

YRESIDENT CAMP™

We build strong kids, strong families, strong communities.

YMCA of ORANGE

Camp Oakes Important Info Re: Camp Forms

INTRODUCTION TO CAMP

Welcome to the YMCA of Orange Resident Camp program! We look forward to sharing one of the oldest traditions of the YMCA of Orange with your family! Built on nearly 100 years of camping excellence, the YMCA did not invent camping but we have all but perfected it.

Camp Oakes is nestled among 230 acres of Pinion Pines and Junipers in the San Bernardino Mountains, 12 miles from Big Bear Lake. Kids from all over Southern California of all ages come to Camp to enjoy the magic and the awesome beauty of this wondrous hideaway as they challenge themselves to explore and grow.

Whether your child is new to camp or if they are a returning camper in our resident camp or counselor-in-training program, this guide will help you through every aspect of our camping programs.

By now, you have signed your child up for our camp or are about to. You have received a multi page registration packet. Please fill this out completely. Ask your family doctor to provide the correct information for our medical records and fill out any other necessary information in order to assure your child's best experience in our camp setting. Some forms require your child's signature as well, so please be aware.

On behalf of the Orange YMCA Board of Directors and staff, we welcome you to the continued tradition of resident camping.

FORMS & INFORMATION

The parent's guide is yours to keep on-hand for information about what your child will be experiencing and what you need to provide them with at camp.

Please complete, sign and return the following packet. Be sure to use this checklist as guide to make sure you have all of the appropriate signatures and additional forms. Remember, no application is complete without your child's Immunization record and insurance card. If you do not choose to immunize your child, please provide a letter stating so and attach it to your completed packet.

Payment and completed forms are due by Friday, July 23, 2010

Those with outstanding balances or incomplete paperwork will not be allowed to board the bus to camp. Please be mindful of the deadline.

Parent's Night is Monday, July 26th at our Youth Center on Palmyra

PURPOSE OF CAMP

The purpose of the camp is to inspire every camper to become the best person they can possibly be. Each day the campers are presented with a new lesson, a new challenge and a new chance to grow.

The YMCA is a **non-profit** organization dedicated to improving Bodies, Minds and Spirits and Camp Oakes is key to our mission to inspire and to help people of all ages excel in every aspect of their life.

The best part of the program is all of the new friends, experiences and important new lessons your child will learn. It truly is an experience that lasts a lifetime!

- **PLEASE KEEP THIS FORM FOR YOUR RECORDS**
- **Please do NOT fax or email forms. We only accept original copies, either mailed or delivered in-person.**
- **Return forms by July 23, 2010** Mailing Address:

YMCA of Orange ● 2241 East Palmyra Orange, CA 92869

Administrative Offices:
Grand Street Center

146 N. Grand St. ● Orange, CA 92866 ● (714) 633-9622 ● FAX (714) 633-4337

| |
|--|
| Identification & Emergency Form (w/ dates of immunizations and immunization record attached) Also, be sure to fill out medication checklist |
| Medical Examination Form |
| Medicine Authorization Form |
| Code of Conduct Parent & Child must sign |
| Contraband Policy Parent & Child must sign |
| Release & Waiver of Liability & Indemnity |
| Program Participation Form Only check the programs that you do NOT want your child to participate in, otherwise please leave blank |
| Camper Information Form (Front & Back) |
| Buddy List Even if your child does not have a buddy please write your child's name on the form. |

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Identification and Emergency Form

Camper information:

| | |
|--|--------------------|
| | / / / Birthdate |
|--|--------------------|

 First Name Middle Name Last Name Sex

 Address City State Zip

(____) _____ @ _____
 Home Phone Cell Phone Email

Parent Information:

 Father's First Name Last Name

 Address City State Zip

(____) _____ @ _____
 Home Phone Cell Phone Email

 Mother's First Name Last Name

 Address City State Zip

(____) _____ @ _____
 Home Phone Cell Phone Email

ADDITIONAL PERSONS TO CONTACT IN EMERGENCY:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

***PLEASE INCLUDE A COPY OF MEDICAL INSURANCE CARD & IMMUNIZATION RECORD**

PHYSICIAN OR DENTIST TO CONTACT IN EMERGENCY:

 Physician Address Medical Plan and Number (____) Phone

 Dentist Address Medical Plan and Number (____) Phone

PARENT OR GUARDIAN SIGNATURE DATE

HEALTH HISTORY: (CHECK AND GIVE APPROXIMATE DATES)

| | | | |
|-------------------------------|-----------------------------------|----------------------|--------------------------|
| Frequent Ear Infections _____ | Sleep Walking _____ | Diseases: | Allergies: |
| Heart Defect/Disease _____ | Bed Wetting _____ | Chicken Pox _____ | Hay Fever _____ |
| Convulsions _____ | Mononucleosis _____ | Measles _____ | Ivy Poisoning, etc _____ |
| Diabetes _____ | Bleeding/Clotting Disorders _____ | German Measles _____ | Insect Stings _____ |
| Hypertension _____ | Asthma _____ | Mumps _____ | Penicillin _____ |
| Other Drugs _____ | | | |

Date of Tetanus Booster Shot: _____

Operations or serious injuries (dates): _____

Disability or chronic or recurring illness: _____

Dietary modifications: _____

Any specific activities to be encouraged or limited by physician's advice?

Please include a copy of child's immunization card

CAMPER MEDICATION CHECKLIST AND INSTRUCTIONS

No medication will be administered by the staff without proper medical information. Parents must complete a medicine consent form

| MEDICATION | DOSAGE | TIME |
|------------|--------|------|
| | | |
| | | |

PHOTOGRAPHIC RELEASE

For valuable consideration, I hereby give the YMCA of Orange, its successors and assigns, the absolute and irrevocable right and permission with respect to the photographs, videos, motion pictures, and/or sound recordings being taken of my child and in which he/she may be included with others: (a) to use, re-use, publish and re-publish the same in whole or part, severally or in conjunction with other photographs or recordings, in any medium and for any purpose whatsoever, and (b) to use my name therewith if it so chooses.

I hereby release and discharge the YMCA of Orange from any and all claims arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photograph, videos, and motion pictures and the negatives thereof, and the recordings, shall constitute your sole property, with full rights of disposition whatsoever

PARENT SIGNATURE: _____

DATE: _____

X _____

AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR

I/WE, the undersigned parent(s) of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advanced of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provision of section 25.B of the Civil Code of California.

List any restrictions: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____

X _____ /___/____

Final payment and paperwork must be received Friday, July 23rd 2010

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MEDICAL EXAMINATION FORM – Must be completed and returned by August 3rd

Campers Name _____

This form can be faxed to a doctor if child has had a physical within the last 12 months. Please be aware, that while you may have provided your child's medical information in the past, we will continue to ask for it year after year. Also, this form needs to be returned with original signatures along with all of the other forms

Also, **please attach immunization record even though you may have provided it in the past.** Application will be considered incomplete if a copy of your child's immunization record is not attached.

MEDICAL EXAMINATION – To be completed by licensed physician:

This examination should be performed within 12 months of arrival at camp. If your child has had an examination for some school sports or activity, you may fill in the results obtained from your doctor's office. Examination is for determining fitness to engage in strenuous activities.

CODE: V – Satisfactory X – Not Satisfactory (explain) O – Not Examined

Height: _____ Weight _____ B.P. _____ Hct. Or Hgb. Test: _____
____ Eyes _____ Lungs _____ Allergy: (PLEASE SPECIFY)
____ Glasses _____ Abdomen _____
____ Ears _____ Hernia _____
____ Nose _____ Extremities _____ General Appraisal: _____
____ Throat _____ Posture (Spine) _____
____ Heart _____ Skin _____
____ Genitalia _____

Recommendations and Restrictions while in camp:

Special Diet: _____

Current Medication: _____ Is parent sending it? _____ able to engage in camp activities, except as noted above.

Examining Physician _____ M.D. Date _____

Telephone: _____ Address: _____

Did you forget to attach a copy of your child's immunization record? Please be sure to send a copy in with your completed packet!

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Mailing Address: YMCA of Orange

● 2241 East Palmyra Orange, CA 92869 ● (714) 633-9622 ● FAX (714) 633-4337

Main Office: YMCA of Orange at The Grand Street Center

● 146 N. Grand St. Orange, CA 92866 ● (714) 633-9622 ● FAX (714) 633-4337

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Contraband Policy **Parent & Child must sign and return**

It is the policy of the YMCA to prohibit possession of the following items by its campers:

1. Money and credit cards;
2. Weapons of any type;
3. Fireworks or other dangerous substances;
4. Alcohol or controlled substances prescriptive and non-prescriptive; (all prescriptive and non-prescriptive medicines are to be held by the camp doctor)
5. Any kind of video game (e.g. Nintendo DS, PSP or any other hand held gaming system)
6. iPods or any other mp3 devices and or CD players
7. Matches or any kind of lighter;
8. Any tobacco or similarly harmful product;
9. Expensive or valuable possessions;
10. Cell Phones
11. Animals or pets
12. Personal sports equipment – balls, bats or sports gear of all kinds

We appreciate the assistance of parents and legal guardians in instructing campers that the above-items are strictly prohibited. To help us enforce this policy, each camper's parent and/or guardian is required to sign the following:

I CONSENT ON BEHALF OF MYSELF AND MY CHILD TO ALLOW THE YMCA STAFF MEMBERS TO CONDUCT A REASONABLE SEARCH OF MY CHILD'S POSSESSIONS AND PERSON TO ENSURE A SAFE AND ENJOYABLE CAMPING ATMOSPHERE. I UNDERSTAND ANY CHILD FOUND TO BE IN POSSESSION OF ANY OF THE ABOVE STATED ITEMS OF CONTRABAND WILL BE REMOVED FROM CAMP IMMEDIATELY.

DATE _____

PARENT OR LEGAL GUARDIAN

NAME OF CAMPER

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YMCA OF ORANGE CAMPER INFORMATION FORM

The following questionnaire is designed to help the YMCA Camp Staff and your child's Camp Counselor learn as much about your child as possible. **This questionnaire is completely confidential, please include all information relevant to your child spending a week away from home, i.e., sleep walking, homesickness, recent change in family life etc.** This will be extremely helpful to your son or daughters camp counselor. Please provide complete and accurate information. We hope this will help us develop a friendship that will enable your child to feel at home at Camp Oakes before he or she even sees camp. Thank you for your cooperation.

Campers Name: _____ **Preferred Nickname:** _____

M/F? _____ **Age** _____ **Birthdate** ___ / ___ / ___ **Weight** _____ **Height** _____

Color of: Hair _____ **Eyes** _____ **Skin Tone** _____

Distinctive Features (*Birthmarks, scars, eye glasses, braces, etc.*)

List: _____

Father's Name: _____ **Occupation:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Mother's Name: _____ **Occupation:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Who lives at home with the camper?

Mom ___ **Dad** ___ **Brothers** ___ **Sisters** ___ **Others:** _____

Has the camper been to a resident camp before? _____ **Where?** _____ **When?** _____

How was their experience? Excellent ___ Good ___ Fair ___ Bad ___

Comments: _____

(Continued on Back)

Why do you want your child to attend Camp Oakes?

How did you hear about YMCA Camp Oakes?

State any fears your child may have or any problems and/or characteristics the Camp staff should be aware of:

What activities, Interest, Hobbies, etc does your child enjoy most?

List any reason your child should not participate in regular Camp activities: _____

List any diet restrictions: _____

Does your child get along best with:

Those the same age

Older

Younger

Is your child missing any special events to be at camp this week? Please List (i.e., sports competitions, family birthdays, recitals, etc.)

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YMCA of Orange Medicine Authorization Form

(Parent's request to give medication)

Please copy and include in a Zip-Loc bag with child's medication(s) clearly labeled with child's name. YMCA camp staff will not administer medication with out this form completed and signed by the child's parent or legal guardian.

Child's

Name _____ Date _____

Medicine is being given for:

Special Instructions:

| Medicine Name # of Days | Amount | Times | |
|----------------------------|--------|-------|--|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Parent's Full Signature _____ Date _____

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of Orange (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes as acknowledgement that much premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that undersigned finds and accepts same as being safe and reasonability suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OR SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVERSANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by negligence in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY; DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Date _____

I HAVE READ & UNDERSTAND THIS RELEASE

Name of Child/Children in Programs

Signature of Applicant/Parent

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Program Participation Form

Dear Parent/ Guardian,

Camp Oakes offers a variety of programs to your children; **please check any that you do NOT want your child to participate in.** Some programs and offerings are subject to change.

Your Camper's Name: _____ (First, Last)

Archery _____

Challenge Courses;

High Ropes (13 yrs. & older) _____

Low ropes _____

Volleyball _____

Climbing Wall _____

Horse Shoes _____

Horseback Riding _____

Lakefront _____

(Canoes/Kayaking)

Mountain Bikes _____

Nature _____

Observatory _____

Petting Zoo _____

Pool _____

Riflery _____

Zip Line (13 yrs. & older) _____

*My child is a vegetarian _____

(If you check this all meals will be prepared vegetarian for your child.)

Guardian's Signature

Date

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Camp Oakes – Buddy List

Dear Parent:

Please include names below of children your son/daughter would like to be grouped with and bunk in the same cabin with. It is impossible for us to guarantee that your child will be in a cabin group with all of the buddies listed below. We will do our very best to make sure that he/she is at least with two of the other campers listed below. Also, please keep in mind that cabin groups are assigned by age; all buddies must be within 2 years age of each other.

If your camper does not have anyone that they would like to buddy with please still complete this form, just leave the buddy lines blank. We appreciate your understanding!

Your campers Name: _____ ^(Circle One) Boy Girl

Age: _____ Grade: _____ School: _____

If possible I would like to be in the same cabin with the following people:
(Maximum 4 buddies listed)

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either in person or by mail.**