



# YMCA Camp Wapsie

## Resident Camp 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. An account is set up for each camper and money not spent is returned on the last day of the session (unless designated on your registration form that it is for our Strong Kids Campership fund). Certain crafts, individual horseback riding, photography, riflery, rocketry, and skeet shooting are deducted from the camper's store account. We suggest depositing \$25 - \$40. No store account is set up for trip campers; they will bring their money to camp with them.

**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.

*All forms and information can be found online at [www.crmetroymca.org](http://www.crmetroymca.org) Please follow the YMCA Camp Wapsie Link.*

**Arrival and Pick-up times for full week campers:**

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

Teepee half-week campers arrive at 4:00 pm on Wednesday of their session.

*Staff members are not available to accommodate early arrivals!*

Saturday pick-up is after parent program that starts at 9 a.m. Meet at the Knapp Outdoor Chapel for a 60 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.

**Health and safety:**

Our main concern is your child's health and safety. We have a Health Services Director on site trained in the necessary aspects of health services. Our counselors are also trained in CPR, First Aid, Lifeguarding and emergency procedures.

**Emergencies:**

In case of a medical emergency involving your child, the Camp Director, Assistant Director or Health Services Director will contact you. Camp Staff will handle minor injuries or illness. If it progresses to something more we will contact you. If you need to contact your child in regard to an emergency, please call the office. Campers are **not** allowed to make or receive phone calls, except in an emergency. Cell phones are not allowed.

**Staff:**

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 meaningful camp experience. Gratuities are not necessary or allowed.

**Food:**

Camp provides balanced meals. Please do not send food, candy, gum or snacks this, encourages pests in the cabins. Please notify camp of any dietary restrictions or special diets.

**Homesickness:**

Tell your child that he/she gets to go to camp, not that he/she is being sent. Let him/her know that it is natural to feel a bit ill at ease when in a new setting. Send cheerful letters and don't dwell on how much you miss your child. Don't set your child up for failure by saying; "Call me if you get homesick." The staff is trained in recognizing and dealing with homesickness. The director will call you if there is a serious problem with homesickness.

**Mail/Moose mail (e-mail):**

You are requested to write your child at least once to help your child better enjoy his/her stay at camp. Please write your child's full name and cabin number on the envelope. Campers also are encouraged to write home at least once per session. Please send self-addressed stamped envelopes or postcards. You can e-mail your child for \$1/page. This program benefits our scholarship program and will be **deducted from their store account**. Please write your child's full name and cabin number in the subject line and send it to [camp@crmetroymca.org](mailto:camp@crmetroymca.org). Please do not send photos or attachments.

**World Service:**

The YMCA is the largest social service organization in the world and operates many programs in Third World countries. Each week, camp runs special World Service activities where campers may donate up to \$1 of their store money to help support international YMCA children's programs.

**We suggest campers bring the following for a one-week stay at camp:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Sleeping Bag <i>or</i> 2 sheets/2 blankets | <input type="checkbox"/> Self-addressed, stamped envelopes or postcards                   |
| <input type="checkbox"/> 1 Pillow                                     | <input type="checkbox"/> 2 old towels and a pool towel                                    |
| <input type="checkbox"/> 6-8 Pair Socks                               | <input type="checkbox"/> Sunscreen  |
| <input type="checkbox"/> 4-6 Shirts                                   | <input type="checkbox"/> Soap   |
| <input type="checkbox"/> 2 Sweatshirts                                | <input type="checkbox"/> Insect Repellant (Tee Pee Village campers lotion repellent only) |
| <input type="checkbox"/> 1 Pair Pajamas                               | <input type="checkbox"/> Shampoo  |
| <input type="checkbox"/> 1 Raincoat or Poncho                         | <input type="checkbox"/> Comb & Hairbrush   |
| <input type="checkbox"/> 1 Jacket                                     | <input type="checkbox"/> Bag for dirty clothes (mesh or cloth)                            |
| <input type="checkbox"/> 1-2 Jeans                                    |   |
| <input type="checkbox"/> 5-7 Shorts                                   | <b>Optional Items</b>   |
| <input type="checkbox"/> 2 pair of old tennis shoes                   | <input type="checkbox"/> Water bottle   |
| <input type="checkbox"/> 6-8 Underwear                                | <input type="checkbox"/> Flashlight & batteries   |
| <input type="checkbox"/> Mud Clothes (all closed toed shoes)          | <input type="checkbox"/> Camera & film  |
| <input type="checkbox"/> 1-2 Swim Suit – no cut-off shorts            | <input type="checkbox"/> Swim shoes / shower shoes  |
| <input type="checkbox"/> Toothbrush & Paste                           | <input type="checkbox"/> Stationary & pencil  |
| <input type="checkbox"/> Long pants for Horseback Riders              | <input type="checkbox"/> Costume or props for special day                                 |

*Please write name on all items brought to camp!*

*(Please note: Camp Wapsie assumes no responsibility for items brought by campers)*

- If camper is a bed wetter, **please** send sheets and blankets so they can be washed. Also, please indicate this fact on the Health & Confidential forms. We cannot wash sleeping bags.
- Please do not bring firearms or knives. Also, do not bring candy, gum or food to camp.
- Please leave all personal electronic devices including cell phones, MP3 players and radios at home.

**Directions to Camp:**

From Marion Hwy 151 take Highway 13 North approximately 17 miles to Central City. Keep heading North 1 ½ miles past Central City. Turn left when you see the green YMCA Camp Wapsie sign, onto Paris Road. (If you cross the Railroad tracks you have gone to far.) Once on Paris Road, just follow the green directional signs to camp. Continue on Paris Road for 1 mile (west) to Valley Farm Road. Turn right onto Valley Farm Road. Follow Valley Farm Road 1-mile take a left onto Wapsie Y Road. Follow Wapsie Y Road through two curves to the camp entrance on the left.



**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!)*

Diabetes  Epilepsy or Convulsions  Hay fever, Sinus  
 Fainting  Sleep walking  Bedwetting  
 Asthma/Bronchitis  Heart Defect / disease  Medication allergies \_\_\_\_\_  
 Frequent ear infections  Food allergies \_\_\_\_\_  
 Bleeding or Clotting Problems  Dietary restrictions \_\_\_\_\_  
 Insect Stings (list) \_\_\_\_\_ 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	1	1
Pertussis/Whooping Cough Tetanus	2	2
Or	3	
TD*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? \_\_\_\_\_

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:** \_\_\_\_\_





## Resident Camp 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 9:45 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)



