



# YMCA Camp Winona

## Summer Camp 2020

898 Camp Winona Rd  
DeLeon Springs, FL 32130  
386.985.4544  
www.CampWinona.org

Camper's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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.

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 the YMCA uses reasonable care in providing this activity, there is a chance that 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 the 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 the YMCA has the right to refuse to let your child participate if this form is not signed.

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

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
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 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 deposit and registration fee is non-refundable except for verified medical reasons.

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.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

### PAINTBALL & HIGH ROPES PROGRAM INFORMATION AND RELEASE OF LIABILITY FORM

*PLEASE READ AND SIGN FOR ANY 10+ CHILD ADDING PAINTBALL OR HIGH ROPES*

The YMCA Camp Winona Paintball & High Ropes Programs involve a variety of activities may include games, group initiative problems and other potentially strenuous activities. The level of participation in these activities at all times are 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.

I understand that parts of the YMCA Camp Winona Paintball & High Ropes 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 and High Ropes 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 and High Ropes Programs.

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 and/or High Ropes Programs.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

# CAMPER CODE OF CONDUCT

Camp is meant to be a fun place to be for EVERYONE. The best way to ensure this mission is to make sure that all campers follow the camp policies. These rules are meant to keep each camper safe and happy.

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

To stay safe, have fun, and ensure a good experience for all other campers, I will....

- Always follow directions of YMCA Camp Winona Staff
- Stay with your counselor or activity group at all times
- Respect other campers and their belongings at all times (This includes not physically or verbally hurting other people)
- Respect your environment by refraining from littering and abusing equipment/furnishings
- Shoes must be worn at all times. Exceptions will be approved by the counselor
- No camper is allowed to have or use any form of tobacco product, controlled substance, illegal substance, alcoholic substance
- Electronic items (such as phones and tablets) are not allowed at Camp; any found will be confiscated until check out.
- No camper is allowed in any cabin or bathhouse except his or her own
- After lights out, campers must remain in their cabin unless using the bathroom or seeing the nurse. The counselor must be informed
- All campers must participate in their scheduled activities. If ill, inform cabin counselor, who will direct the camper to the nurse
- No pillow fights or towel flicking (rat tails)
- Demonstrate the four core values at all times; caring, honesty, respect, and responsibility
- Treat others how I would want to be treated
- Maintain a positive attitude

## SHOULD YOU CHOOSE TO VIOLATE THIS CODE OF CONDUCT, THE FOLLOWING ARE THE CONSEQUENCES:

1. Camp Staff will first verbally warn campers for breaking these policies
2. If behavior or action persists, camper will not participate in that given activity
3. If behavior still persists, camper will be sent to the camp office with the Camp Executive Director and parents will be notified at this time
4. Camper will be put on a 24 hour contract. If behavior or actions do not improve child will be sent home at parents' expense
5. The camp director will discuss all decisions thoroughly with the parent before any child is sent home
6. 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 ACCEPT THE CONSEQUENCES IF I DO NOT.

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PARTICIPANT'S SIGNATURE

---

DATE

## I HAVE REVIEWED THESE POLICIES AND CONSEQUENCES WITH MY CHILD.

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PARENT/GUARDIAN'S SIGNATURE

---

DATE

# LETTER FROM CAMPER

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

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? \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_!

Sincerely,

\_\_\_\_\_

# PARENT'S CONFIDENTIAL QUESTIONNAIRE

The following information is confidential and will only be shared 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

1<sup>ST</sup> PARENT/GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

RESIDES WITH CHILD  Yes  No ACTIVE IN CHILD'S LIFE  Yes  No

2<sup>ND</sup> PARENT/GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

RESIDES WITH CHILD  Yes  No ACTIVE IN CHILD'S LIFE  Yes  No

OTHER ADULTS ACTIVE IN CHILD'S LIFE \_\_\_\_\_

NUMBER OF BROTHERS \_\_\_\_\_ AGES \_\_\_\_\_ NUMBER OF SISTERS \_\_\_\_\_ AGES \_\_\_\_\_

OVERNIGHT EXPERIENCE; Has your child stayed overnight anywhere but home?  Yes  No

DETAILS \_\_\_\_\_

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

CAMPER'S INTERESTS, TALENTS, AND HOBBIES \_\_\_\_\_

EXPECTATION: What do you expect your child to gain from Camp? \_\_\_\_\_

ACTIVITIES: What does your child want to do most at Camp? \_\_\_\_\_

BEHAVIORS/HEALTH ISSUES: Please describe anything the counselor should be aware of (i.e. bedwetting, aggression, etc)

MAJOR EVENTS/ACCOMPLISHMENTS: Please detail any highs or lows in the last year that have affected your child

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 \_\_\_\_\_