9:00 AM - 12:00 PM

Early: \$120/wk Members | \$130/wk Non-Members

Volleyball (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM

Regular: \$135/wk Members | \$145/wk Non-Members

Art (Ages 9-12)

This camp will run from 9:00 AM - 12:00 PM

Early: \$120/wk Members | \$135/wk Non-Members

Regular: \$135/wk Members | \$150/wk Non-Members

Week 8 (Jul 14-18)**Pickleball (Ages 8-10) OR**

8-10 yrs: 9:00 AM - 12:00 PM

Early: \$100/wk Members | \$115/wk Non-Members

Pickleball (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM

Regular: \$115/wk Members | \$130/wk Non-Members

Science (Ages 6-12)

This camp will run from 9:00 AM - 12:00 PM

Early: \$120/wk Members | \$135/wk Non-Members

Regular: \$135/wk Members | \$150/wk Non-Members

Week 9 (Jul 21-25)**Basketball (Ages 6-10) OR**

6-10 yrs: 9:00 AM - 12:00 PM

Early: \$100/wk Members | \$115/wk Non-Members

Basketball (Ages 11-14)

11-14 yrs: 1:00 PM - 4:00 PM

Regular: \$115/wk Members | \$130/wk Non-Members

Chef (Ages 9-12)

This camp will run from 9:00 AM - 12:00 PM

Early: \$150/wk Members | \$165/wk Non-Members

Regular: \$165/wk Members | \$180/wk Non-Members

Week 10 (Jul 28-Aug 1)**Tumbling (Ages 6-8)**

This camp will run from 9:00 AM - 12:00 PM

Early: \$100/wk Members | \$115/wk Non-Members

Regular: \$115/wk Members | \$130/wk Non-Members

Soccer (Ages 3-8)

This camp will run from 9:00 AM - 12:00 PM

Early: \$100/wk Members | \$115/wk Non-Members

Regular: \$115/wk Members | \$130/wk Non-Members

Chef (Ages 6-8)

This camp will run from 9:00 AM - 12:00 PM

Early: \$150/wk Members | \$165/wk Non-Members

Regular: \$165/wk Members | \$180/wk Non-Members

Indicate Desired Weeks

All fees due at time of registration

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ARMED SERVICES YMCA KILLEEN PHOTO/AUDIO VISUAL/NARRATIVE RELEASE FORM

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License.

For my participation in activities to be conducted by Armed Services YMCA Killeen and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- Video film or footage of me(/my child)
- Sound track recordings of me(/my child)
- Photo reproductions of me(/my child)
- Any narrative account of my(/my child's) experience
-

My consent includes a perpetual license to Armed Services YMCA Killeen and collaborating third parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions.

Ownership, Confidentiality, and Shared Use.

I agree:

- All works belong to Armed Services YMCA Killeen;
- Armed Services YMCA Killeen has no duty of confidentiality regarding any licensed uses;
- Armed Services YMCA Killeen shall exclusively own all known or later existing rights to the uses throughout the world;
- Armed Services YMCA Killeen and collaborating third parties may use any video film, footage, sound track recording and photo reproductions of me(/my child) and or my(/my child's) narrative account for any purpose without additional compensation to me.

.....
☐ By my initial I understand and accept that The Armed Services YMCA Killeen reserves the right to change or amend these policies at any time.

Waiver for Photo/Video/Audio Release (optional):

By my signature below, I give my consent for any photos, videos and audio taken of me(/my child) involved in Armed Services YMCA programs to be used for Armed Services YMCA promotions, trainings and/or display.

Signature of Parent or Guardian

Date

Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ARMED SERVICES YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risks

I acknowledge and agree that my use of Armed Services YMCA facilities, services, equipment and premises ("Facilities") and any participation in Armed Services YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of all nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Armed Services YMCA its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however incurring including, but not limited to the negligence of Releasees. I understand that I will be solely be responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HEREBY DO NOT RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant or Parent/Guardian Signature

Participant or Parent/Guardian Signature

Date



SUMMER CAMP 2025

Registration Forms

Registration Information

Name: _____	Age: _____	DOB: _____	Gender: _____
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Parent/ Guardian Information

Address: _____	City: _____	Zip: _____
Parent: _____	Employer: _____	Phone: _____
Email: _____	If military, please indicate pay grade / rank: _____	Employer Phone: _____
Parent: _____	Employer: _____	Phone: _____
Email: _____	If military, please indicate pay grade / rank: _____	Employer Phone: _____

Authorized Adults To Pickup Child(ren)

Name: _____	Relationship: _____	Phone: _____
Address: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____		

Do not release my child to:

Name: _____	Relationship: _____
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*In cases of divorce, legal separation, or restraining orders, please provide copy of documentation to Sr. Director of Child Care

Authorization For Emergency Care

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or injury of my child (ren), I hereby authorize the Armed Services YMCA to take my child(ren) to the nearest available hospital / medical center. I understand that I am responsible for any medical services received.

Signature: _____	Date: _____
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MEDICAL EMERGENCIES:

The Program Registration Form includes a medical release, giving us permission to seek medical attention for your child in case of an emergency. Please update this form as necessary with any changes in home, work, or medical phone numbers. In the case of life threatening emergencies, a member of our staff will immediately call 911, administer First Aid & CPR, and notify you as quickly as possible. If you cannot be reached, your designated emergency contact will be notified. If transportation to the hospital is needed, a staff member will accompany your child on the ambulance and will stay with him/her until you arrive.

For minor emergencies and injuries, all of our staff are trained in First Aid & CPR, and we will administer as needed. A staff member will then contact you to come and care for your child if additional care is needed. For minor injuries that do not require us to notify you immediately, a written report will be given to you that day when you pick up your child, explaining what happened and how the situation was treated. Internal accident reports are completed for our records and recorded in our medical log. Internal accident reports are not allowed to be released to parents.

We are required to notify the Department of Social & Health Services by phone and in writing of any serious injuries that require medical treatment, illness that requires hospitalization, occurrences of food poisoning, or communicable diseases.

I understand that I am responsible for payment of any medical services rendered, should my child require medical attention while participating in the Armed Services YMCA program.


Special Care Information

Please list any comments, problems, or concerns, about your child(ren) that you feel we should know: i.e., allergies, medications, medical conditions, dietary restrictions, or special needs:

SPECIAL NEEDS:

Armed Services YMCA staff members are encouraging, patient, and helpful in paving a pathway for children with mild to moderate disabilities to succeed at Armed Services YMCA programs. We are not equipped nor staffed to work with children who need significant assistance with personal care, constant one-on-one care, or have great difficulty in managing their behavior in a group setting.

ADA Policy: If a child requires one-on-one care, the Armed Services YMCA will be unable to accommodate.

 (Initial here) I understand that if my child has a significant health issue or a special need, I must set an appointment with the Director of Child Care (amaddox@asymca.org) prior to registration to discuss appropriate accommodations.



FARE

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE
PICTURE
HERE

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

☐ **Special Situation/Circumstance** - If this box is checked, the child has an extremely severe allergy to the following food(s) _____.

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

For ANY of the following SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION

of symptoms from different body areas

- ▼ ▼ ▼
1. **INJECT EPINEPHRINE IMMEDIATELY.**
 2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE



FARE.

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

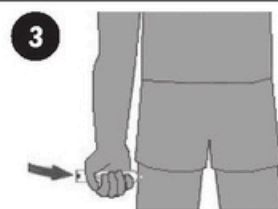
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



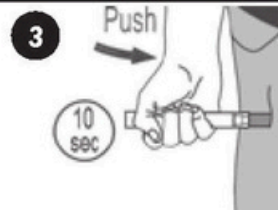
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



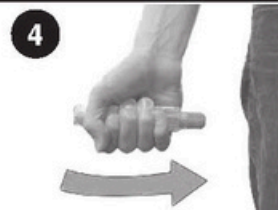
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI™ by finger grips only and slowly insert the needle into the thigh. SYMJEPI™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
DOCTOR: _____ PHONE: _____
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____



WRITTEN OPERATIONAL POLICY AGREEMENT

SUMMER CAMP 2025

NOTICE TO PARENTS:

IT IS IMPORTANT TO READ THE FOLLOWING AGREEMENT THOROUGHLY PRIOR TO SIGNING.

In accordance with the TEXAS STATE MINIMUM STANDARD RULES, the following information will be submitted to you in writing as the childcare parent or guardian. In order to complete enrollment, the bottom portion of this form must be signed, dated, and returned to the ASYMCA staff. You may request a copy.

1. I understand that the all-day summer camp hours are 6:00 AM until 6:00 PM. For safety reasons, we will not accept drop-offs after 10:00 AM.
2. I understand that if my child is not picked up by 7:00 PM, it may result in the child being relinquished to Child Protective Services or the local Police Department.
3. I understand that any person who will be picking up or dropping off my child(ren) must be at least 16 years of age with a picture ID. Children will not be allowed to walk home alone.
4. I understand that no child(ren) shall be excluded from our childcare program regardless of race, color, religion, or national origin.
5. I understand that my enrollment packet must be filled out completely and updated as needed and that it will be on file at each day camp location.
6. I understand that in case of an emergency, the proper procedures will be taken to ensure my child(ren)'s health/safety as to notify the parents or guardian. If they cannot be reached, we will call the next person on the emergency contact list. I understand that I must notify the ASYMCA immediately in case of home or business/phone number change, or additions/deletions of who can pick up my child(ren).
7. I understand that I will be notified immediately should my child(ren) become ill or injured. I understand that the ASYMCA staff will notify me of any communicable diseases occurring at the facility. If your child(ren) diagnosed with a communicable disease by a health-care professional, your child(ren) must have medical documentation indicating your child(ren) is(/are) no longer contagious, before returning to the ASYMCA program. If your child has been running a fever, your child(ren) should not attend the ASYMCA program. Your child(ren) should be fever-free for at least 24-hours before returning to the ASYMCA program. Children with any form of head lice or body lice will not be allowed at any childcare site until the child(ren) has received successful treatment of said lice.
8. I understand that if my child(ren) has allergies that require special instructions, I must provide the ASYMCA with documentation from the child(ren)'s health-care professional.
9. I understand that the ASYMCA staff will notify me of any special or disciplinary problems or needs of my child(ren).
10. I understand that my child(ren) shall receive a morning and afternoon snack and drink.
11. I understand I must provide a no-heat, nut-free packed lunch for my child every day of camp.
12. I understand that no animals are allowed at the ASYMCA childcare sites.
13. I understand that before there are any water activities, I will be notified of such activities. Parents are responsible for applying sunscreen to their children, as ASYMCA Killeen is not permitted to do so.
14. I understand that my child must be 8 years or older at the time of registration to participate in any Armed Services YMCA Summer Camp field trips.
15. I understand that the operational policies are available for review for parents.
16. I understand that parents/guardians can review the licensing rules and reports that available at the childcare site.

17. I understand that if I have any questions or problems with licensing rules, I may contact my local Texas Department of Protective and Regulatory Services licensing representative at their local number and address: 254.526.9011 - 405 East Elms Road, Killeen, Texas 76542, or go to their website at www.dfps.state.tx.us/ or call 800.252.5400.
18. I understand that if there is a change in policy that I must be notified and provided a copy of such change. The most current copy of Summer Camp Policies & Procedures can be found online at killeen.asymca.org/programs/child-care/camps
19. I understand that no Summer Camps will be offered on the holidays observed by the ASYMCA.
20. I understand that for safety and accountability purposes I need to inform the ASYMCA main office at 254.690.9622 or the ASYMCA Camp Site if my child(ren) is(are) to be absent or late.
21. I understand that if inclement weather causes the ASYMCA program to not open on time, or close early, I must make immediate arrangements to pick up my child(ren).
22. I understand that all fees are due at the time of registration.
- 23. I understand that all dishonored checks/ACH/credit card payments, regardless of reason, will be handled by the Armed Services YMCA. A return charge of \$35.00 must be paid in order to continue childcare services. I understand that the ASYMCA may restrict my use of checks/ACH as payment due to returned checks.**
- 24. I understand that a cancellation/request for transfer to another Summer Day Camp must be submitted no later than two weeks prior to the start of that camp week. Requests for transfers/cancellations must be sent via email only to syerrington@asymca.org, and are subject to approval. If the transfer/cancellation is approved, a \$25 transfer/cancellation fee per child, per week will be assessed.**
25. I understand that I must keep receipts for my financial records. Should duplicate receipts/documentation be requested, I will be assessed a \$5.00 fee for this service. Tax statements for licensed childcare services provided from January 1, 2025 through December 31, 2025 will become available in the Online Portal (qrco.de/daxko-mobile) in January of 2026.
26. I understand that there are no daily, hourly, or prorated rates.
27. I understand that I must pick up my child(ren) by 6:00 PM. If I do not pick up my child(ren) by 6:00 PM, then I must pay a late pick-up charge of \$1 per minute per child(ren).
28. I understand that my child(ren) is(are) not allowed to bring any toys or electronic devices to the program (phones, tablets, dolls, game boy, etc). The ASYMCA will not be responsible for toys or electronic devices brought to the program that are lost, broken, or stolen.
29. I understand the ASYMCA has an EMERGENCY PROCEDURE PLAN on file at the camp site in case of an emergency. I may review the procedure at any time at the camp site.
30. I understand that any and all custody agreements must be on file at the ASYMCA Child Care Office. Please be aware that the ASYMCA will not be party to any violations of custody agreements. Any disagreements involving custody must be resolved between the parties concerned or the courts.
31. I understand that the ASYMCA summer camp program environment places special emphasis on caring, respect, honesty, and responsibility. The staff of the ASYMCA will not tolerate inappropriate behavior, language, or actions from parents or children enrolled in the program.
32. I understand that the attached discipline policy guidelines will be strictly enforced. I understand that ASYMCA staff will notify me of any extraordinary problems or needs of my child.
33. I understand that, for the safety of my children, they will only be released to those listed within the registration packet. If the person picking up my child is not on the Authorized Pickup List or an emergency contact, ASYMCA Killeen will not release the child to them.

By signing, I acknowledge that I have read and understand the Written Operational Policy agreement. The contents of this agreement, as well as the ASYMCA Killeen Summer Camp Policies and Procedures packet, can be viewed online at any time by visiting killeen.aymca.org/programs/child-care/camps

Signature of Parent or Guardian

Date

PARENT’S RIGHTS:

Senate Bill 1098 from the 88th Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- enter and examine the child care facility during the facility's hours of operation without advanced notice;
- review the child care facility's publicly accessible records;
- receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- obtain a copy of the child care facility's policies and procedures;
- review, at the request of the parent or guardian, the facility's:
 - staff training records; and
 - any in-house staff training curriculum used by the facility;
- review the child care facility's written records concerning the parent's or guardian's child;
- inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - video recordings of the alleged incident are available;
 - the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- be provided the contact information for the child care facility's local Child Care Regulation office;
- file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

.....
I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by:

Role:

☐

Parent

☐

Caregiver/Employee

☐

Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



STATEMENT FOR PREVENTION OF ABUSE

SUMMER CAMP 2025

STATEMENT FOR PREVENTION OF ABUSE:

A principal endeavor of the Armed Services YMCA is to provide a healthy atmosphere for the growth and development of youth and children. Thus, the mistreatment or neglect of youth or children and the resulting severe effects are of primary concern to the Armed Services YMCA. Child abuse is mistreatment or neglect of a child by parents or others resulting in injury or harm. Abuse can lead to severe emotional, physical, and behavioral problems. Because of its concern for the welfare of children and youth, the Armed Services YMCA has developed policies, standards, guidelines, and training to aid in the detection and prevention of child abuse.

In addition, all employees are thoroughly screened, and background checks are conducted upon hiring or rehiring. Additionally, employees who have contact with children and youth receive training in recognizing, reporting, and preventing child abuse, which includes training in recognizing signs that a child is being groomed for abuse. Some of the guidelines employees are expected to follow are:

- Avoid being alone with a single child where you cannot be observed by other staff or adults
- You may not relate to children who participate in Armed Services YMCA programs outside of approved Armed Services YMCA activities. For example, baby-sitting weekend trips, foster care, etc. are not permitted. An exception must be approved in advance by the Child Care Director
- Giving personal gifts to program participants or their parents is not allowed
- Program rules and boundaries must be followed, including appropriate touch guidelines
- Children or youth should not be singled out for favored attention
- Dating a program participant under age 18 is not allowed.
- Children may not be disciplined by use of physical punishment or by failing to provide the necessities of care.
- Verbally, physically, sexually, or emotionally abusing or punishing children or youth is not allowed.
- Children may be informed in a manner that is age-appropriate to the group of their right to set their own "touching" limits for personal safety.
- Children should only be released to authorized persons in programs with controlled pick-up procedures.
- Any information regarding abuse or potential abuse should be documented in writing.
- At the first reasonable cause to believe that any child abuse exists, it should be reported to your supervisor or branch executive so that proper reporting can be initiated.
- At the first reasonable cause to believe that an employee or volunteer abused a child or youth, even if it was not during working hours, his or her conduct should be reported to the program director and the branch executive or another designated branch representative. Additionally, it is the Armed Services YMCA's protocol to make a report to the appropriate authorities. Appropriate actions will be taken regarding the employee or volunteer, including suspension or termination from Armed Services YMCA employment or volunteer status.

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