



YMCA CAMP CHANDLER

DAY CAMP

ALL FORMS must be returned to the camp office at least one week before your child's session starts.

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

- Parent to Counselor Letter
- Camper to Counselor Letter
 - Camper Policies & Rules
 - Parent Authorization Form
- Release and Waiver of Liability Indemnity Agreement
 - Staff Code of Conduct
- ALL 4 Health & Medical Forms

Submitting Forms: Please return forms by mail or email.

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

Email: lmaddox@ymcamontgomery.org
Office: (334) 229-0035

If you have any questions about your registration packet, please feel free to call our office at (334)229-0035. We look forward to seeing you soon at YMCA Camp Chandler! It's going to be a GREAT summer!



www.campchandler.org
1240 Jordan Dam Rd. Wetumpka AL 36092
334-229-0035 (Office #)



YMCA CAMP CHANDLER

Important Information for the Summer

DIRECTIONS

From **I-65** merge onto the Northern Blvd via Exit 173 toward US-231. Take US-231 N ramp toward Wetumpka (left). Follow US-231 N all the way into Wetumpka. This is approximately 17 miles. You will pass Tutwiler Prison which will be to your right. From Tutwiler you will drive approximately 2 miles. If the road becomes 1 lane, then you have gone too far. You will see a sign for Swayback Bridge Trail, Jordan Dam, and for YMCA Camp Chandler directing you to take a left (Bryson Veterinary Clinic is on the right). Take this left onto Old Hwy 231. Continue straight until you come to the fork in the road. There will be signs again for the Swayback Trail and Camp Chandler directing you to veer left onto Jordan Dam Road. Take that left and follow this road straight to Camp Chandler.

If coming from **I-85 S**, take the Eastern Blvd exit, Exit 6. Turn onto US-231 North. Continue to follow US-231 N and take the US-231 N ramp toward Wetumpka. From US-231 N follow the same directions given above.

EXPECTATIONS

We want each camper 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. Campers can expect to learn a lot and have tons of fun. We will give each camper memories that will last a lifetime, they will learn how to work as a team, problem solve, and what it means to be caring, honest, respectful, and responsible. All while becoming closer with God.

Bus Riders & Car Riders

Wilson YMCA

Pickup - 6:50am to 7:10am

Drop-Off - 5:30pm to 5:45 pm

Midtown YMCA

Pickup - 7:10am to 7:30am

Drop-Off - 5:00pm to 5:30pm

Car Riders

Drop-Off - 7:00am to 8:00am

Pickup - 4:00pm to 5:30pm

BUS PROCEDURES

Campers must be signed in by a parent or guardian in the morning in order to ride the bus. In the afternoon, the campers will remain on the bus or inside of the YMCA drop-off location until signed out by a parent or guardian. In order to change pickup or drop-off locations, you must contact our Office Manager at (334)229-0035, at least two hours before pickup/drop-off. Campers not granted permission by a director will not be permitted to switch locations. Each bus will have at least one Camp Counselor at all times. Counselors will have contact information for each camper in case of an emergency.

BUS RULES

Volume and behavior will be maintained by the Camp Counselors on the bus. Fighting of any kind or profanity will NOT be tolerated and will be cause for immediate expulsion from the bus for the remainder of the week. Before leaving camp in the afternoon, roll will be taken on each bus to ensure each camper is on the correct bus. Campers are only allowed to have a water bottle on the bus, please remind your camper to leave any food or snacks in their lunch boxes.



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YMCA CAMP CHANDLER

Keeping In Touch

TELEPHONE

Some parents may wish to speak with their child during the session, but we do not allow campers to receive or place phone calls while at camp. Feel free to call our office if you have any questions or concerns. Parents can call the Camp Director at (770) 910-5022 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, they will be taken up until the end of the day.

EMERGENCIES

If an emergency should occur and you need to get in touch with one of our directors, please call (770) 910-5022. We will notify parents immediately if any emergency occurs with your child while at camp.

register for this service the first time and use the code given out at check-in. Bunk Notes are compiled at 5pm and distributed at dinner each day, **Monday through Thursday.**

VISITATION

Because your child's safety is our utmost concern, **we do not allow visitors into our camp.** Please contact the Camp Director at (770) 910-5022 with any special circumstances.

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. Each week there will be a registered doctor, nurse, or EMT at camp. All medications must be checked in at registration. 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.**



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YMCA CAMP CHANDLER

Need-To-Know

EVERDAY PACKING ESSENTIALS

- Backpack/Tote
- Swimsuit
- Towel
- Water Bottle
- Rain Jacket
- Sunscreen
- Bug Spray
- Change of Clothes (optional)
- Snack (campers are given a hot breakfast and hot lunch *only*, snack will not be provided)

HORSEBACK ESSENTIALS

- Boots or Closed-Toed Shoes
- Pants

(Please note that the Day Camp Director will contact you at the beginning of the week to inform you on which day or days Day Camp will be participating in Horseback)

ITEMS TO LEAVE AT HOME

CELL PHONES, knives, firearms, fireworks, trading cards, animals and pets, **CELL PHONES**, items of sentimental or monetary value, and all forms of "tech-toys" (cell phones, tablets, **CELL PHONES**, gaming consoles, 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.

Please note that cell phones are prohibited!

Alcohol, Tobacco, Vapes, E-Cigs and Illegal Drugs are not allowed on camp grounds.

We strongly encourage you to write your child's name on all of their belongings.

Camp Chandler *does not accept* responsibility for personal property. Personal sports equipment may not be brought to camp without prior approval and consent of Camp Director in accordance to camp policy.



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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 (in coming Fall): _____ Session(s) 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? _____

Can your child swim? Yes No

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 summer will be an experience that will last a lifetime!

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

-Camper Policies & 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.

Stealing

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

Suicidal or a danger to themselves or others.

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

Rangers & Specialty 2024 – 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:

Please Print Name: _____

OR, the people 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:

Please do NOT sign until camper is checked out at the end of their session

Date: _____

Authorized Release Signature: _____

Camp Chandler Staff Signature: _____

YMCA CAMP CHANDLER

Rangers & Specialty 2024 - 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 & Medical (1/4)-

Camper Name: _____

First

Middle Initial

Last

Date of Birth: _____ Male Female Camp Session: _____
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 No

Insurance Company _____ Policy Number: _____

Group #: _____ Name of Cardholder: _____

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

Restrictions

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

Please describe any restrictions:

Allergies

- No known allergies
- This camper is allergic to:
 - Food
 - Medicine
 - Environmental (insect stings, hay fever, etc.)
 - Other

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

YMCA CAMP CHANDLER

-Health & Medical (2/4)-

General Health History

Check "Yes" or "No" for each statement.

Has/does the camper:

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

Please explain "Yes" answers in the space to the right, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Diet & Nutrition

- No dietary restrictions
- Special Food Needs

Please describe any special food needs below:

YMCA CAMP CHANDLER

-Health & Medical (3/4)-

Camper Name: _____ Date of Birth: _____

First

Middle Initial

Last

Month

Day

Year

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 will be at camp.

Name of Medication	When is it Given	Amount/Dose Given	How it is 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		

Medical Hut Medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

Acetaminophen (Tylenol)	Sore throat spray
Ibuprofen (Advil, Motrin)	Generic cough drops
Phenylephrine decongestant (Sudafed PE)	Bacitracin (antibiotic cream)
Pseudoephedrine (Sudafed)	Neomycin (Neosporin)
Antihistamine (Allergy Medicine, i.e. Claritin)	Calamine lotion
Guaifenesin cough syrup (Robitussin)	Aloe
Diphenhydramine (Benadryl)	Laxatives for constipation (Ex-Lax)
Dextromethorphan cough syrup (Robitussin DM)	Bismuth subsalicylate (Pepto-Bismol)

Immunization History

Please provide a copy of the camper's immunizations. 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 risks to my child from not being fully immunized.

Signature of Parent/Guardian: _____ Date: _____

YMCA CAMP CHANDLER

-Health & Medical (4/4)-

Other treatments/therapies to be continued at camp:

Describe below:

Physical Exam

Physical Exam done today:

Yes No, date of last physical: _____

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

Weight: _____ lbs Height: _____ ft _____ in

Blood Pressure: _____ / _____

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

No Yes

Attach additional information as needed.

If yes, what do you recommend:

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 my 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 status.

Signature of Parent/Guardian _____ Date: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

I have reviewed the Camper Health History (Medical Form Page 1 & 2), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that 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: _____

Office Address: _____

Street Address

City

State

Zip Code



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DAY CAMP

You have reached the end of the 2024 Day Camp Parent Packet!

Thank you for your time!

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