

YMCA CAMP WINONA REGISTRATION PAPERS

Camper Name: _____ Birth Date: _____

2019 SUMMER RESIDENT CAMP		ADD-ONS			
DATES/AGES Non-refundable deposit required	PROGRAM Includes meals, snacks, activities, t-shirt	(Ages 10+) 4 Days/Week	(Ages 10+) 2 two-Hour Blocks/Week	BEFORE SESSION	AFTER SESSION
June 2-7 Ages 6-15 Deposit \$75	Session 1 [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 1 [] \$75	High Ropes 1 [] \$30		Weekend 1 June 7-9 [] \$155
June 9-14 Ages 6-15 Deposit \$75	Session 2 [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 2 [] \$75	High Ropes 2 [] \$30	Weekend 1 June 7-9 [] \$155	Weekend 2 June 14-16 [] \$155
June 16-21 Ages 6-15 Deposit \$75	Session 3 [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 3 [] \$75	High Ropes 3 [] \$30	Weekend 2 June 14-16 [] \$155	Weekend 3 June 21-23 [] \$155
June 23-28 Ages 6-15 Deposit \$75	Session 4 [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 4 [] \$75	High Ropes 4 [] \$30	Weekend 3 June 21-23 [] \$155	Weekend 4 June 28-30 [] \$155
June 30-July 5 Ages 6-15 Deposit \$75	Session 5 [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 5 [] \$75	High Ropes 5 [] \$30	Weekend 4 June 28-30 [] \$155	Weekend 5 July 5-7 [] \$155
July 7-12 Ages 6-15 Deposit \$75	Session 6 [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 6 [] \$75	High Ropes 6 [] \$30	Weekend 5 July 5-7 [] \$155	
June 2-7 Ages 13-16 Deposit \$75	Teen Camp [] Rate 1 - \$560 [] Rate 2 - \$520	Paintball 1 [] \$75	High Ropes 1 [] \$30		Weekend 1 June 7-9 [] \$155
June 9-11 Ages 6-8 Deposit \$75	Mini Camp - Boys [] Rate 1 - \$200 [] Rate 2 - \$190			Weekend 1 June 7-9 [] \$155	
June 12-14 Ages 6-8 Deposit \$75	Mini Camp - Girls [] Rate 1 - \$200 [] Rate 2 - \$190				Weekend 2 June 14-16 [] \$155
June 2-21 Age 17 Deposit \$300	Counselor-In-Training (CIT) By approval only [] \$1,250				Weekend 3 June 21-23 [] \$155
June 30-July 12 Age 15-16 Deposit \$150	Leader-In-Training (LIT) [] Rate 1 - \$1,250 [] Rate 2 - \$1,170	Paintball 4 [] \$75 Paintball 5 [] \$75	High Ropes 4 [] \$30 High Ropes 5 [] \$30	Weekend 4 June 28-30 [] \$155	
July 13-19 Grades 9 th -12 th Deposit \$100	High School Christian Values Camp (CVC) [] \$700 if signed up before June 1 st [] \$750 if signed up after May 31 st	Location: Black Mountain, NC Transportation between YMCA Camp Winona and YMCA Blue Ridge Assembly included. Additional forms required.			
PAYMENT REQUIRED TO SIGN UP FOR CAMP The YMCA processes all checks as electronic funds transfers (EFT). <input type="checkbox"/> CHECK - payable to YMCA CAMP WINONA <input type="checkbox"/> MONEY ORDER - payable to YMCA CAMP WINONA <input type="checkbox"/> CREDIT/DEBIT CARD <input type="checkbox"/> I HAVE PAID/REGISTERED ONLINE ACCOUNT NUMBER _____ EXP. DATE _____ CVC # _____ AMOUNT TO CHARGE TODAY \$ _____ NAME AS IT APPEARS ON CARD _____ SIGNATURE _____					

DISCOUNTS (Not to exceed \$110 per child. Applies to Rate 1 pricing only. Rate 2 & scholarship recipients not eligible for additional discounts.)

\$25 Store Credit

\$25 per new camper

\$25 off 2nd/3rd child

\$110 off additional session

\$83 off Session 6

Must be registered by January 31st, 2019

For each new camper once they register

Names: 1) _____ 2) _____ 3) _____

For each additional camper in household attending same session

Must pay in full one 6 day/5 night session (or longer) by March 1st, 2019

Must have attended earlier 2019 summer camp session

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf on your minor child, release the Volusia Flagler Family YMCA, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants, and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

NOTICE TO MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parent or legal guardian must sign below)

DATE

PARENT / GUARDIAN

DATE

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

Camper Name: _____ Birth Date: _____

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the Volusia Flagler Family YMCA, Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s), or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

As the undersigned, I understand that no accident or medical insurance is provided with this activity.

As the undersigned, I give my permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS.

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

PARENT / GUARDIAN SIGNATURE

DATE

PAINTBALL PROGRAM INFORMATION AND RELEASE OF LIABILITY FORM

DISCLOSURE

The YMCA Camp Winona Paintball Program involves a variety of activities may include games, group initiative problems and other potentially strenuous activities. The level of participation in the paintball activity is at all times up to the individual's choice. Yet there is a risk which must be assumed by each participant that he/she may suffer emotional/physical injury.

RELEASE OF LIABILITY

I understand that parts of the YMCA Camp Winona Paintball Program may be physically and emotionally demanding. I affirm that my child is in good health and that my child does not have any limiting physical conditions, disabilities or handicaps that might endanger him/her or other participants. I recognize the inherent risk of injury or disability in YMCA Camp Winona Paintball activities. I understand that each participant must assume the risk of physical and emotional injury that could result from any of these activities. I hereby release YMCA Camp Winona, the Volusia Flager Family YMCA, its agents, employees and instructors from any liability what-so-ever from any injury or disability to my child resulting from my child's participation in the YMCA Camp Winona Paintball Program.

I AM THE PARENT/GUARDIAN OF _____ . I HAVE READ AND UNDERSTAND ALL OF THE ABOVE PARTICIPANT INFORMATION AND RELEASE OF LIABILITY FORM AND CONSENT TO HIS/HER PARTICIPATION IN THE YMCA CAMP WINONA PAINTBALL PROGRAM.

Parent/Guardian Signature

Date

PAINTBALL PROGRAM INFORMATION AND RELEASE OF LIABILITY FORM NEEDED FOR ANY 10+ CHILD ADDING PAINTBALL

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

LETTER FROM CAMPER

This is a letter from you, the camper, to your counselors so that they know something about you.

Today's Date: _____

Full Name: _____ Nickname: _____

Age: _____

Gender: Boy Girl

School Grade Next Year: _____

What would you like to do/get out of camp this year? _____

What do you want to learn about? _____

What worries/concerns do you have about camp? _____

What do you like to do for fun? _____

What are your likes? _____

What are your dislikes? _____

Is there anything else you want your counselors to know about you? _____

Finish this statement:

This year, I think camp is going to be _____!

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

PARENT'S CONFIDENTIAL QUESTIONNAIRE

The following confidential information is shared only with relevant staff to ensure your child acclimates to camp and has a safe, meaningful, and fun camp experience. Your child will not see this form at camp. **If printed on same paper, please have child finish his/hers first.**

CAMPER NAME _____ PREFERRED NAME _____

BIRTH DATE _____ AGE AT CAMP _____ [] MALE [] FEMALE

1ST PARENT/GUARDIAN NAME _____ RELATIONSHIP TO CAMPER _____

RESIDES WITH CHILD [Y / N] ACTIVE IN CHILD'S LIFE [Y / N]

2ND PARENT/GUARDIAN NAME _____ RELATIONSHIP TO CAMPER _____

RESIDES WITH CHILD [Y / N] ACTIVE IN CHILD'S LIFE [Y / N]

OTHER ADULTS ACTIVE IN CHILD'S LIFE _____

NUMBER OF BROTHERS _____ AGES _____ NUMBER OF SISTERS _____ AGES _____

HAS YOUR CHILD BEEN AWAY FROM HOME OVERNIGHT BEFORE? [Y / N /] EXPLAIN _____

HAS YOUR CHILD ATTENDED OVERNIGHT CAMP BEFORE [Y / N] NAME/YEARS/CHILD'S EXPERIENCE _____

PLEASE DESCRIBE ANY IMPORTANT DETAILS ABOUT YOUR CHILD THAT WILL HELP HIS/HER COUNSELORS PROVIDE THE BEST SUPPORT POSSIBLE _____

WHAT ARE YOUR CHILD'S INTERESTS, TALENTS, AND HOBBIES _____

WHAT DO YOU EXPECT YOUR CHILD TO GAIN FROM CAMP _____

WHAT ACTIVITIES DOES YOUR CHILD EXPECT TO DO AT CAMP _____

DESCRIBE ANY BEHAVIORAL/HEALTH ISSUES THAT YOUR CHILD'S COUNSELOR SHOULD BE AWARE OF (I.E., BED-WETTING, NIGHTMARES, SLEEP WALKING, AGGRESSIVE BEHAVIOR) _____

WHAT WERE MAJOR EVENTS/ACCOMPLISHMENTS IN YOUR CHILD'S LIFE IN THE PAST YEAR (I.E., NEW SIBLINGS, RECENT DEATH IN FAMILY, DIVORCE, CHANGE IN JOB STATUS, MOVING, ACADEMIC EXCELLENCE, SPORTS ACHIEVEMENT) _____

PERSONALITY TRAITS: PLEASE MARK ALL THAT APPLY TO YOUR CHILD

- | | | | | |
|--------------------------------------|--|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ADVENTUROUS | <input type="checkbox"/> BOSSY | <input type="checkbox"/> CONFIDENT | <input type="checkbox"/> DEPENDABLE | <input type="checkbox"/> ENCOURAGING |
| <input type="checkbox"/> FAIR | <input type="checkbox"/> FEARLESS | <input type="checkbox"/> FINICKY | <input type="checkbox"/> HELPFUL | <input type="checkbox"/> IMAGINATIVE |
| <input type="checkbox"/> IMPULSIVE | <input type="checkbox"/> INDEPENDENT | <input type="checkbox"/> LAZY | <input type="checkbox"/> METICULOUS | <input type="checkbox"/> OPTIMISTIC |
| <input type="checkbox"/> QUARRELSOME | <input type="checkbox"/> QUICK LEARNER | <input type="checkbox"/> RELIABLE | <input type="checkbox"/> SARCASTIC | <input type="checkbox"/> TRUSTING |

ARE THERE ANY OTHER ISSUES, CONCERNS, FEARS OR QUIRKS WE SHOULD KNOW ABOUT _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

CAMPER INFORMATION & HEALTH HISTORY FORM 1

Send this form to the address below by May 15th

YMCA Camp Winona
898 Camp Winona Rd,
DeLeon Springs, FL 32130
campwinona@vfyymca.org

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____

First Middle Last
 Male Female Birth Date _____ Age on arrival at camp: _____
 Month/Day/Year

Cabin Mate Requests (1) _____ (2) _____

How did you hear about YMCA Camp Winona? _____

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Has your child attended YMCA Camp Winona before? Yes No If "Yes," what year(s) and program(s)? _____

Ethnicity (circle one) Caucasian/White African American/Black Asian Hispanic Native American Other: _____
 T-Shirt Size (circle one) YOUTH: M L ADULT: S M L XL XXL

Camper Home Address: _____
 Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Relationship
 Name: _____ to Camper: _____ Preferred Phones: () ()
 Email: _____

Home Address: _____
 (If difference from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Relationship
 Name: _____ to Camper: _____ Preferred Phones: () ()
 Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Relationship
 Name: _____ to Camper: _____ Preferred Phones: () ()

Additional persons to pick up camper: _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information: This camper is covered by family medical/hospital insurance Yes No
Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Co. Phone Number ()

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

CAMPER INFORMATION & HEALTH HISTORY FORM 1

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (Tdap)						
Tetanus booster * (dT) or (Tdap)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test
Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial

Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Camp requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | | |
|---|--|--|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Pseudoephedrine decongestant (Sudafed) |
| Phenylephrine decongestant (Sudafed PE) | Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) | Sore throat spray |
| Generic cough drops | Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe | Laxatives for constipation (Ex-Lax) |
| Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) | | |

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

CAMPER INFORMATION & HEALTH HISTORY FORM 1

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|---|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (____) _____

Name of dentist(s): _____ Phone: (____) _____

Name of orthodontist(s): _____ Phone: (____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

MUST FILL OUT COMPLETELY AND RETURN AT TIME OF REGISTRATION WITH PAYMENT

CAMPER HEALTH-CARE RECOMMENDATIONS FORM 2

Send this form to the address below by May 15th (date)

YMCA Camp Winona
898 Camp Winona Rd,
DeLeon Springs, FL 32130

campwinona@vfymca.org

P: (386) 985-4544 F: (386) 985-6553

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER INFORMATION & HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____

First Middle Last
 Male Female Birth Date: _____ Age on arrival at camp _____
 Month/Day/Year

Camper home address: _____

City State Zip Code

Custodial parent(s)/guardian(s) phone: (____) (____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper Should not be given.**

Acetaminophen (Tylenol)	Calamine lotion
Ibuprofen (Advil, Motrin)	Bismuth subsalicylate (Pepto-Bismol)
Phenylephrine (Sudafed PE)	Laxatives for constipation (Ex-Lax)
Pseudoephedrine (Sudafed)	Hydrocortisone 1% cream
Chlorpheniramine maleate	Topical antibiotic cream
Guaifenesin	Aloe
Dextromethorphan	Diphenhydramine (Benadryl)
Generic cough drops	Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimate)	

Medical Personnel: Please review CAMPER INFORMATION & HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)

Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications (**list**):

To the environment (**insect stings, hay fever, etc.-list**):

Other allergies (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency – describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activities while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below – attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (____) _____ Date: _____

MUST FILL OUT COMPLETELY AND RETURN MINIMUM 2 WEEKS BEFORE ATTENDING CAMP

CAMPER CODE OF CONDUCT

Camp is supposed to be a fun place to be for EVERYONE. The best way to insure that is to make sure that all campers are aware of, and follow, the camp policies. These policies are meant to keep each camper safe while insuring respect to them and their property.

PLEASE REVIEW THE FOLLOWING CONDUCT CODE WITH YOUR CHILD AND ASK HIM/HER TO SIGN IT.

- 1) Stay safe while having fun
- 2) Always follow directions of YMCA Camp Winona Staff
- 3) Stay with your counselor or activity group at all times
- 4) Respect other campers at all times (This includes not hitting or verbally abusing other people)
- 5) Respect your environment by refraining from littering and abusing equipment/furnishings
- 6) Shoes must be worn at all times. Exceptions will be approved by the counselor
- 7) No camper is allowed to have or use any form of tobacco product, controlled substance, illegal substance or alcoholic substance
- 8) No camper is allowed in any cabin except his/her own
- 9) No one is allowed in the opposite gender's cabin or bath area. Exceptions will be approved by the Director
- 10) After lights out, campers must remain in their cabin unless using the bathroom or seeing the nurse. The counselor must be asked
- 11) All campers must participate in their scheduled activities. If ill, inform cabin counselor, who will direct the camper to the nurse
- 12) No pillow fights or towel flicking (rat tails)
- 13) I understand that these policies are for my safety and the protection of the campers and staff

THE FOLLOWING ARE THE CONSEQUENCES OF YOUR ACTIONS SHOULD YOU CHOOSE TO VIOLATE THIS CODE WHILE ATTENDING YMCA CAMP WINONA

- 1) Campers are made aware of all policies again upon arrival
- 2) **Camp Staff will first verbally warn** campers for breaking these policies
- 3) After warning camper, if behavior or action persists, camper will not participate in that given activity
- 4) If behavior persists, **camper will be sent to the camp office** with the Camp Administrative Staff (parents will be notified at this time)
- 5) Camper will be put on a 24 hour contract. If behavior or actions do not improve **child will be sent home** at parents' expense
- 6) The camp director will discuss all decisions thoroughly with the parent before any child is sent home
- 7) The camp director reserves the right to send home any camper if it is decided that it is in the best interest of the YMCA Camp Winona program and campers. Immediate dismissal of a camper may result from severe infractions

I AGREE TO FOLLOW THESE POLICIES AND UNDERSTAND THE CONSEQUENCES IF I DO NOT.

PARTICIPANT'S SIGNATURE

DATE

I HAVE REVIEWED THESE POLICIES AND CONSEQUENCES WITH MY CHILD.

PARENT/GUARDIAN'S SIGNATURE

DATE

MUST FILL OUT COMPLETELY AND RETURN MINIMUM 2 WEEKS BEFORE ATTENDING CAMP

YMCA CAMP WINONA SUMMER RESIDENT CAMP PACKING LIST

CLOTHING: (1-Week)

T-shirts / Shirts (6-8)
Underwear (6-8)
Bathing Suits (1-2) must be modest
Light Jacket
Shorts (6-8)
Long Pants (1-2)
Socks (8-10 pair)
Tennis Shoes / Sneakers (2 pair) *Must be closed-toed
Pajamas (1-2)
Rain Gear / Poncho
Hat / Cap (sun protection)
Laundry Bag (or old pillow case)
Bug Spray (stick recommended)
Flip-flops / Crocs for Bathhouse / Free-Swim (optional)
Do not send anything that you would deeply regret getting dirty/lost

Sun Block
Comb / Brush
Deodorant
Water Bottle
Towels (2-3)

WASH KIT:

(In carrying container) Toothbrush
Toothpaste
Soap / Body Wash
Wash Cloths

PAINTBALL PARTICIPANTS: (1-Week)

Old clothes that can get stained
Long Sleeved Shirts (2)
Jeans / Long Pants (2)
Tennis Shoes / Sneakers

BEDDING: (cabins average 74° at night)

Sleeping Bag, Sheets (twin mattress), mattress cover (whatever your child is comfortable using)
Pillow(s), Plushies

SWIMWEAR POLICY:

Because of the activities that happen at camp, girls are asked to wear modest one-piece bathing suits or tankini's that cover the belly. Girls may be asked to put a colored shirt over their bathing suit if it is deemed inappropriate. Boys must wear boxer-style bathing trunks.

RECOMMENDATIONS:

We recommend cloth labels / permanent marking to identify your child's clothes and towels. Lost and Found is available in the Becky Building Friday evening before and after the slideshow.

OPTIONAL EQUIPMENT:

Playing Cards / Games	Flashlight / Batteries	Costume for Themed Dance
Pen / Pencil & Paper	Pre-Addressed / Stamped Envelopes	Bible / Books
Fishing Gear	Inexpensive Camera / Film	Activity Books

WHAT NOT TO BRING:

Cell Phones	iPods / MP3 Players	Electronic Games	Radio / TV	Jewelry
Tablets / iPads	Cash	Snacks	Soda / Pop	Food
Animals	Nicotine Products	Alcohol	Drugs	Matches / Lighters
Fireworks	Knives / Firearms	Smart Watches	Anything You Don't Wish to Risk Losing	

We discourage sending unnecessary items to camp. Luxury items, as listed above, are not needed. Cell phones and other listed items interfere with the camp experience and are at risk of being lost or stolen. Therefore, they **will** be taken by the counselor and given to the camp director for safe keeping until the end of the session. We wish for your child to have a visit uninterrupted by electronics so that they may receive the full benefit of our traditional summer camp. **A cell phone call, whether incoming or outgoing, during the session can awaken homesickness in your child or in one of his/her cabin mates, causing unnecessary stress on the camper and their cabin.**

Parents are responsible for contacting camp at (386) 985-4544 in reference to any lost items. Two weeks after camp ends all unclaimed items will be either disposed of or donated to Goodwill. Parents are responsible for arranging pick up or for reimbursing any mailing fees.