



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPLASH INTO SUMMER

Camp Jamboree 2017

YMCA COLLIN COUNTY ADVENTURE CAMP

WELCOME!

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

Stay tuned! Your camper will receive a newsletter before each registered session with details about that week's theme.

REGISTRATION CHECKLIST

CAMPERS CANNOT ATTEND CAMP WITHOUT THE FOLLOWING:

- Completed Registration (online)
- Completed Health Form*
- Immunization Record
- Signed Hold Harmless Form*
- Letter to My Counselor* (optional)
- Full payment

* Included in this packet

PACKING LIST

Pillow and favorite stuffed animal
Set of sheets, blanket or sleeping bag
8-10 t-shirts
10 changes of underwear
10 pairs of socks
Sweatshirt or light jacket
3 pairs of long pants
8 pairs of shorts
1-2 swimsuits
2 towels and wash cloths
1-2 pairs of closed toe shoes (required)
Shower shoes
Sandals with a backstrap
Pajamas
Rain Jacket
Water bottle
Backpack
Flashlight with batteries
Shampoo & Conditioner
Toothbrush & Toothpaste
Soap & Deodorant
Hat & Sunglasses
Sunscreen
Non-aerosol bug repellent
Camera
Stationary, Pens, Stamps
Journal
Silly Costumes

DROP-OFF TIMES AND LOCATION

CCAC

1180 W. Houston St.
Anna, TX 75409

*Check in at the bus stop!

DROP-OFF

Sunday
1-3pm

PICK-UP

Saturday
after Family Day

SESSION 1

Sunday, June 18-
Saturday, June 24

SESSION 2

Sunday, July 16-
Saturday, July 22

SESSION 3

Sunday, July 30-
Saturday, August 5

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!

This is your opportunity to visit camp and learn what fun things your camper 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 Days will start at 10 am on Saturdays. You may begin picking up your camper's luggage at 9:30 outside their cabin.

You will receive a newsletter during check-in with helpful information including the location of 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: Summer Overnight Camp 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 shirt size?
 YOUTH: XS S M L ADULT: S M L XL



YMCA COLLIN COUNTY ADVENTURE CAMP

Bank Draft Dates



Camp fees must be paid in full prior to each session on the 1st or 15th of the month. If you choose to pay only the deposit during registration, the remaining balance will be auto-charged on the following dates. Please contact us if your credit card information changes.

Session #	Session Date	Draft Date
1	June 18-24	June 15
2	July 16-22	July 1
3	July 30-August 5	July 15



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: 1) Health History and 2) Physical Exam.

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):

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

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.):

Immunization record verified? Y or N

Any medications to be administered at camp:

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

Additional health information:



YMCA COLLIN COUNTY ADVENTURE CAMP



A Letter to My Counselor

This letter will be given to your child’s counselor and used to help us provide the best possible experience for your child. While it is optional, we encourage you to take the time to fill it out, particularly if this is your child’s first time at camp. The more we know about your child before he or she arrives, the better we can prepare for their experience!

Dear Counselor,

This will be _____’s _____ year at a day camp and _____ year at CCAC .

I want _____ to go to camp because:

While at camp, I hope that my child will:

My child is looking forward to:

worried about:

most unhappy when:

is enthusiastic about:

is apt to be afraid of:

is allergic to:

likes to eat:

does not like to eat:

My camper is _____ at personal hygiene (brushing teeth, changing dirty clothes, hand washing, etc.), and is _____ at taking care of personal belongings.

My child _____ sensitive about his or her size, weight, or other characteristics. If sensitive, please list areas of concern.

My child’s hobbies, special interests, and skills are:

My child gets along with other children who:

My child does not get along with children who:

My child has the following responsibilities at home:

My child _____ have any siblings. If yes, list name(s) and age(s):

My child’s personality is: shy/quiet assertive aggressive a leader (other): _____

Regarding day camp, my child is: excited apprehensive upset

Appetite is: above average normal below average

Health is: above average normal below average Please pay special attention to:

Thank you for taking care of _____ while at camp. I know my child will have a great time. Be safe and have fun!

Sincerely,

Parent’s name

Camper’s name