



YMCA Camp Willson Summer Camp Confirmation Packet

Summer
2005

Dear Parents,

Summer Camp is just around the corner! This packet includes all the information and necessary forms you need to prepare for your child's summer camp experience. This information is also available on our website at www.ymcawillson.org *Bookmark our website to have information available at all times!* Please don't hesitate to call if you have any questions or concerns. Thank you very much for sharing your child with us this summer!

Please note: All fees and forms are due 2 weeks prior to your child's session.

THIS PACKET INCLUDES (12 pages):

- Parent/Camper Information Form
- Health History Form
- Horseback & Adventure Release Forms
- Clothing & Equipment List
- Map to Camp
- Membership card, if not a member (see bottom of "Statement of Account").
- Information about eCamp, our on-line photo gallery and one way email service.

New for 2005: You can type all your information into the electronic version of the forms and print them off, rather than handwrite everything! (please do not email).

No later than TWO WEEKS prior to your child's session, you must complete and return all forms (including the health history) with full payment (*including camp store, picture and breakfast fees*) of any outstanding balance. Please **DO NOT FAX OR EMAIL** any forms – we need your signature in ink. *Payments received after the two week deadline will be assessed a \$5.00 late fee.*

The FINALIZATION FORM details all balances, optional purchases, Saturday breakfast fees, and store account information. Using this form, please mail your check(s) (all returned checks will be charged \$20) or credit card information to:

YMCA Camp Willson
2732 County Road 11
Bellefontaine, OH 43311
(800) 423-0427

Friends and Family!

Have a friend or family member interested in camp? Give us a call with their address and we'll send them a complete brochure.

IMPORTANT TIMES TO REMEMBER

Sunday

CHECK IN TIME: 3:00-4:30 pm

Check in at main camp with your swimsuit & towel in hand

Saturday

CHECK OUT TIME: 9:30-10:30 am

Breakfast Buffet begins at 9:30 am

Session 3 arrival is on Monday between 3:00 - 4:30 pm.

Rostofer Ranch Campers: Check-in is at the Ranch, located ¼ mile before the camp entrance on County Road 11. The Ranch Parent Show will begin at 9:30 am on Saturday and will end no later than 10:30 am. The breakfast buffet is not available for Ranch Campers. (Ranch Campers will be served breakfast.)

First Timer's Camp (Sessions 1A & B, 8 A & B):

1 A & 8 A Arrival time: Sunday 3:00-4:30 pm

Departure Time: Wednesday 9:00 – 10:00 am

Breakfast will be served to campers, but parent buffet is not available.

1 A & 8 B Arrival time: Wednesday 4:30 -5:30 pm

Departure Time: Saturday 9:30 – 10:30 am

Picture is not available for session 1A & 8 B campers.

CANCELLATION

If you must cancel your attendance prior to camp, please contact the office immediately. **Full refunds are given for certified medical reasons only.** Late arrivals/early departures and campers sent home for disciplinary reasons receive **NO** refunds. *The \$75 deposit/week and Willson membership are non-refundable.* If you develop a schedule conflict, you may change your session attendance with no penalty, **as long as space is available.**

STAYOVER WEEKENDS

Campers who register for more than one week may stay from one week to the next at no additional charge. Mark your finalization form if you wish to have this free stay-over. Stay-over weekend is not available between Sessions 2 & 3 (July 2-4) and Sessions 8 and 9 (Aug 13-14).

800-423-0427

www.ymcawillson.org

PERSONAL BEHAVIOR

Campers are responsible for their behavior while at camp. If a camper's behavior causes undue risk for the safety and/or well-being of themselves or others, we will contact the parent/guardian and the child(ren) will be required to leave camp. Additional cause for immediate dismissal include, but are not limited to: possession of alcohol, tobacco, drugs and weapons/firearms. Campers dismissed because of conduct are not eligible for any refund of fees.

LOST AND FOUND

The Camp is not responsible for the loss or breakage of clothing and equipment. **Your child's name must be on all clothing, equipment and bedding (sleeping bag).** This is especially important with all stay-over campers. Contact either *www.bellofmaine.com* or *www.bestnametape.com* for companies that you can order labels from. Take time to check for lost items *before* you leave camp. If you notice something is missing after returning home, call immediately! If found, we will mail the item(s) to you and ask that you reimburse us for postage costs. If you find some items that do not belong to your child, call immediately. Other families would like the articles returned. Unclaimed items are distributed to families in need.


CARE PACKAGES

We serve a generous amount of food at the Camp. You need not worry about snack items, as campers receive a daily afternoon snack as part of their camp fee. **NO FOOD OF ANY KIND SHOULD BE SENT TO CAMPERS.** Books/magazines, playing cards, word searches, stuffed animals, etc., along with letters from home make nice "care packages".

CAMPER COMMUNICATION

Everyone loves to receive mail! Please send your camper several cheerful letters. We encourage campers to write home during their stay, but don't be surprised if you don't receive a letter. They are probably too busy enjoying their stay. Any questions you may have should be directed to the Camp Director. Allow 2-3 days for delivery!

Mail Camper Letters to:

Mom & Dad Best Folks Drive Columbus, OH	
Campers Name; Bunk # ____*	
YMCA Camp Willson 2732 County Road 11 Bellefontaine, OH 43311-9382	

*Bunk number is given at check-in

NO FAX DELIVERY

Camp Willson no longer accepts faxes for campers. We are not able to receive email for campers through any means other than through eCamp.

E-Mail Your Camper!

See Photos and News from Camp

We are working with eCamp, a camp-based technology firm, to provide a wide-range of services and tools including online photos, camp news, one-way email and more.

Camp Photos and News (no charge)

- Password protected for your security
- Stay informed with newsletters from camp
- Save your photos to personal photo albums
- Forward pictures to friends & loved ones via email

One-Way E-Mail Service (see below for fees)

- Your email messages are delivered daily
- Unique email addresses are created for each camper
- Send email from the camp web site or from your private email account
- Once registered, your camper's email address will be: `firstname.lastname@willson.ecamp.net`
- Parents can share email credits with friends and family.

REGISTRATION PROCESS:

1. Go to: www.willson.ecamp.net
2. Go to the: "New User Registration" section
3. Follow the instructions to register your camper and family.
4. Our initial password protected camp code is:
willson2005

Pricing:

Package 1	Package 2	Package 3
5 e-Mails	11 E-Mails	17 E-Mails
\$6.95	\$8.95	\$13.95

Why is there a charge?

As technology progresses, we intend to continually help families stay connected with campers so that you too may enjoy the spirit of camp. Partnering with eCamp for this service enables us to cover distribution and management costs. This ensures our camp a means of delivering content to camp families and managing email delivery in a reliable and efficient manner. If you would like to send email to your camper, please feel free to participate in this voluntary program.

Questions? 860-435-2628
[Http://willson.ecamp.net/cs.php](http://willson.ecamp.net/cs.php)

MEDICAL PROCEDURES

In case of illness or accident, campers are cared for by Camp Health Care Staff with direction from a medical doctor. Parents are contacted when there are any important medical concerns. In case of an emergency, campers are taken to Mary Rutan Hospital, Bellefontaine. In an effort to keep camp costs within reason, the camp **does not** provide health/accident insurance, as most families carry their own excellent coverage. While our number of accidents are small, we do encourage parents to call their health insurance company before camp to verify coverage and preauthorization responsibility. The YMCA primarily uses Mary Rutan Hospital and Oakhill Medical Associates/Mad River Family Practice, which are located in Logan Co. Primary pharmacies include CVS, Wal-Mart, Kroger and Rite Aid. *All medication (prescription and over-the-counter, including vitamins) must be brought to camp in their ORIGINAL CONTAINER. All prescription medications must have doctor's orders and signature on the Health History or attached to the form separately.* The camp day (8:00 am – 9:00 pm) extends far beyond the normal school day. Please consult with the prescribing physician to determine if the child's dosing schedule is appropriate for the camp's schedule. It is our assumption that individuals taking medication for mental health reasons have been on the same medication at the same dose for the three months prior to their camp arrival. If this is NOT the case for your camper, please call and talk with the camp nurse or camp director (800-423-0427).

HEALTH HISTORY

Each camper must have had a physical examination within 24 months of camp attendance. **Doctor's signature is required only if the camper takes prescription medication. A physician physical report is not required!** No camper may attend camp without a parent/guardian signed and completed Health History on file. Please complete and mail this form to camp, along with the balance of fees a *minimum of 2 weeks before camp begins.* While it is not mandatory, we **encourage** you to have your health history notarized. In the event that your child needs non-life-threatening hospital treatment and we are unable to contact you, a notarized form insures treatment. Notarization is encouraged by the hospital administration. Your child will be treated in all life-threatening situations regardless of notarization. **Notarization is mandatory for Adventurers, Frontier and the trip.**

If you will be away from home while your child is at camp, please provide us with emergency contact numbers (nearest relatives, and your phone numbers) and be sure to have the Health History notarized.

CAMP STORE ACCOUNT

Campers may purchase items from the Camp Store every other day, as well as on Sunday and Saturday. Each camper has a Camp Store "Bank Account". **Additional cash is not needed at camp. (This includes teens!)** We recommend between \$25.00 and \$50.00 spending money (depending on purchases, trail rides, laundry, etc.) for the week. *Make a separate check payable to "YMCA Camp Willson".* Campers come to the store individually and our Store Manager records all purchases. Any remaining Store funds in excess of \$2.00 are returned to the camper by check at the end of the camp week. Parents may donate any remaining balance to our "Kids to Camp" program. Daily snacks are included at no additional charge for all campers.

STORE PRICES

- Camp T-Shirt.....\$12-16.00
- Souvenirs.....\$50-12.00
- Horse Trail Rides (per ride).....\$10.00
- Insect Repellent.....\$4.00
- Sweatshirts.....\$25-35.00
- 8 x 10 All-Camp Picture.....\$7.50
- Email available througheCamp
- Kids to Camp Contribution....Optional
fees are subject to change

Every year, the YMCA conducts a "**Kids to Camp**" campaign. This campaign raises money to send youth to camp who would not otherwise have a summer camp experience (1 child in 8 attends camp through this program). If you would like to contribute to this worthwhile campaign, please let us know when you send in your balance of fees. (This is a tax-deductible contribution.)

HORSEBACK RIDING

Trail Rides are available for \$10.00 per ride (usually a maximum of 1-2 rides per wk) and will be deducted from your child's camp store account. You may wish to include additional money in the Camp Store for trail rides. Campers enrolled in horseback riding lessons and Jr. Wranglers are already scheduled for daily rides and may not want additional trail rides. There is no trail ride charge for Ranch campers.

Lessons are available for *Traditional & Arts Campers* only (not First Timer's Camp). There is an additional cost of \$50.00 for five hours of instruction. You are automatically enrolled if you marked this on the registration card. If you did not pre-register and desire lessons, please call the camp with a credit card number. Space is limited. The **horseback riding release form** is attached to the health form and must be completed to participate in horseback riding.

NO TELEPHONE CALLS & VISITOR POLICY

Parents and/or friends are asked not to visit or call campers during the camping period, but are encouraged to help settle the camper into the cabin on opening day. This policy results in an improved program and is partially responsible for the elimination of homesickness. This policy also applies to the two-week Frontier program.

Campers *cannot* receive or place phone calls while at Camp. Campers are not permitted to bring cell phones to camp. Any messages that need to be relayed to the camper or to the parents will be done through a Director.

LAUNDRY SERVICE

Laundry service is not available for one-week campers. For those staying multiple sessions, laundry service will be available on weekends at an additional charge. The fee, based on the amount of clothing, varies from \$4.00 to \$8.00 and is deducted from the campers' store account. **Label all clothing for laundry service** (teens too)!

YMCA MEMBERSHIP

YMCA Camp Willson is a branch of the YMCA of Central Ohio. Each camper is either a current member of the YMCA or they have purchased a Program (Individual or Family) Membership from either Willson or another YMCA. Program members may register throughout the year for any classes offered by the YMCA of Central Ohio (Columbus area) such as Youth Sports, Y Tribes, Swim Lessons or any other classes. This membership does not permit full use of the YMCA facilities. If you purchased a program membership, take your statement of account to your nearest YMCA of Central OH Branch to receive your membership card. If you would like to join the YMCA as a Metropolitan Member, please contact your nearest Columbus area YMCA or call 614-224-YMCA (9622). Your program membership can be upgraded to a metropolitan membership. All YMCA of Central Ohio *Metropolitan Family Members* receive \$100 off the cost of summer camp for one child per family membership. (child must be included on membership) (*not available Session 3 or First Timer's Camp*). We honor all YMCA memberships if not from the Central Ohio area.



SATURDAY BREAKFAST

Parents and family are invited to join us for breakfast on closing day! A **Breakfast Buffet** is available during check out time (9:30-10:30 am). Pre-registration is required and you can register by completing the information on the enclosed finalization form. Cost is \$5.00 for adults and \$4.00 for those under 12 years of age. All children under 5 years of age, as well as the camper are included at no charge. (Not available for Ranch campers, or sessions 1A and 8A (First Timer's))

OPEN HOUSES

If you haven't had the opportunity to tour the Camp prior to the start of the season, please join us for Open Houses between 2:00-4:00 pm on:

- **Sunday, April 24, 2005**
- **Sunday, May 15, 2005**
- **Sunday, May 22, 2005**

Saturday, May 21, 2005 from 1:00 – 4:00 pm is **Family Day**. Bring the family, talk about summer camp, canoe, climb the wall, take a hike and enjoy a great family outing!

If these dates are not convenient for you, please call 1-800-423-0427 to schedule a personal tour.

This confirmation packet can be downloaded from:
www.ymcawillson.org

Anne Brienza, Executive Director
Margaret Haverfield, Summer Camp Director
Elaine Thompson, Registrar



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1-800-423-0427
info@ymcawillson.org
www.ymcawillson.org

All fees and forms are due two weeks before your child's session begins.

The YMCA's Mission: To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind, and body.

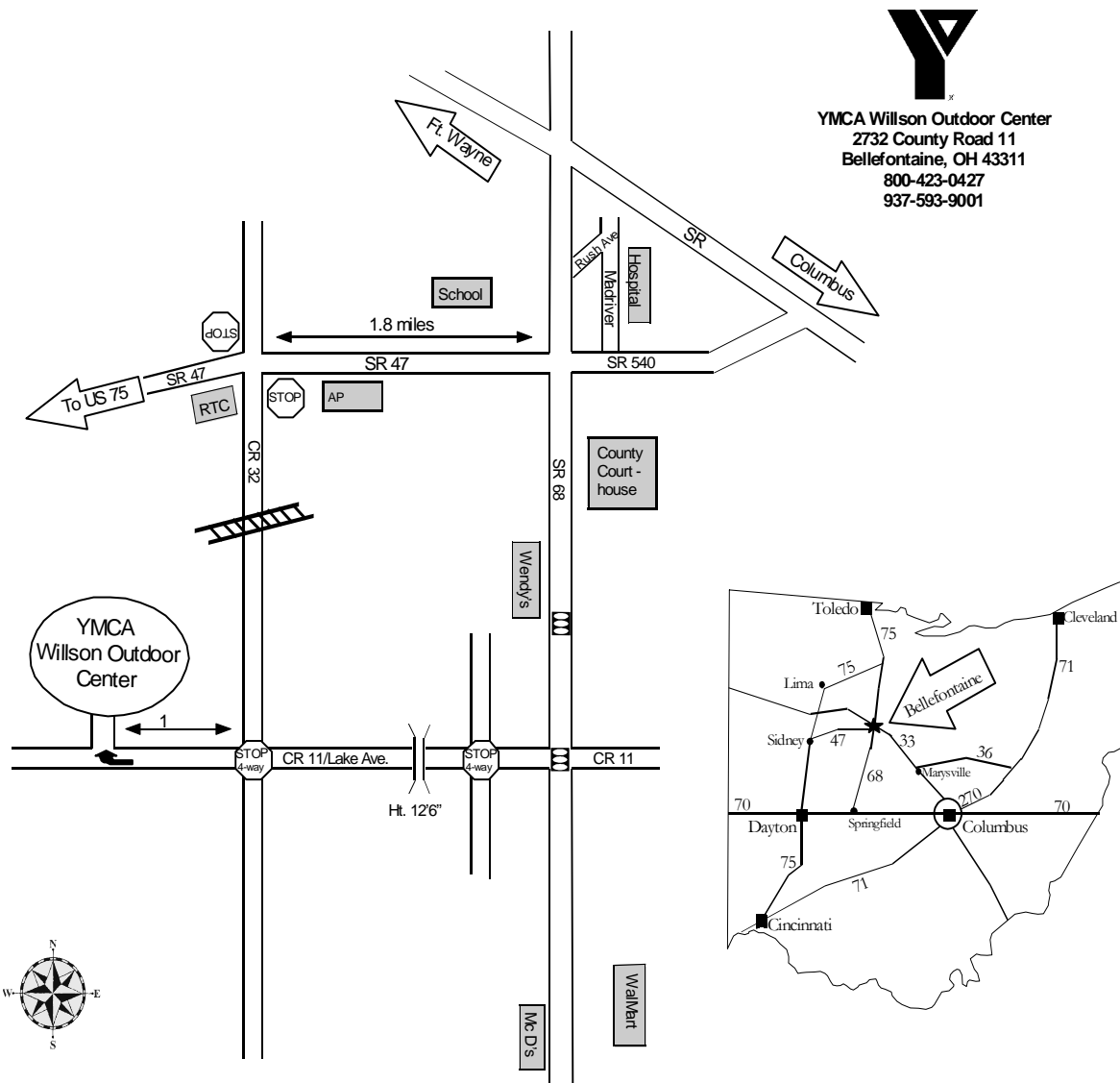
DIRECTIONS TO YMCA WILLSON OUTDOOR CENTER

From Columbus: (approx. 1:15 hours from downtown) From NW corner of the 270 outer-belt, take SR 33 West through Marysville to Bellefontaine. Take SR 68 (3rd Bellefontaine exit) south (left) through downtown Bellefontaine. Follow directions for Bellefontaine listed below.

From Toledo: (approx. 2 hours) Take US 75 south toward Findlay. Take exit 156 (Rt. 15) south to SR 68 south (toward Kenton). Follow SR 68 south approximately 50 miles to Bellefontaine. From here, follow directions for Bellefontaine listed below.

From Cincinnati/Dayton: (approx. 1:15 hours from Dayton) Take US 75 north toward Sidney. Exit US 75 to SR 47 East (exit 92 toward Bellefontaine). Follow SR 47 East approximately 25 miles to County Road 32 (after RTC, but before the sign for AP Technoglass). Turn right onto CR 32 and follow one mile to CR 11. At the stop sign, turn right onto CR 11 and follow one mile to Willson entrance. Camp is on the right. Follow road to camp office. Note: If you miss CR 32 (it is difficult to see), go into Bellefontaine, turn right on to SR 68 and follow directions from SR 68 listed below.

Once In Bellefontaine: Take SR 68 south through Bellefontaine. Continue to County Road 11/Lake Avenue (it is marked both ways). This is one traffic light south of Wendy's Fast Food Restaurant. Turn right (west) and go 2.7 miles to camp entrance. Camp is located on the right. Follow road to camp office.



CLOTHING EQUIPMENT LIST

When you pack to come to camp, list quantities in column labeled "Items brought". Tape the list on the inside of your suitcase. On the last day of camp, ask your counselor to help you mark the list in the column labeled "Taking Home" and make sure you bring everything home. The following are items we suggest. It is not necessary to have a complete change of clothes for everyday. Older play clothes and clothes campers enjoy wearing are recommended.

Put names on all items, including sleeping bag & luggage Items brought Taking home

Sleeping bag or blankets (suggest 2 or more) + sheets		
Pillow		
Jacket or heavy sweater		
Sweatshirt + long sleeve collared shirt (mosquito control)		
Shoes or boots with a defined heel (horseback riding)		
Shoes (suggest 2 pair)		
Rain boots		
Raincoat or poncho		
T-Shirts		
Shorts		
Jeans or Pants		
Socks and underwear		
Conservative Swim suit (suggest 2)		
Pajamas		
Toothbrush, paste, washcloth, soap, shampoo, comb in bag to carry to restroom		
Shower towel, beach towel		
Flip flops (shower/swim only) or sport sandals (for activities)		
Stationary, stamps, pen & paper		
Flashlight & batteries		
Books and activity books for rest hour		
Insect Repellent (30-70% DEET preferred, non-aerosol)		
Sunscreen SPF 15 or higher		
Laundry Bag (for dirty clothes)		
Water Bottle (can purchase in camp store)		
Tee shirt or clothing for tie dye (optional)		

On Sunday, arrive at camp with your swimsuit and towel on or in hand. A swim assessment will immediately follow check-in. (does not apply to Ranch, Frontier & Adventurers. Check at a different time).

Do Not Bring:

- × Money (separate from store account)
- × Spray Cans (roll-ons & creams are OK)
- × Candy, gum or other food items
- × Knives
- × Guns, fireworks
- × Alcohol, tobacco, drugs
- × Cell phones
- × CD players, MP3 or other music systems
- × Video Games or other electronic devices
- × Animals
- × Valuables (jewelry)
- × Sports Equipment unless in specialty camp that requires it.

The YMCA is not responsible for camper clothing or equipment. Please put your name on everything!

For campers staying more than one week, **Laundry Service** is available at a charge of \$4.00-\$8.00. (Fees paid from store account.)

Supplemental Equipment List for Specialty Camps / Trips

Campers in Frontier, Adventurers, and Sports Camps will have the option to have a limited amount of money taken from their store account for spending money on out-of-camp trips. Additional money should not be sent with the camper!

Frontier

- Sleeping bag in stuff sack
- Insect Repellent (at least 50% DEET)
- Duffel bag for personal gear on 3 day trip
- Small bag for toiletries
- Items listed below:

Frontier and Adventurers

- Wide brimmed hat to protect against too much sun
- Sunscreen, sunglasses
- Elastic eyeglass band (crookies)
- Old tennis shoes or sport sandals for use on the river
- Notarized Health Form

Sports Camp

- Extra socks and shirts
- Water bottle (16-20 oz)
- Softball glove (name on glove)
- *Do not bring new shoes!

Horseback Riding Programs

- Boots/shoes (with a defined heel)
- Water bottle (16-20 oz)
- Long pants (can be worn multiple days)

Drama Camp

- Costumes/props if desired as the campers make up their own skits (nothing specific).

Trips

- An additional confirmation packet will be mailed to you.

Garage Band:

- Instrument,
- Replacement equipment (strings (full set), picks, drum sticks etc.)

Fishing Camp (Available at WalMart)

- Rod & Reel, 6-8# line or less
- Tackle box
- 1 pack Jig heads 1/32 oz., (lead ball & hook)
- 1 pack 2" Plastic white twisters
- 6" black plastic worms (10)
- 2 Bobbers, stick type
- Hat (sun & hook protection)
- Old sneakers/sport sandals
- Sunscreen/sunglasses
- Elastic Eyeglass band (if applicable)

FINALIZATION

Please return this with final payment and health history at least two weeks before your camp session begins
(you may make your final payment much earlier!)

Do Not Fax to Camp!

You will not be sent another notice for payment

You may make as many payments toward the camp fee as you desire!

Camper's Name: _____

Camp Session(s): _____ Date Camp Begins: _____

Saturday Breakfast

Number of adults attending Breakfast _____ x \$5.00= \$ _____

If registered for more than one Program,
Breakfast for what session(s): _____

Number of children under 12 _____ x \$4.00 = \$ _____

Number of children ages 0-4 x \$0 _____ No Charge

If staying more than 1 week in a row,
will the child stay-over between
sessions? _____ What sessions? _____

_____ **Total \$** _____

(Do not send payment for camper or children ages 0-4)

\$ _____ Total Balance of Fees Due

\$ _____ Breakfast Fee (Not available for Ranch Campers, First Timer's 1A & 8A)

\$ _____ Optional donation to "Kids to Camp" Scholarship program (tax deductible)

\$ _____ **Total, Payable to: YMCA of Central Ohio**

Please send a separate check payable to: "YMCA Camp Willson" for:

\$ _____ Camp Store Account

I wish to donate any remaining balance of my child's store account to the "Kids to Camp"
scholarship program (tax deductible).

\$ _____ All-Camp Picture (\$7.50) Picture:

If registered for more than one program, what sessions do you want a picture for? _____

\$ _____ **Total**

If paying by credit card, please complete:

Type of Credit Card: Master Card Visa American Express Discover Card

Credit Card Number: _____ Exp Date: _____

Signature: _____

Name as it appears on the credit card (please print) _____

Please return at least 2 weeks before the beginning of your first camp session:

Registrar

YMCA Camp Willson

2732 County Road 11

Bellefontaine, OH 43311-9382

800-423-0427

Items to return 2 weeks before camp:

Final payment & this finalization form
Store, breakfast & picture money
Health History, equine activity & high
ropes release forms
Parent/Camper information forms

YMCA Camp Willson
Camper Information (parent information on next page)

Camper's Name _____ Session/Dates attending _____

Dear Camper,

It won't be long until you'll be swimming and singing and having a great time here at Camp Willson! To help us get ready, we would love to have you fill out this page and return it to us! We're looking forward to a great time with you this summer. See you soon!

How old are you? _____ Do you have any brothers? _____ Ages: _____

Do you have any sisters? _____ Ages: _____ Do they all live with you? _____

What school do you attend? _____ What grade will you complete in June? _____

Have you ever been away from home before? _____ From Family? _____

Where? _____ How long? _____

What are your special interests and hobbies? _____

Do you belong to any clubs or teams? _____

Do you attend church or some kind of religious gathering regularly? _____

Have you attended Willson before? _____ How many years? _____ Other camps? _____

If you have attended camp before, what were some of the great things you did?

What are some things you are really looking forward to doing at Willson this summer?

What do you hope to gain from your camping experience?

Do you have a friend who will be at Camp with you? _____ Who? _____

Is he/she going to be in your cabin with you? _____

What are three things you want your counselor to know about you?

**YMCA Camp Willson
Parent Information**

To enable the directors and the counselor to help your child have a richer and more meaningful camp experience, we ask that this form be completed carefully. The information herein will be kept in the strictest confidence and will be available only to the Directors, Health Supervisor and your child's counselor. *Attach additional pages if necessary.*

Please note: This information is due 2 weeks before your camp session begins.

Camper's Name _____ Session/Dates attending _____

Names of Parent(s)/Guardian _____

Occupation of Father: _____ of Mother: _____

Social

Easily relates to: own age younger older adults

Has difficulty with: own age younger older adults N/A

Eating Habits

fussy hearty average Dietary restrictions: _____

Family

In the last year, have there been any significant changes in family relationships or home life:

birth; death; divorce; separation; no chgs; other _____

Does the child reside with: Mother; Father; Both; Other _____

Is there anything we should be aware of concerning school - i.e. relationships, grades, learning ability?

Does your child have personal challenges which may require special assistance or program adaptations?

Physical; learning; emotional; behavior; medical; fears; N/A

Please describe: _____

Please expand on any of the above areas or other areas. The more information you are able to provide, the better we are able to meet the needs of your child:

Do you have any special expectations for your child while at Willson?

What would you like your child's counselor to know about your child?

Health History
For Summer Camp Campers & Staff

YMCA Camp Willson
2732 County Road 11
Bellefontaine, OH 43311-9382
1-800-423-0427

Do not fax this form!
Must be completed in
blue or black ink.

YMCA MISSION:
To serve the whole community through programs expressing Judeo Christian principles that build a healthy spirit, mind and body.

Today's Date: _____ Traditional Camp CIT/LIT/Pathfinder Ranch
Session(s) Attending: _____ Trailblazers Adventurers/Frontier (notarized) Trips (notarized)
Dates Attending: _____ Specialty Camp: _____ Staff

Camper's Name: _____ Age _____ Birth date: _____
Last First Initial Gender: Male Female

Custodial Parent(s)/Guardian: _____ Participant's Soc. Security # _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Pager/2nd mobile phone: _____

Will custodial parent be away from home during camp week? Yes (contact camp) No N/A (adult participant)

Second Parent/Guardian or Additional Contact: _____ Custodial parent? _____

Address: _____ Relationship to camper _____

Phone: _____ Alt. Phone: _____

If not available in an emergency, notify: _____ Relationship: _____

Address: _____

Phone: _____ Mobile Phone/pager: _____

Do you carry family medical/hospital insurance Yes No Medical Insurance Co. _____
ID# _____ Company address for claims: _____

NOTE: THE YMCA DOES NOT PROVIDE ACCIDENT/HEALTH INSURANCE.

<u>Allergies (list reaction/treatment on separate page):</u>	<u>Health History (attach mgmt plan if applicable)</u>	<u>Date of Disease (Year):</u>
____ Hay Fever	____ Ear Infections; Frequency: _____	____ Chicken Pox
____ Ivy Poisoning	____ Heart Defect/Disease	____ Measles
____ Insect Stings	____ Seizures	____ German Measles
____ Penicillin	____ Depression	____ Mumps
____ Other Drugs _____	____ Diabetes	____ Bleeding Clotting Disorder
____ Asthma	____ Bi-polar disease	____ Hepatitis
____ Vegetarian; Type: _____	____ Hypertension	____ Other Diseases
____ Lactose Intolerant	____ Sleepwalking/sleep concerns	
Foods: _____	____ Bedwetting	Fears/Phobias _____
Other: _____	____ Attention Def. Disorder	
	____ Migraines; Frequency: _____	

Attach additional sheets as necessary to explain conditions/concerns
Nutritional Restrictions: _____
Any current health conditions: _____
Any restriction to activity/mobility limitations: _____
Any impairments (hearing, cognitive, musculo-skeletal, neurological) _____
Surgery or Serious Injuries/Conditions (Date): _____
Disability, Chronic, or Recurring Illness: _____

Immunization History: (List most recent applicable dated, Mo/Yr)

_____ DTP Series	_____ MMR	_____ Haemophilus influenza B
_____ TD (tetanus/diphtheria)	_____ or Mumps	_____ Hepatitis B
_____ Tetanus	_____ or Measles	_____ Varicella (chicken pox)
_____ Polio	_____ or Rubella	

Session(s):

Last Name, First Name:

Important: Please notify the camp if camper has been exposed to any communicable disease within three weeks prior to Camp start.

All participants must have had a physical in the last 24 months. Written evidence is not required.

Date of last physical examination: _____

Prescription Medications (must be completed by physician & in original container. Bring only enough for camp stay)

Attach additional page as needed:

Takes no medications on routine basis

Name(s) of medications: _____

Dosages given: _____

Times to be taken: _____

Duration of treatment: _____

Reason for taking: _____

Medications begun: _____; Date dosage was last changed _____

Physician's Signature: _____ Date: _____

Any other medications child takes during the school year, but not used for camp? (list) _____

Nonprescription Medications (must be in original container)

Takes no medications on routine basis

See www.ymcawillson.org for a list of YMCA stocked nonprescription medications.

Nonprescription taken now: _____

Dosage, specific times taken each day: _____

Reason for taking & any special instructions (attach additional sheet as needed): _____

Professional References:

Phone:

Phone:

Physician: _____ Dentist/Orthodontist: _____

↓ **IMPORTANT—THIS BOX MUST BE COMPLETED FOR ATTENDANCE** ↓

I _____ the parent/guardian of _____

Give the YMCA permission to:

1. Dispense ____ Ibuprofen or, ____ Acetaminophen (Tylenol) to camper (check preference). Dosage: _____
2. Dispense medication(s) brought to Camp by parent/guardian or prescribed by a physician while in attendance.
3. The right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials the YMCA may create.
4. Agree to hold harmless the YMCA, its agents, and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a YMCA sponsored activity on or off the YMCA premises.
5. Give permission for the YMCA to transport the camper as needed.
6. Give permission, as necessary, to search a camper's belongings when the health, well-being or safety of the camper or others require it.

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted:

Signature of parent or guardian or adult camper/staff _____ Date: _____

(must be signed in ink, in presence of notary, if notarizing*)

Witness/ Notary Public Signature _____

Sworn before me and subscribed in my presence this ____ day of ____ 20___. My commission expires _____.

I also understand and agree to abide with the restrictions placed on my activities.

Signature of minor or adult camper/staffer _____

If for religious reasons you cannot sign this, please contact the Camp Director at 1-800-423-0427.

*Notarization of this form is not required, except for specific programs. Without notarization, in the event of accident or illness and the parent/guardian cannot be reached by telephone, the child may not be treated or treatment may be delayed. Notarization expedites the process, although treatment may be delayed. Regardless of notarization, the form must be signed in ink. *Your child will be treated in the event of life-threatening conditions.* All reasonable means to contact the parents will be made.

EQUINE (HORSEBACK RIDING) ACTIVITY WAIVER/RELEASE

Required for all Ranch, Jr. Wrangler, Horseback Riding Lessons and Trail Ride participants

I, _____, am over 18 years of age and am the (parent, guardian, custodian or other legal representative) of _____, a minor, age _____. I acknowledge that YMCA Camp Willson is sponsoring equine activities (riding or otherwise handling horses, ponies, mules or donkeys whether from the ground or mounted), at YMCA Camp Willson in which I wish (child's name) _____ to participate. I recognize and acknowledge that my child's participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my child's participation in the above described activities and waive any and all claims for tort or civil actions of any kind which my child, I or my heirs, personal representatives and next of kin may have or which may arise against YMCA Camp Willson as a result of my child's participation in such equine activities. On behalf of my child, myself, my heirs, personal representatives and next of kin, I hereby release and discharge YMCA Camp Willson, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, my child's participation in such equine activities.

I understand this Waiver and Release shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to: YMCA Camp Willson 2732 County Road 11 Bellefontaine, OH 43311-9382

I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

Parent or adult participant signature (must be signed in ink) Address: _____

Printed Name Date _____ Witness/2nd parent signature Date

HIGH ROPES COURSE PARTICIPATION AGREEMENT

High Ropes is only available to campers enrolled in Trailblazers, Adventurers, Frontier, Pathfinders, Ranch, LIT's, CIT's, Trips, Garage Band

Print Participant Name

I understand that my / my child's participation in programs offered by the High Ropes Challenge Course at YMCA Camp Willson is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that **my participation is purely voluntary**. At all times I will choose my level of participation in any activity.

I understand the employees of YMCA Camp Willson have received training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, ground initiatives, and other activities in the High Ropes Challenge Program for which I and/or my child have enrolled, entails certain risks. I/my child elect to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release YMCA Camp Willson and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to:

YMCA Camp Willson 2732 County Road 11 Bellefontaine, OH 43311-9382

Signature of Participant (required) Date Age _____ If under 18, Signature of Parent/Guardian Date

Address: _____