



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of ORANGE

Camp Oakes Important Info

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! 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, a returning camper or in the counselor-in-training program, this guide will help you through every aspect of our camping program. 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.

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. Also, 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 choose to not immunize your child, please complete the immunization waiver, located at the YMCA of Orange main office.

Payment and completed forms are due by Friday, July 22nd, 2011 by 3:00pm
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 25th, 2011 at our Youth Center at 2241 E. Palmyra in the city of Orange.

CAMP'S BENEFITS

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. Camp Oakes is key to our mission to inspire and to help people of all ages excel in every aspect of their life.

- 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 22, 2011 by 3:00pm
- Mailing Address: YMCA of Orange ● 2241 East Palmyra ● Orange, CA 92869
- Administrative Offices: Grand Street Center ● 146 N. Grand St. ● Orange, CA 92866
- PHONE (714) 633-9622 ● FAX (714) 633-4337

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

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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

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 _____ / / _____



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CODE OF CONDUCT

PARENT/GUARDIAN/CAMPER

Subject: Camper Behavior Agreement

The following are some of the conditions and policies of the YMCA of Orange Resident Camp. We ask parents and campers to indicate their understanding of these by signing this form.

1. The camper, parents, guardians and relatives agree to abide by the rules and regulations set by the camp, outlined in this Code of Conduct for the health, safety and welfare of the campers and staff.
2. Campers are expected to use appropriate language; any foul language will result in camper going home. Campers are not allowed to smoke, chew tobacco, or possess any smoking materials, alcoholic beverages, or illegal drugs. Campers will automatically be sent home or to jail for possession of illegal drugs or alcoholic beverages.
3. All medications, drugs, etc., must be kept in the camp first aid station under control of the camp health coordinator.
4. Campers are encouraged to develop friendships with members of the opposite sex, but no display of affection is permitted (i.e., hand holding, kissing, going steady, etc.) Any "sneaking out" from your cabin will result in camper going home.
5. Campers are to respect the rights and belongings of others. There are no facilities for security in the cabins (no lockers) and we rely on the honor system when dealing with camper's gear.
6. All personal belongings are to be marked with ID. Camp Directors and his staff reserve the right to examine **any** camper's gear or person for inappropriate items. Camp is not responsible for personal belongings lost or damaged during camp session. Expensive personal items should not be sent to camp.
7. During the camp session should parents, guardians, and relatives leave their place of residence for an extended period of time, the YMCA is to be advised where they can be reached in case of emergency.
8. All rules and policies are strictly enforced. The safety and security of our campers is of paramount importance to our Directing staff. Therefore, any criminal act(s) or failure to abide by camp rules will result in dismissal from camp with NO REFUND. **In addition, parents, guardians, or relatives are responsible for picking up their camper in Big Bear (including expenses to do so) should it become necessary to send a camper home.**

Parent/Guardian Signature

Date

Camper Signature

Date

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Contraband Policy

It is the policy of the Y 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.

Parent or Legal Guardian _____

Date _____

Name of Camper _____



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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 such 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.

I HAVE READ & UNDERSTAND THIS RELEASE

Name of Child/Children in Programs

Signature of Applicant/Parent

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**YMCA OF ORANGE PHOTO
AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA of Orange, I hereby give my permission and consent, now and for all time, to YMCA of Orange, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Orange and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Orange, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Orange, I authorize, according to this Release, shall belong to YMCA of Orange, YMCA of the USA and third parties collaborating with YMCA of Orange and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with the YMCA of Orange;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Orange will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Orange, YMCA of the USA and third parties collaborating with YMCA of Orange and/or YMCA of the USA;
- YMCA of Orange, YMCA of the USA and third parties collaborating with YMCA of Orange and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Orange; and
- YMCA of Orange, YMCA of the USA and third parties collaborating with YMCA of Orange and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Orange for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Orange, YMCA of the USA and third parties collaborating with YMCA of Orange and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Orange as described herein.

Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____

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Program Participation Form

Dear Parent/ Guardian,

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

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.)

Parent/Guardian's Signature

Date

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CAMPER INFORMATION

The following questionnaire is designed to help the Y 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.**

Campers Name: _____ Preferred Nickname: _____

M/F ? ___ Age ___ Birthdate ___/___/___ Weight ___ Height ___ Color of: Hair ___ Eyes _____

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: _____

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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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!

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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**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. The Y 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	Amount	Times	# of Days

Parent's Full Signature _____ Date _____

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MEDICAL EXAMINATION FORM – Must be completed and returned by Friday, July 22nd 2011

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!

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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