



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SPLASH INTO SUMMER

Counselor in Training  
Summer 2017

YMCA COLLIN COUNTY ADVENTURE CAMP

# WELCOME!

Included in this packet are required forms, packing lists, and other important information.

## REGISTRATION CHECKLIST

### CAMPERS CANNOT ATTEND CAMP WITHOUT THE FOLLOWING:

- Completed Registration (online)
- Completed Health Form\*
- Immunization Record
- Signed Hold Harmless Form\*
- Full payment

\* Included in this packet

## CAMPER CHECKLIST

### CAMPERS WILL NEED TO BRING THE FOLLOWING TO CAMP EACH DAY:

- Swimsuit and towel
- Sunscreen (non-aerosol)
- Water bottle
- Backpack or small bag
- Hat (optional)

\* Please ensure all belongings are labeled clearly.

You will receive a packing list for the overnight week at the end of week 2!

## DROP-OFF TIMES AND LOCATIONS (for weeks 1 & 2)

\*Additional fee for BUSES, please register online

### CCAC

1180 W. Houston St. Anna, TX 75409

Drop off between 7:00am and 8:30am. Pick up between 4:30pm and 6:00pm.

### McKINNEY FAMILY YMCA \*BUS

300 Ridge Road  
McKinney, TX 75070  
Drop off between  
7:00am and 7:30am.  
Pick up between  
5:30pm and 6:00pm

### PRINCETON Community Park \*BUS

500 West College St.  
Princeton, TX 75407  
Drop off between  
7:00am and 7:45am.  
Pickup between  
5:30 and 6:00pm

### PLANO FAMILY YMCA \*BUS

3000 McDermott Dr.  
Plano, TX 75025  
Drop off between  
7:00 and 7:30am  
Pickup between  
5:30 and 6:00pm

### FRISCO FAMILY YMCA \*BUS

3415 Main Street  
Frisco, TX 75034  
Drop off between  
7:00am and 7:45am.  
Pickup between  
5:15 and 6:00pm

## OVERNIGHT WEEK

Drop-off will be from 1pm to 3pm on Sunday, June 18.

Pick up will follow Family Day on Saturday, June 24.

You may begin picking up your CIT's luggage at 9:30 am.

## STAY INFORMED!

In an effort to keep you up-to-date on everything happening at camp, we are offering updates via text or phone call. We will use these messages to let you know about bad weather plans, if a bus is running late, reminders about overnights, etc.

If you prefer to receive phone calls with these updates, no action is required on your part. The phone number you provided at registration will be used.

If you would like to receive these updates via text message, you will simply need to opt in by texting **CCAC** to the number **292929**. You will then receive a confirmation text. Please let us know if you have any questions!

### FOLLOW US!



Collincountyadventurecampymca



@ymcaccac



@ymcaccac



YMCA Collin County Adventure Camp

#summeratccac

### SMUG MUG

This summer, we're pleased to offer a new photo sharing service that will allow you to view all the photos that are taken during your camper's session. You can also purchase prints, photo books, or other souvenirs!

Each session will be uploaded to its own album, which will be password protected. You will receive details on how to access the album when you arrive at camp!

## FAMILY DAYS!

You're invited to join us on Saturday, June 25 for Family Day! This is your opportunity to visit camp and learn what fun things your CIT has been up to all week. You'll also receive an exit packet that includes a camper survey, camper award, and a helpful guide on how to talk to your camper about their week!

Family Day will start at 10 am on Saturday morning. You may begin picking up your CIT's luggage at 9:30 am outside their cabin.

You will receive a newsletter at check-in with helpful information including the location for Family Day.



**YMCA COLLIN COUNTY ADVENTURE CAMP**  
**Sign-out Authorization Form**



CCAC will only release your camper(s) to individuals you authorize. Please provide information for the following (including yourself). **Individuals must show a form of photo identification to pick up your camper.**

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Driver's License Number: \_\_\_\_\_



**YMCA COLLIN COUNTY ADVENTURE CAMP**  
**Attendee Release & Parental Authorization**



Name of attendee: \_\_\_\_\_  
 Group activity: Counselor-in-Training 2016

By my signature and of my free will, I do hereby agree to indemnify and save harmless Collin County Adventure Camp and the YMCA of Metropolitan Dallas from any and all claims, demands, cost, or expense arising out of any injuries, damages, or other losses, whether personal or property, sustained by me or any party to whom I am responsible. Any photographs/videos taken by the YMCA staff are considered property of the YMCA and may be used in newsletters, brochures, and newspapers. I give my permission for use of these photographs for media use by Collin County Adventure Camp and the YMCA of Metropolitan Dallas. By my signature, I have been given information to read with regard to other YMCA and camp policies.

Signature of Parent/Guardian (if attendee is 18 or younger): \_\_\_\_\_  
 Date: \_\_\_\_\_ Address: \_\_\_\_\_

What is your camper's t-shirt size?

YOUTH: XS S M L ADULT: S M L XL



# YMCA COLLIN COUNTY ADVENTURE CAMP

## Confidential Health Form



This health form is REQUIRED for camp attendance– please read carefully and complete in full. There are two pages to this form.

Camper Last Name	First Name	DOB	Age	Gender
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Parent/Guardian Name			
Home Address		Work Address	
City/State		City/State	
Zip Code		Zip Code	
Phone	(    )	Phone	(    )

Emergency Contact Name			
Home Address		Work Address	
City/State		City/State	
Zip Code		Zip Code	
Phone	(    )	Phone	(    )

Primary Care Physician		Phone	(    )
Dentist		Phone	(    )
Insurance Provider		Phone	(    )
Policy or Group Number			

**Health History (check all that apply):**

	Diseases:	Allergies:
<input type="checkbox"/> Asthma	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Measles	<input type="checkbox"/> Poison Oak/Ivy, etc.
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> German Measles	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Convulsions/Epilepsy	<input type="checkbox"/> Mumps	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Other Drugs
<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Other <i>(specify below)</i>	<input type="checkbox"/> Nuts/Dairy
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Other <i>(specify below)</i>
<input type="checkbox"/> Psychiatric Treatment		
<input type="checkbox"/> Operations or Serious Injuries		
<input type="checkbox"/> Disability/Chronic/Recurring Illness		
<input type="checkbox"/> Bed Wetting		

If female, has applicant menstruated? Y or N      If so, is her menstrual history normal? Y or N      If not, has she been told about it? Y or N

Other special considerations? \_\_\_\_\_

**Immunization History (Copies of immunization forms are acceptable):**

Vaccines	Most Recent Dose (MM/YY)	Vaccines	Most Recent Dose (MM/YY)
DPT (Diphtheria, Pertussis, Tetanus)		Hepatitis A	
Tetanus Booster		Hepatitis B	
Polio (IPV)		Pneumococcal (PCV)	
MMR (Measles, Mumps, Rubella)		Tuberculin (TB) test	
Meningococcal Meningitis (MCV4)		Varicella (Chicken Pox)	
Haemophilus Influenza Type B (HIB)			

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# YMCA COLLIN COUNTY ADVENTURE CAMP

## Continued Health Information



Camper Name	Height	Weight

Does applicant have epilepsy? Y or N

Does applicant have diabetes? Y or N

The applicant is under the care of a physician for the following condition(s):

Any treatment to be continued at camp:

Any medically prescribed meal plan or dietary restrictions:

Any activities encouraged or limited at camp:

Any record of known allergies (food, plants, insects, medication, etc.):

Any medications to be administered at camp:

Name of Medication	Date Started	Amount/Dosage	Time it is given

Additional health information: