



YMCA CAMP CHANDLER

Seasonal Camps Registration Packet

ALL FORMS must be returned to the camp by December, 17
2018

Be sure to include the following items when you return your child's completed registration packet:

- Parent to Counselor Letter
- Parent Authorization Form
- Release & Waiver of Liability
- Staff Code of Conduct
- Health History Form

If, for some reason, you cannot get your paperwork in by the above time, then we ask you to please bring all completed paperwork and your payment with you to check-in.

Submitting Forms

Please return forms by mail, fax or email:

Mail: YMCA Camp Chandler
1240 Jordan Dam Rd.
Wetumpka, AL 36092
Email: aharris@ymcamontgomery.org
Fax: (334) 649-7516
Office: (334) 229-0035

Camp Dates

Christmas Camp
5pm, Thursday, December. 20 -
4pm, Saturday, December. 22,
2018

Check-In & Check-Out

Check-In Times

Christmas Camp: 5pm, Thursday, Dec. 20,
2018

No early arrivals, please. Please make arrangements in advance if you plan to arrive late. Camp staff will be present directing you to Registration/Check-In. Please have any remaining paperwork and all medications necessary for your child when you enter the lodge for check-in. Please make an effort to be on time as the first activity is a group picture.

Check-Out Times

Christmas Camp: 4pm, Saturday, Dec. 22,
2018

Parents will need to bring a photo id in order to sign their child out. Don't forget to pick up any extra medications and arts and crafts projects that your child made. Be sure to check the Lost and Found table on your way out!

YMCA CAMP CHANDLER

Seasonal Camp Information

Keeping In Touch

Telephone

Feel free to call our office if you have any questions or concerns. Parents can call or text the camp director at (334)538-4658 to check on their child. Any message that needs to be given to campers will be done through our directors. **Cell phones are strictly prohibited.**

Please do not send them with your child.

Emergencies

If an emergency should occur and you need to get in touch with one of our directors, please call (334)538-4658. We will notify parents immediately if any emergency occurs with your child while at camp.

Camp Store

We provide a variety of snacks including granola bars, chips, crackers, candy, soda and water. Your child's store money is already included in his or her camp tuition. Each child will receive a drink and a snack daily at their store visits.

Packing List

Christmas Camp

- Sleeping bag/bedding
- Twin fitted sheet
- Pillow/pillowcase
- Laundry bag
- 2 outfits
- 1 pair of sneakers
- Pajamas
- Flashlight with Batteries
- A towel and toiletries
- Warm Coat
- A TACKY holiday sweater/outfit (

Items to leave at home

Cell phones, knives, firearms, fireworks, trading cards, **cell phones**, items of sentimental or monetary value, and all forms of "tech-toys" (**cell phones**, iPods, PDAs, CD players, etc.). We encourage our campers to be unplugged while at camp, and hope you can honor this request. Any of these prohibited items brought to camp will be collected by our directors, and returned at the end of the session.

Camp Infirmary

We strive to make sure your child's camp experience is accident and illness free. Should either of these occur, you can feel confident in placing your child under our care and supervision. Staff at Camp Chandler are first aid and CPR certified. All medications must be checked in at registration. We ask that you please send only the amount of medicine that will be needed during your child's stay. All medications must be in the original container in order to be dispensed by our staff. Non-prescription drugs will require a parent, guardian, or individual physician's signature. Bring any medications and detailed instructions for our staff with you to the check-in table. Don't forget to retrieve your child's medication at check-out.



www.ymcamontgomery.org/camp
1240 Jordan Dam Rd. Wetumpka, AL 36092
334-229-0035 (office) 334-649-7516 (fax)



YMCA CAMP CHANDLER

Parent to Counselor Letter

All information below will be shared with your child's counselor, but will remain confidential from all other campers. Your cooperation in providing complete information on this form will help us to more effectively meet the needs of your child.

Camper's Name: _____ Age: _____ Gender: Male Female

Nickname _____ Birth Date: _____

Grade : _____ Program your child is attending: _____

Has your child been away from home overnight before? _____

Has your child been to camp before? Yes No

Has your child been to Camp Chandler before? Yes No If yes, how many years? _____

How does your child feel about coming to camp? _____

What would you like your child to gain from his or her camp experience? _____

What chores does your child do at home? _____

What does your child do in his or her free time? _____

Is your child afraid of the dark? Yes No

Does your child sleepwalk? Yes No

Does your child ever wet the bed? Yes No

If yes, what are your suggestions to help avoid the bedwetting? _____

Does your child have any fears or concerns we should be aware of? _____

If so, how can we help him/her to have a good experience? _____

Does your child have any special dietary needs? _____

Things my child is allergic to: _____

Are there any special concerns that you would like our staff to be aware of? _____

Parent/Guardian's Signature: _____

YMCA CAMP CHANDLER

Camper to Counselor Letter

Are you ready for camp? We are, and we would like to get to know you a little better before you get here! Take just a few minutes and fill out this letter; it will help us to plan many activities for you and your cabin mates. Get ready, this Christmas will be an experience that will last a lifetime! We are going to have the time of our lives!

My name is _____, but my friends call me _____.

Some things that I really enjoy doing are _____,
_____ and _____.

My favorite subject at school is _____.

Most of my friends say that I am _____.

If you were to ask my best friend about me, they would say that I _____
_____.

My best friends are people who _____.

I am coming to Camp Chandler because _____.

I think my favorite camp activity will be _____.

I think it would be fun if my cabin could do _____ as a camp activity.

As my counselor, I would like you to know _____
_____.

One thing I really want to accomplish while I am at camp is _____
_____.

I understand that I am coming to YMCA Camp Chandler to develop new skills, be a good friend, and have a great time. I understand that there are camp rules that I must follow in order for everyone to have fun. I agree to follow the YMCA Camp Chandler rules including being considerate of my cabin mates, cooperating with my counselors, and practicing good health habits.

Camper Signature: _____

YMCA CAMP CHANDLER

Parent Authorization

The safety of your child is of the utmost importance to us. This form is designed to avoid confusion during the check-out process. **Complete only the top portion of this form**, and please return this form at least two weeks prior to your child's arrival at camp. The bottom portion will be filled out on check-out day by you and the Camp Chandler staff. The camp intends to follow your instructions.

Camper's Name: _____ Session: _____

The above named camper will be picked up at Camp Chandler by the following person(s):

Please Print Name: _____

OR, the person(s) listed below have my permission to pick up the above named camper at Camp Chandler:

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I agree to protect Camp Chandler, the YMCA, and their employees from any liability (including attorney's fees) for following my instructions.

Signature of Parent or Guardian _____ Date _____

Sign-Out Section: For Use at End of Camp Session

A photo ID is required of the person picking up camper. The adult must be one of the persons listed above for authorized release of your camper.

The person named above, picked up the camper named above:

Date: _____

Authorized Release Signature: _____

Camp Chandler Staff Signature: _____

YMCA CAMP CHANDLER

Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), the undersigned, on behalf of himself or herself and his or her heirs, personal representatives and next-of-kin, does hereby agree to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the Releasees) from any and all claims, demands, damages, actions, causes of actions, or suits of whatever kind or nature arising or resulting from any loss or damage to property or injury or death to person, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, whether caused by the negligence of the Releasees or otherwise, due to his or her presence in, upon, or about the premises of the YMCA or use of its facilities, services or equipment, or participation in any program or activity offered by or affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY EXPRESSLY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.

In the event of injury, the undersigned hereby authorizes the Releasees to provide or cause to provide such medical care and treatment to him or her as may be necessary and appropriate. The undersigned understands that he or she is solely responsible for all costs incurred for such medical care or treatment.

The undersigned hereby gives his or her permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include the image or voice of the undersigned for the purpose of promoting or interpreting YMCA programs and activities.

Name of Camper

Session

Parent or Guardian of Minor Child or Ward

I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in any program or activity offered by or associated with the YMCA and further agree, individually and on behalf of said minor or ward, to be bound by all of the terms set forth above.

Signature of Parent or Guardian

Date

Montgomery YMCA Staff Code of Conduct

1. In order to protect YMCA staff, volunteers and program participants, at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse any YMCA participant, child, volunteer or staff member including: physical abuse (to strike, spank, shake, or slap); verbal abuse (to humiliate, degrade, or threaten); sexual abuse (to inappropriately touch or speak); mental abuse (to shame, withhold kindness, or be cruel); neglect (to withhold food, water, basic care, etc.). Any type of abuse will not be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff will observe and report to immediate supervisor any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented. ALL REPORTS ARE TO BE CONFIDENTIAL.
8. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion or culture.
9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and staff.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat and appropriately attired.
13. Using, possessing or being under the influence of alcohol or illegal drugs during working hours is prohibited. Using illegal drugs at any time is prohibited.
14. Smoking or use of tobacco in the presence of children or parents on YMCA property or while participating in a YMCA program is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, or any other staff is prohibited.
16. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleep overs, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Staff are not to transport children in their own vehicles.
20. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
21. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend training on the subject as instructed by a supervisor.
22. Staff will act in a caring, honest, respectful, and responsible manner.
23. Any and all infractions and violations of this policy should be reported to the Branch Director or the General Director.

I understand that it is my responsibility as a parent to monitor the actions of the staff and will bring any behavior that is inconsistent with the staff code of conduct to the attention of someone in authority at the YMCA.

Parent's Signature _____ Date _____

YMCA CAMP CHANDLER

Health History Form

Camper Name: _____
First Middle Initial Last

Date of Birth: _____ Male Female Camp Session: _____
Month Day Year

Parent/Guardian: _____ Preferred Phone #: (____) _____

About health care for short-term camper stays:

- All Camp staff are certified in First Aid and CPR.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate please contact our office at (334)229-0035
- Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).
- **Please bring all medicines in original labeled container. All medicines must be checked – in to our Medical staff. Please only bring the quantity needed during your child' stay.**

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food or medication? Yes No
 If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis
 _____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No
 If YES, will your child carry a rescue inhaler during the camp session? Yes No
 If YES, does your child need staff help to use that rescue inhaler? Yes No
 If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.
 Name of Parent: _____ Phone: (____) _____

5. List the medications that your camper takes on a routine basis:
 This camper takes no routine medication.
 Med: _____ Reason for taking this: _____
 Med: _____ Reason for taking this: _____

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____