



## YMCA Camp Wapsie Adventure Trip Information

Please save!

**At least four weeks prior to your camper's session please send the following fees and forms to:**

YMCA Camp Wapsie, 2174 Wapsie Y Road, Coggon, Iowa 52218

**Camp Fee Balance**

**Camp Store Money**

The camp store sells soft drinks, snacks, camp T-shirts, and souvenirs. The store is open on check in and check out days for trip campers. Since trip campers are mostly off site they can bring \$25 - \$40 for snacks or souvenirs at rest stops or parks. No store accounts are set up for trip campers.

**Health Form**

The health form must be filled out completely, including health insurance company and policy number. **Please make certain your physician signs this form.** Health and accident insurance coverage for campers is the responsibility of parents/guardians, as are all medical expenses.

**Release Form**

We will release your child **only** to individuals who you approve in writing.

**Confidential Form**

The confidential form must be completed and signed by parents/guardians. This form is important in helping counselors work with your child while he/she adapts to camp life.

### **Arrival and Pick-up times for Trips:**

Your child must arrive at camp between 3 – 3:30 p.m. on the Sunday of his/her session.

Saturday pick-up is after parent program that starts at 9 a.m. Meet at the Knapp Outdoor Chapel for a 45 minute program. Camp closes at 11 a.m. **No pets allowed.** Please, for everyone's safety, leave your pets at home.

### **Cancellation and Refund Policy:**

Cancellations and changes must be in writing or e-mail ([camp@crmetroymca.org](mailto:camp@crmetroymca.org)). No refund for behavior-related problems and/ or the use of drugs, alcohol, tobacco and abusive language. Campers who cancel 10 days or more prior to camp date forfeit \$75 deposit. Campers who cancel less than 10 days before their session date forfeit half of camp fees. No shows forfeit the full fee. Campers who cancel or leave on the advice of medical personnel will receive a prorated refund. We must have written note from medical personnel.

### **Medications:**

All medications must be turned in to the Health Supervisor on the day of check-in. All medications must be in their **original containers** with camper's name and doctor's instructions.

**Emergency and Health information:** In addition to the full-time professional staff, YMCA Camp Wapsie employs young adults of the highest caliber to work with campers. They receive a week of intense training so they can help children have a safe and meaningful camp experience. Wapsie Trip Staff carry an emergency cell phone, are trained in Lifeguarding, Wilderness First Aid, and CPR. Additionally, our staff is trained to specific conditions we could face on wilderness adventures. Our staff also will keep and dispense any prescription or over-the-counter medication such as Tylenol, Benadryl, Pepto-Bismol, etc., unless otherwise directed from parents.

In case of a medical emergency involving your child, the Camp Director, Assistant Director, Trip Director or Health Services staff will contact you. Cell phones are not allowed. Parents, if you need to reach your camper in case of an emergency, call Camp Wapsie, and we will contact them. Campers will spend time in remote location where communication may not be readily available.

### **Food:**

Camp provides balanced meals. Please do not send food, candy, gum or snacks this encourages pests. Please notify camp of any dietary restrictions or special diets. Camp Wapsie will pay for all meals on the trip and entrance fees to the Parks. Rest/fuel stops are taken en route and any snacks, drinks or souvenirs are the camper's responsibility.

**Aim of program:** Your high adventure trip experience at Camp Wapsie is all about making new friends, working as a group, living respectfully in the outdoors and challenging yourself to new experiences. Often times the success of the trip depends on how well the group works together, accomplishing not only the larger trip objectives, but those little day-to-day tasks to help everything run more smoothly. Being flexible and adapting to the group and the environment are key components for a positive experience.

**Facilities:** We will be sleeping in tents most of the week. At Wapsie, flush toilets and showers are available. Toilets and showers will be available some of the time we are camping, but do not expect to take showers daily.

**Eligibility and Required ability level for participants:** Trips have different age restrictions as outlined in our brochure, participation ages vary from youth entering 7th – 12th grades. Trips are designed to be beginner to intermediate level. None of our trips are highly advanced, meaning most active people should be able to participate. *However good conditioning is important with our active schedule!*

**Inherent risks of Adventure Trip Programs:** YMCA Wapsie Staff is trained in camping skills as well as trip specific precautions. We use staffed facilities with more advanced training and equipment when Wapsie staff does not have the equipment or expertise necessary for a trip. Although we take precautions to reduce the risk on all of our trips, there are still some inherent dangers. Some examples include falling or scrapes while rock climbing or canoes tipping into the water, creating a potential water emergency. In the unlikely event that a participant is unable to continue on a trip, YMCA Camp Wapsie will contact the parents to discuss the best way to get the camper back home. Parents should be aware of the possibility of having to get their child in certain extreme circumstances.

Please understand that this information is not meant to frighten anyone. We are proud of our safety record with our trips and we feel our staff does an exceptional job minimizing risks. We also feel that this program is valuable for teenagers to provide an exciting and challenging growth opportunity. It is our goal to meet the highest quality standards we can. If you have any questions, please do not hesitate to give us a call.

### ***Adventure Trips Packing List***

You do not need to purchase new expensive gear! Work with what you have. Go minimal – we pack light!

- a duffel bag or backpack
- sleeping bag, preferably non-cotton
- 2 pairs closed toed shoes (one that can get wet)
- 1-2 water bottle(s)
- handkerchief/bandana
- swimsuit & towel
- 2-3 pairs shorts
- 2-4 t-shirts
- small day/fanny or back pack
- 2-3 pairs of pants
- 3-4 pairs of socks
- 3-5 pairs of underwear
- 2 long sleeved shirts
- fleece/ light jacket
- raincoat and rain pants or poncho
- cap with brim
- sunglasses/sunscreen/lotion
- prescription meds
- bug-repellant (non-aerosol)
- flashlight or headlamp
- toiletries kit: toothbrush/paste, soap, shampoo, comb, lip balm, deodorant, feminine products)
- *For skate trip* skateboard, helmet, knee & elbow pads

#### ***Optional Items:***

- camera and film
- pillow
- sleeping pad
- book
- notepad/pen
- watch
- waterproof bag or ziplocks for canoe trips
- small games – cards, hacky sack, etc.
  - something nice to wear to the dance
  - extra pair of contacts or glasses

#### ***Do Not Bring:***

- knives
- tobacco, illegal drugs or alcohol
- valuables
- Food
- bad attitudes!!

***Please write name on all items brought to camp!  
Camp Wapsie assumes no responsibility for items  
brought by campers***



**YMCA MISSION:** To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

# YMCA Camp Wapsie Health Form

## Sessions Attending

Program: \_\_\_\_\_ Wk# \_\_\_\_\_, Program: \_\_\_\_\_ Wk# \_\_\_\_\_, Program: \_\_\_\_\_ Wk# \_\_\_\_\_

Camper's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Father Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact (If guardians can't be reached) \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist / Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Please check if your child has a history:

*(Please send a copy of your insurance card!)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Epilepsy or Convulsions     | <input type="checkbox"/> Hay fever, Sinus           |
| <input type="checkbox"/> Fainting                      | <input type="checkbox"/> Sleep walking               | <input type="checkbox"/> Bedwetting                 |
| <input type="checkbox"/> Asthma/Bronchitis             | <input type="checkbox"/> Heart Defect / disease      | <input type="checkbox"/> Medication allergies _____ |
| <input type="checkbox"/> Frequent ear infections       | <input type="checkbox"/> Food allergies _____        |   |
| <input type="checkbox"/> Bleeding or Clotting Problems | <input type="checkbox"/> Dietary restrictions _____  |   |
| <input type="checkbox"/> Insect Stings (list) _____    | <input type="checkbox"/> Do you carry epi-pen? _____ |   |

Female Campers: Has camper begun menstruation? \_\_\_\_\_ If not has she been told about it? \_\_\_\_\_

Does she have a normal menstrual history? \_\_\_\_\_

Please explain any of the above checked items, restrictions or other conditions we should be aware of: \_\_\_\_\_

List any treatments or medications including nonprescription medication child is currently taking and why. *All medications* brought to camp must be in their original container, clearly labeled, and can only be given according to package directions or as prescribed by a physician. \_\_\_\_\_

Camp staff will monitor the day-to-day needs of campers and may administer nonprescription medications (i.e. acetaminophen, ibuprofen, Benadryl, Sudafed, etc.) per camp doctor's standing orders, as well as Band-Aids, and feminine products. Please list any medications or treatments participant should not be given and why: \_\_\_\_\_

This health history is accurate so far as I know and the above stated person has my permission to visit and participate in all activities, except as noted above, at YMCA Camp Wapsie. I hereby give permission for the camp staff to provide routine health care, administer prescribed and nonprescription medication, arrange necessary transportation, seek emergency medical treatment, including X-rays, routine tests, injections and/or anesthesia and/or surgery, for camper named above. I understand all precautions will be taken for camper care and supervision. I entrust care of my child to camp staff during their visit. Beyond this I will not hold camp staff, Camp Wapsie or the YMCA responsible or liable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's First and Last Name \_\_\_\_\_

**IMMUNIZATION HISTORY**

Required immunization information must be completed annually. Please record the date (month and year) of basic immunization and most recent boosters.

| VACCINES  | YEAR OF BASIC IMMUNIZATION | YEAR OF LAST BOOSTER |
|---|----------------------------|----------------------|
| DPT *Diphtheria Pertussis/Whooping Cough Tetanus Or |                            |                      |
| D*Tetanus / Diphtheria Or tetanus                   |                            |                      |
| Oral Polio (Sabin) TOPV                             |                            |                      |
| Injectable Polio (Salk)                             |                            |                      |
| Measles (Rubeola)                                   |                            |                      |
| Mumps   |                            |                      |
| Rubella (German Measles, 3-day measles)             |                            |                      |
| Other   |                            |                      |
| Tuberculin Skin Test                                |                            |                      |
| Hepatitis B   |                            |                      |

The **Health History** (from other side) and the **Immunization History** (at left) must be completed by a parent or guardian annually.

The **Medical Exam (below)** is required to be completed by a licensed physician within 24 months of attendance, and must be sent to camp annually.

Has your child ever contracted any of the following?:

- Measles
- Chicken pox
- Mumps
- Hepatitis
- HIV or AIDS

**MEDICAL EXAM must be completed by Licensed Medical Personnel**

I have examined the camp applicant named above. In my opinion, his/her health does \_\_\_\_/does not \_\_\_\_ allow his/her participation in an active camp program. **Date examined:** \_\_\_\_\_

Recommendations and restrictions at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Health Information camp personnel should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Medical Personnel:** \_\_\_\_\_ **Phone # (\_\_\_\_)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street & number City State Zip Code

**Date of Form Completion** \_\_\_\_\_ **\*By** \_\_\_\_\_

\*Initials if completed by nurse or physician's assistant

## Confidential Information

**Parents/Guardians:** The following information is shared with YMCA Camp Wapsie counselors so they may better understand and communicate with your child. Please return this form at least *four weeks* before your child is to attend camp. **All information is kept confidential!**

### Sessions Attending

Program: \_\_\_\_\_ Wk# \_\_\_\_\_, Program: \_\_\_\_\_ Wk# \_\_\_\_\_, Program: \_\_\_\_\_ Wk# \_\_\_\_\_

Camper's Name \_\_\_\_\_ Male/Female Age \_\_\_\_\_

School Grade (Fall 2010) \_\_\_\_\_ Birth Date \_\_\_\_\_

Has child been to Wapsie in the past? Yes / No When? \_\_\_\_\_ To other camps? Yes / No

With whom does your child live? \_\_\_\_\_

Please list siblings and their ages: \_\_\_\_\_

How does your child do with schoolwork? Excellent \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_

Describe your child's activity level: Very Active \_\_\_\_\_ Active \_\_\_\_\_ Moderately Active \_\_\_\_\_ Inactive \_\_\_\_\_

Has your child suffered any recent injuries or illnesses? (Please explain) \_\_\_\_\_

Has your child been away from home before? \_\_\_\_\_ How long? \_\_\_\_\_

What games and sports does he/she enjoy? \_\_\_\_\_

What are his/her hobbies? \_\_\_\_\_

How does your child react to meeting new people and making friends? \_\_\_\_\_

Has your child been teased? If so, what has he/she been teased about? \_\_\_\_\_

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What are your child's strengths? \_\_\_\_\_

What are his/her fears? \_\_\_\_\_

What problem(s) might we encounter with your child? \_\_\_\_\_

What else should we know about your child? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Release Form

Camp Wapsie desires to provide a fun and safe experience for your child. Camp Wapsie uses a signature release process. We will release your child only to individuals who you approve in writing. Please fill out the form below and send it, along with payment, to camp at least *four weeks* prior to your child's camp session.

On Saturday parents are encouraged to attend our Parent Program at 9:00 a.m. If you cannot attend plan to arrive at camp no later than 9:30 a.m. Camp closes at 11:00 a.m.  
The counselor will handle all sign-outs in the cabin.

### **Please fill out and return entire form to YMCA Camp Wapsie**

Child's name \_\_\_\_\_

#### Sessions Attending

Program: \_\_\_\_\_ Wk# \_\_\_\_\_, Program: \_\_\_\_\_ Wk# \_\_\_\_\_, Program: \_\_\_\_\_ Wk# \_\_\_\_\_

Parents/Guardians (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parents/Guardians address \_\_\_\_\_

The following people, other than the above listed parents/guardians, are authorized to pick up my child from camp:

### **Your child will not be released to any other person!**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child released to \_\_\_\_\_ Picture initial \_\_\_\_\_ Date \_\_\_\_\_

(To be signed when child is picked up from camp)



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