



YMCA Camp Wapsie–Pinicon Day Camp & Day Trekkers

(Day camp Located at Pinicon Ridge Park, Central City)

(Day Trekkers located at YMCA Camp Wapsie)

Information Sheet

At least ***four weeks*** prior to your camper's session please send the following to: YMCA Camp Wapsie, 2174 Wapsie Y Rd, Coggon, Iowa 52218

- Camp Fee Balance
- Health Form
- Confidential Form
- Day Camp Transportation and Release Form

Transportation is provided to and from the following locations:

<u>Site</u>	<u>Pick-up time</u>	<u>Return time</u>
Stoney Point YMCA	7:15 a.m.	4:50 p.m.
Helen G. Nassif YMCA	7:35 a.m.	4:30 p.m.
Marion YMCA	7:55 a.m.	4:10 p.m.
Riverside Pavilion/Camp	8:30 a.m.	3:30 p.m.
Camp Wapsie	8:45 a.m.	3:30 p.m.

(If driving your child).

Bus Transportation:

- Please be on time at all sites.
- Counselors will not leave campers unattended without written permission.
- Campers not picked up on time, and do not have permission to be left unattended, will be taken to the Stoney Point YMCA where they may call you for a ride.
- HGN YMCA uses the loading zone on 7th Ave SE. Please use street parking or use the parking lot to the north of the YMCA.
- Stoney Point & Marion YMCA's use the Y's parking lots.
- Campers may not load the bus until Camp Wapsie staff has arrived and checks campers in.
- All bus safety procedures are to be followed per the bus driver and camp staff. Campers must remain seated at all times and may stand to exit the bus after the driver has secured the bus and given the ok. Campers must keep all body parts inside the bus and the aisles cleared during travel.



Cancellations:

Cancellations and changes must be in writing or e-mail (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.

Emergencies:

Should you need to contact your camper during the day for an emergency, please call the Pinicon Ridge Park Office at 319-438-6616 or YMCA Camp Wapsie at 319-435-2577.

Inclement weather:

If inclement weather conditions develop, or for other appropriate reasons, our staff may bus day campers to YMCA Camp Wapsie for safety and quality programming.

Meals:

Day Campers need to bring a sack lunch and beverage Monday - Thursday. YMCA Camp Wapsie will provide Thursday's evening meal and Friday's breakfast and lunch. **No refrigeration is available.** All meals are provided for Day Trekkers.

Overnight at camp:

Day Campers will stay overnight at YMCA Camp Wapsie on Thursday and will return at the regular scheduled time on the Friday bus route. Day Trekkers will stay overnight Friday and need to be picked up at camp on Saturday after the 9:00 parents program. You will receive more information on the first day of camp.

What to bring:

Campers should wear weather-appropriate attire. Send a swimsuit, towel, lunch, water bottle, sunscreen and non-aerosol bug repellent everyday. Please wear proper footwear for outdoor activities. **Label everything with camper's name.** Do not send fishing poles, knives or firearms. *Personal electronic devices including cell phones, MP3 players and etc. are not allowed at camp.* Please leave pets at home; camp is for campers only.

Medication:

Medications must be given to the counselor in the original container with the camper's name clearly marked.

Camp store:

A list of merchandise (T-shirts, souvenirs, snacks) and prices will be sent home with Day Campers during the week. If you wish to make a purchase, please send the exact amount in a sealed envelope marked with the camper's name on **Thursday**. Checks should be made out to YMCA Camp Wapsie. **Day Trekkers** can put money in a store account.

Staff:

In addition to the full-time professional staff, Wapsie Day Camp employs young adults of the highest caliber to work with campers. They are trained to provide campers with a meaningful, fun and safe camp experience.

Thank you for allowing your child to experience YMCA Camp Wapsie this summer!



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



YMCA Camp Wapsie Day Camp and Day Trekkers Transportation and Release Form

Please return to camp *four weeks* prior to session attending.

Camper's Name _____ Week # attending _____
(Please print)

Parents/Guardians _____ Hm # _____ Wk # _____
(Please print)

Please *check* pick-up time for your camper!

Site	Pick-up time	Return time
___ Stoney Point YMCA	7:15 a.m.	4:50 p.m.
___ Helen G. Nassif YMCA	7:35 a.m.	4:30 p.m.
___ Marion YMCA	7:55 a.m.	4:10 p.m.
___ Riverside Pavilion	8:30 a.m.	3:30 p.m.
___ Camp Wapsie (If driving your child to camp)	8:45 a.m.	3:30 p.m.

The following people also may pick up your camper.

(Please note: Campers will be released only to parents/guardians and those people you list below):

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Parent /Guardian Signature _____ Date _____ Cell# _____

Released to: (Camp use only)

1. _____ Monday
2. _____ Tuesday
3. _____ Wednesday
4. _____ Thursday
5. _____ Picture initial _____ Friday/Saturday





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? _____

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:** _____



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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: _____

