



YMCA CAMP CHANDLER

Leaders in Training

ALL ATTACHED FORMS must be returned to the camp office at least TWO WEEKS before your child's session starts.

Please return forms by mail or email

Mail:

YMCA Camp Chandler
1240 Jordan Dam Rd.
Wetumpka, AL 36092

Email:

jikner@ymcamontgomery.org

If you have any questions about your registration packet, please call our office at (334) 229-0035.

2023 LIT Schedule

Session 1 - June 11 - 30

Session 2 - July 9 - 28



CAMP CHANDLER: PO BOX 2336, MONTGOMERY, AL 36102



YMCA CAMP CHANDLER

Important Information for this Summer!

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 messages that need 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.

Camp Infirmary

We strive to make 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 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.

CONTACT INFORMATION

Address:

1240 Jordan Dam Rd., Wetumpka, AL
36092

Website: www.campchandler.org

Contact Numbers:

- Office Manager- (334) 229-0035
- Camp Director- (334) 538-4658
- Program Director- (770) 910-5022
- Program Director- (334) 452-6183



American Camp Association

Camp Chandler is an accredited member of the American Camp Association (ACA). As part of our membership, Camp Chandler must adhere to the strict guidelines set by the ACA. This includes the successful completion of regular on-site visits and paperwork reviews. ACA is the only national accrediting body for camps of all types. ACA's accreditation standards focus on health, safety, and risk management, and are used as benchmarks by government entities. ACA accreditation provides public evidence of a camp's commitment to the well-being of campers and staff.



YMCA CAMP CHANDLER

Important Information for this Summer!

CHECK-IN and CHECKOUT

Check-In

Between 2-3 pm on Sunday

Check-Out

Between 4-5 pm on Friday

NO EARLY ARRIVALS OR LATE CHECKOUTS, PLEASE!



Our check-in and checkout process are drive thru processes. When checking your camper in, be prepared to stop for general health questions, to receive your campers cabin assignment, and to check-in any medications your camper may have.

Please have medications out of your campers' bag for check-in and all medications MUST be in the original container

Expectations

We want each LIT to get the most out of this summer. Having a good attitude and an open mind is key to having a successful time at camp. LITs can expect to learn a lot and have tons of fun. We will be teaching the LITs about becoming a camp counselor, facilitating camp activities, cleaning and maintenance duties, how to become a leader and how to be confident in themselves while serving others.

Campers will be screened for lice prior to cabin entry. (a lice outbreak can cause a full shutdown of camp operations so we must take this important step seriously). If your camper is found to have lice or nits, they must leave camp immediately, and will not be permitted to return until the camper has documented clearance by a doctor.

****PLEASE MAKE SURE TO DOWNLOAD THE CAMPER HANDBOOK FOR UPDATED GUIDLINES AND ADDITIONAL INFORMATION****



YMCA CAMP CHANDLER

Packing List

- Backpack or tote
- 7 pair of underwear
- 2 pair of long pants (**required for horseback**)
- 7 tops
- 7 bottoms
- 7 pairs of socks
- Tacky outfit for tacky dance
- Rain jacket
- Water bottle
- 1 pair of sneakers or sandals w/ ankle strap
- Shower shoes
- Boots or closed-toed shoes (**required for horseback**)
- 2 pair of pajamas
- 1-2 swimsuits
- Sleeping bag or warm blanket
- Twin fitted sheet
- Pillowcase & pillow
- Laundry bag
- Flashlight w/batteries
- Towels (lake and shower)
- 2 wash clothes
- Body wash or soap
- Toothbrush & toothpaste
- Comb or hairbrush
- Shampoo/conditioner
- Shower caddy or toiletry bag
- Sunscreen
- Insect repellent
- Sunglasses
- Hat
- Bible
- Book
- Stationary and stamps
- Laundry Soap
- **DO NOT BRING** Cell phones
- Knives
- Fireworks
- Weapons
- Matches
- Lighters
- Anything hazardous
- Alcohol
- Tobacco
- Vapes
- Illegal Drugs
- Trading cards
- Animals/pets
- Sentimental or valuable items
- Tech-toys

****LITs will have a chance to wash clothes over the weekend****

****Please write your child's first and last name on ALL belongings****

Camp Chandler accepts no responsibility for personal property.

All lost items will be kept in lost and found for one week after each camp session. Any unclaimed items will be given to another charitable organization.



YMCA CAMP CHANDLER

Parent Authorization Form

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, the bottom portion will be completed at checkout. The people listed below will be allowed to pick up your child at check-out and in case of an emergency.

Camper Name: _____ Session(s): _____

The above-named camper will be allowed to be picked up by the following person(s):

**** TO BE COMPLETED AT CHECKOUT****

Printed Name: _____

Signature: _____ Date: _____

****Anyone picking up a camper from Camp Chandler must present a valid Driver's License or state I.D. at check-out. Anyone NOT listed on this form, will NOT be allowed to check-out a camper for ANY REASON! For any questions, please contact the Office Manager at (334)229-0035. ****



YMCA CAMP CHANDLER

Release and Waiver of Liability

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 participating 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(s)

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



YMCA CAMP CHANDLER

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 gender, 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 Signature _____ Date: _____



YMCA CAMP CHANDLER

Camper Policies and Rules

Discipline Policy

Our first goal as a staff is to prevent behavioral issues before they become a larger issue. Counselors take time to help campers get to know each other. Together they discuss expectations and appropriate behavior while developing cabin rules and consequences.

When campers exhibit behaviors which are not acceptable at camp, our staff are trained to execute steps in addressing mild, medium, high level, and zero tolerance behaviors. We do our best to execute restorative justice techniques when possible and take written reports to document, follow-up, and support all parties involved in the incident.

In more drastic cases, if it is not safe or logical to keep a camper at camp any longer, we will call the campers parent/guardian to let them know that their camper's behavior prohibits them from remaining at camp. In this situation, the parent/guardian will have to pick up the camper from camp within 2 hours. We will not provide refunds of any kind if your camper leaves camp early for not following camp rules.

While dismissal from camp is rare, it can and has happened. It is a very difficult situation for the camper, the family, and our camp staff.

Some Examples of High-Level Behaviors or Conflicts and Zero Tolerance Behaviors, Which Could Lead to Removal from Camp:

- Persistently exhibiting misbehaviors of any level with no positive behavior change.
- Breaking the terms of the behavior contract.
- Bullying or making the space unsafe for other campers/staff in any way.
- High level of disrespectful behavior, such as cursing out a camper/staff or making fun of someone for their personality, possessions, race, gender, body, ability, economic status, etc.
- Touching others without consent on purpose or repeatedly.
- Emotionally or mentally hysterical/inconsolable beyond what camp staff are equipped to address.
- Suicidal or a danger to themselves or others.

Zero Tolerance Behaviors- (Will lead to immediate dismissal from camp):

- Stealing
- Purposeful property damage
- Bringing/doing drugs, alcohol, illegal or illicit substances or items at camp.
- Physical fighting or the threat of physical harm to others.
- Harassment of any kind!
- Other instances as determined by the director.

Search and Seizure

In the event that staff members suspects a camper has a prohibited, unsafe, or stolen item in their possession, a Director shall have the right to perform a search and seizure. The search will be performed in the presence of a director and at least one other staff witness. If a camper refuses the search, it is grounds for dismissal from camp.

Please read over our Rules with your Camper and sign and date below stating that you understand these rules and the consequences if any of these rules are broken.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____



YMCA CAMP CHANDLER

Medical Form 1

Camper Name: _____
First Middle Initial Last

Date of Birth: _____ Gender: _____ Camp Session(s): _____
Month/ Day/ Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian 1: _____ Cell Phone: _____

Parent/Guardian 2: _____ Cell Phone: _____

Emergency Contact (other than above): _____ Phone: _____

Health Care Physician: _____ Phone: _____

This camper is covered by family medical/hospital insurance: Yes or No

Insurance Company: _____ Policy Number: _____

Group #: _____ Name of Cardholder: _____

Insurance Company Phone Number: _____ Date of Birth of Cardholder: _____

Has your camper even been:

- 1. Ever been hospitalized?.....Yes or No
- 2. Ever had surgery?.....Yes or No
- 3. Have recurrent/chronic illness?..... Yes or No
- 4. Had a recent infectious disease?.....Yes or No
- 5. Had a recent injury?..... Yes or No
- 6. Had asthma/wheezing/shortness of breath?..... Yes or No
- 7. Have diabetes?..... Yes or No
- 8. Had seizures?.....Yes or No
- 9. Had headaches?..... Yes or No
- 10. Have skin problems?.....Yes or No
- 11. Wear glasses or contacts?.....Yes or No
- 12. Had fainting or dizziness?.....Yes or No
- 13. Passed out/had chest pains during exercise?..... Yes or No
- 14. Had mononucleosis (mono) in the past 12 months?..... Yes or No
- 15. If female, had problems w/periods/menstruation?..... Yes or No
- 16. Have problems w/falling asleep/sleepwalking?.....Yes or No
- 17. Ever had back/joint problems?..... Yes or No
- 18. Have a history of bedwetting?..... Yes or No
- 19. Have problems with diarrhea/constipation?..... Yes or No
- 20. Traveled outside the country in the past 9 months?.....Yes or No
- 21. Ever been treated for ADD or ADHD?.....Yes or No
- 22. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....Yes or No
- 23. Had a significant life event that continues to affect the camper's life?.....Yes or No

If you answered yes, please explain: _____



YMCA CAMP CHANDLER

Medical Form 2

Camper Name: _____
First Middle Initial Last

Date of Birth: _____

Medications: This camper will NOT take any daily medication while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Provide enough of each medication **in the original packaging** to last the entire time the camper is at camp.

Name of Medication	When is it Given	Amount/Dose Given	How is it Given
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

Diet, Nutrition

- No dietary restrictions
- Special food needs

Please describe any special food needs below:

Restrictions

- I have reviewed the program & activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program & activities of the camp and feel the camper can participate with the following restrictions or adaptations.

Please describe any restrictions:

Allergies

- No known allergies

My camper is allergic to:

- Food
- Medicine
- Environmental
 - insect stings
 - hay fever, etc.

Please describe below what the camper is allergic to & the reaction seen:



YMCA CAMP CHANDLER

Medical Form 3

Camper Name: _____
First Middle Initial Last

Date of Birth: _____

Medical Hut Medications

The following medications may be stocked in the camp Medical Hut and are used on an as needed basis to manage illness and injury. Cross out those the camper should NOT be given.

Medical Hut Medications

- | | |
|---|--|
| Acetaminophen (Tylenol) | Diphenhydramine (Benadryl) |
| Ibuprofen (Advil, Motrin) | Dextromethorphan Cough Syrup (Robitussin DM) |
| Phenylephrine Decongestant (Sudafed PE) | Sore Throat Spray |
| Pseudoephedrine (Sudafed) | Generic Cough Drops |
| Antihistamine/Allergy Medication | Lice Shampoo or Cream (Nix or Elimite) |
| Guaifenesin Cough Syrup (Robitussin) | Antibiotic Cream |

Immunization History

Please provide a copy of the camper's immunization forms. Forms from health-care providers or state or local government are acceptable; please attach to this form.

Date of last tetanus booster: _____

If your camper has NOT been fully immunized, please sign the following statement:
I understand and accept the risk to my child for not being fully immunized:

Signature of Parent/Guardian: _____ Date: _____

Is there any other information you would like to share that would help us to serve your child?

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health issues.

Parent/Guardian Signature: _____ Date: _____



YMCA CAMP CHANDLER

Physical Exam Form

Camper Name: _____
First Middle Initial Last

Date of Birth: _____ Gender: _____ Parent/Guardian Phone#: _____

Medical Hut Medications

Please cross through any medications the camper should NOT be given

- | | |
|---|--|
| Acetaminophen (Tylenol) | Diphenhydramine (Benadryl) |
| Ibuprofen (Advil, Motrin) | Dextromethorphan Cough Syrup (Robitussin DM) |
| Phenylephrine Decongestant (Sudafed PE) | Sore Throat Spray |
| Pseudoephedrine (Sudafed) | Generic Cough Drops |
| Antihistamine/Allergy Medication | Lice Shampoo or Cream (Nix or Elimate) |
| Guaifenesin Cough Syrup (Robitussin) | Antibiotic Cream |

Physical Exam

Physical exam must have been completed in the 24 months prior to camp.

Physical Exam done today:

Yes No, date of last physical: _____ Weight: _____ Height: _____ ft _____ in

Medication

No daily medications Well take the following medications(s) while at camp:

Name	Dose	Frequency
_____	_____	_____
_____	_____	_____

Diet, Nutrition

- No dietary restrictions
- Has a medically prescribed meal plan or dietary restrictions
- Please describe any special food needs below:

Allergies

- No known allergies
- My camper is allergic to:
- Food Medicine Environmental
- insect stings
 - hay fever, etc.
- Please describe below what the camper is allergic to & the reaction seen:

Restrictions

Do you feel that the camper will require any limitations or restrictions to activity at camp?

No Yes, please see the info below

Treatments/Therapies

Other treatments/therapies to be continued at camp:

I have reviewed the Camper Health History Forms (Pages 1-3), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Signature: _____ Date: _____

Name of licensed provider: _____ Phone Number: _____