



CAMPER TO COUNSELOR LETTER

Please Return To:

YMCA Camp McConnell
210 SE 134th Avenue
Micanopy, FL 32667
Fax 352-466-0600

Traditional Camp: 1 2 3 4 5 6 7
Leaders – In – Training: 1 2 3
Adventure Camp: 7 Horseback Camp: 7

This letter to your cabin counselor will help him/her get ready for your arrival at camp. The information you provide will help your counselors get to know you better. Your counselors will also use some of the information to help them plan afternoon activities for you and your cabin mates! (Younger campers may need parental help in completing this letter.)

Please mail this letter to us thirty days prior to attending.

Dear Counselor,

My full name is _____, but my friends just call me _____

The things I like to do most with my friends are _____

What I like most about school is _____

What I like least about school is _____

Most of my friends would probably describe me as someone who is _____

If you were to ask my friends about me, they would say that I _____

The qualities I like most in people are _____

My best friends are people who _____

I'm coming to YMCA Camp McConnell because _____

The kind of counselor that I would like to have most is one that _____

As my counselors, I also want you to know that _____

When I get to Camp McConnell, the things I want most to achieve or accomplish are _____

I understand that I am coming to YMCA Camp McConnell to develop new skills, be a good sport and have a good time. I understand that there are camp guidelines that I must follow in order for everyone to have a safe and fun time. I agree to abide by YMCA Camp McConnell rules including being considerate of my cabin mates, cooperating with my counselors and practicing good health habits and personal hygiene. I agree not to have any illegal drugs, firearms, weapons or alcohol while participating in Camp McConnell programs.

Camper's Signature _____

Former campers, please complete the additional questions on the back of this form



FOR FORMER CAMPERS ONLY

If you have been a camper at YMCA Camp McConnell previously, please complete the information below.

While at camp during the previous summer(s), the things which helped me grow the most were:

I have decided to return to camp because:

What concerns do you have about returning to camp for another year?

What was the best part about your last summer at camp?

What was the worst part about your last summer at camp?

What I hope to gain from my camp experience this summer:

Thank you for taking the time to provide your counselors with this information



Camp McConnell

CODE OF CONDUCT

(REQUIRED CAMP DOCUMENT PLEASE SIGN AND RETURN)

PARENT/GUARDIAN/CAMPER

Subject: Camper Behavior Agreement

At camp and especially away from home, youngsters can sometimes test the limit of appropriate behavior. Although this is not usually the case with the majority of our campers, there are always a few whose behavior and actions can be extremely difficult to deal with. One of the problems that we have, being isolated at the camp, is that continued misbehavior cannot be easily rewarded with a simple ride home. The logistics of sending a camper home from this camp are complicated, even though in past years we have done so. Our goal is to avoid this unpleasant type of situation and it is, therefore, imperative that you sit down with your child and discuss proper conduct while at Camp McConnell. Simply put, the rules and expected behavior at camp are really no different than those at school. If that is clearly understood and followed, then everyone gets along fine and has a rewarding experience at camp.

The following are some of the conditions and policies of YMCA Camp McConnell. 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 the Code of Conduct and Parent's Handbook for the health, safety and welfare of the campers and staff.
2. Campers are expected to use appropriate language. Any foul, vulgar or disrespectful language will result in campers going home.
3. Campers are not allowed to smoke, chew tobacco, or possess any smoking materials, alcoholic beverages, or illegal drugs. Campers will automatically be sent home for possession of banned substance or illegal drugs or alcoholic beverages.
4. All medications, drugs, over-the-counter, etc., must be kept in the camp's infirmary under the control of the camp healthcare coordinator.
5. 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 campers going home.
6. 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.
7. All personal belongings are to be marked with ID. Camp staff reserves the right to examine any camper's person or belongings 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.
8. During the camp session should parents, guardians, and relatives leave their place of residence for an extended period of time, the Camp office is to be advised where they can be reached in case of emergency.
9. All rules and policies are strictly enforced. The safety and security of our campers is of paramount importance to our 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 at YMCA Camp McConnell (including expenses to do so) should it become necessary to send a camper home.**

Camper Signature

Parent / Guardian Signature

Date

YMCA CAMP MCCONNELL
Pick-up Authorization Form

Mail this completed form to:
YMCA Camp McConnell
210 S.E. 134th Avenue
Micanopy, Florida 32667

Camper Name:

_____ (First) _____ (Last)

This form identifies people who are authorized to pick-up your child from camp. Additionally, people listed on this form are understood to be contacts for Camp McConnell to use while your child is in our care and can be asked to pick-up your child (due to illness, behavior, or at the end of session) as needed. The person picking up your child will be asked to sign this form upon pick-up of the child from camp. Only an authorized adult listed on this form may pick up your child from camp. **(Please read and sign where indicated by the arrow).**

Be sure to list all authorized adults – including you (listed first)

Please be mindful of when your camper's session ends and have an adult listed below scheduled for pick-up.

<u>Contact Name</u> <u>License #</u>	<u>Relationship</u>	<u>Primary Phone #</u>	<u>Alternate Phone #</u>	<u>Drivers</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Permission to Provide Necessary Transportation and Pick-up Authorization:

Please sign below to signify your understanding of the camp's pick-up policy and to authorize camp to transport your child for special or necessary trips out of camp:

I authorize the adults listed above to pick-up my child from camp as necessary should he or she need to leave camp due to illness, injury, or behavior, or at the end of the session. I have informed them that they are listed here and may be contacted by camp.

I authorize camp to provide or arrange any necessary program-related transportation for my child (e.g. specialty program day-trip, emergency transportation, etc.)

I understand camp will only release my child to an adult listed on this form regardless of their relationship to my child or their being named on another camp form.

Parent/Guardian signature _____ Date _____



Pick-up Person Verification

FOR OFFICE USE ONLY

Printed Name _____ Signature _____

=====

I have verified the authorization of the person picking up this camper

Counselor Initials _____ Date _____

YMCA Camp McConnell Health History Form

The information on this form is gathered to assist us in identifying appropriate care for your camper. This form, except for the "Health Recommendations of Licensed Medical Personnel," portion is to be filled in by the parents/guardians of the camper.

Session(s) attending: _____

Mail to Camp McConnell 30 days prior to the Session

YMCA Camp McConnell

210 SE 134th Avenue

Micanopy, FL 32667

P (352) 466-3587 F (352) 466-0600

Camper's Name _____ Birth date _____ Age at Camp _____
Last First MI

Gender: Male Female

Custodial Parent/Guardian _____ Phone _____ Business/Cell Phone _____

Address _____
Street Address City State Zip

Second Parent or Guardian: _____ Phone _____ Business/Cell Phone _____

Address _____
Street Address City State Zip

Other Emergency Contact: Name _____ Relationship _____

Phone _____ Business/Cell Phone _____

Family Physician: _____ Business Phone _____

Address _____
Street Address City State Zip

Family Dentist/Orthodontist: _____ Business Phone _____

Address _____
Street Address City State Zip

Health Care Recommendations by Licensed Medical Personnel: Date of last examination: _____

I have examined the above camp participant. In my opinion, the above is or is not able to participate in an active camp program.

Signature of Licensed Medical Personnel _____ Printed Name _____

Title _____ Business Phone _____ Date _____

Insurance Information: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Social security number of policy holder or insurance ID number _____

Important — The following boxes must be completed for attendance *

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director 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 of camper _____ Date _____

Witness _____ Date _____

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

Signature of camper _____ Date _____

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

Health History

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. **Keep a copy of the completed form for your records.** Any changes to this form should be provided to the camp health personnel upon participant's arrival in camp. Please provide complete information.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary):

List Medications your child is taking at this time:

Allergies: List all known. Medication allergies:

Food allergies: _____

Other allergies (list) — include insect stings, hay fever, animal dander, etc. _____

Which of the following has the participant ever had?

- Measles Chicken Pox
 German Measles Mumps
 Hepatitis
 TB Mantoux Test Date _____
 Result: Positive Negative

Please give all dates of immunization:

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____				
or Measles	_____	_____				
or Mumps	_____	_____				
or Rubella	_____	_____				
Haemophilus influenza B	_____	_____	_____	_____		
Hepatitis B	_____	_____	_____	_____		
Varicella (chicken pox)	_____	_____				
BCG	_____					

Has/does the participant:		Y	N	Has/does the participant:		Y	N
1.	Have a chronic or recurring illness/condition?			12.	Ever had problems with joints (e.g. knees, ankles)?		
2.	Have frequent headaches?			13.	Have diabetes?		
3.	Ever had a head injury?			14.	Have any skin problems (e.g. itching, rash)?		
4.	Ever been knocked unconscious?			15.	Have asthma?		
5.	Ever had high blood pressure?			16.	Had mononucleosis in the past 12 months?		
6.	Ever had frequent ear infections?			17.	Will your child need any prescription medications at camp?		
7.	Ever had seizures?			18.	Ever had an eating disorder?		
8.	Ever had chest pain during or after exercise?			For Female:			
9.	Ever had back problems?			19.	Has this person menstruated?		
10.	Had any recent injury, illness or infectious disease?			20.	If so, is her menstrual history normal?		
11.	Had any recent surgery?			21.	If not, has she been told about it?		

Please explain any "yes" answers, noting the number of the question (above).

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the YMCA of the Palm Beaches, 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 THE 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:

Participant _____
(if under 18 years old, parents or legal guardians must sign below)

Participant/Parent Signature _____ Date _____

Participant/Parent Signature _____ Date _____

YMCA Camp McConnell

PARENT COOPERATIVE INFORMATION SHEET

In order to be most helpful to your child in adjustment to camp life, to sympathetically understand him/her and to direct his/her growth and development, we are requesting the following information. All answers are strictly confidential and will be used intelligently in the interest of your child. Please answer these questions as completely as possible. It is very important that the parent or guardian complete this form front and back. Thank you for your cooperation.

Camper's Full Name _____ Birthday _____

Nickname he/she prefers _____ Grade in Sept. _____ Age _____

Session(s) attending: 1 2 3 4 5 6 Super Combo: 1 2 3 LIT/CIT Program: 1 2 3
Horseback Camp: 7 Florida Adventures Camp: 7

Please list any specific activities to be encouraged or limited by physician's advice: _____

Are Parents: (circle) Married Divorced Separated Deceased Widowed

If divorced or separated, are there any custody issues? _____

(FOR FEMALES ONLY) Has this person menstruated? Yes No

If not, has she been told about it? Yes No

Does child have Brother(s)? _____ Age _____ Sister(s) _____ Age _____

Is your child on a doctor's prescription of any kind? Yes No

Has child ever been to camp / child care before? Yes No

Can your child swim? _____ if yes, what level? _____

Is he/she usually with children his/her own age? Yes No

Does your child make friends easily? Yes No Somewhat

Is he/she a member in any other YMCA program? Yes No

if yes, which program(s) _____

Does your child ever wet the bed? Yes No

What method have you found effective in preventing it? _____

How does your child feel about going to camp? _____

What skill(s) do you hope he/she might get out of camp? _____

What food does your child refuse to eat? _____

What food is your child allergic to? _____

What regular duties or responsibilities does your child have at home? _____

YMCA Camp McConnell

What is your child good at doing? _____

School subjects? _____ Sports? _____

What does your child do with most of his/her free time? _____

How do you reinforce positive behavior and what inappropriate behavior to you most often redirect? _____

What additional suggestions do you have for the cabin/program leader? _____

Has your child ever run away from home? _____

Does your child have reoccurring nightmares? _____

Does your child have an imaginary friend? _____

What scares your child the most? _____

Please write any additional information and/or goals you and your child might have during their camping experience with us:

These questions answered by:

(Please Print) _____