

YMCA of Glendale 2011 Summer Camp Programs

CAMP FOX, CATALINA ISLAND

ACTIVITIES INCLUDE: SWIMMING, KAYAKING, PADDLEBOARDING, FISHING, DANCES, CAMPFIRE, ROPES COURSE, ARCHERY, VOLLEYBALL, SPORTS, FRISBEE GOLF, TUBING, CHAPELS, GAMES, HIKING, SNORKELING & MORE!

JR. HIGH COED **July 17-23** **Ages 11-14** **Director: Jeff Reisbeck**

“Filled with non-stop laughs and thrills, our campers count the days until they step on the pier at Camp Fox. Almost all of the college age leaders were past campers and our directing staff has nearly 100 years of Camp Fox camping experienced combined. Focusing on our campers mental, physical emotional and spiritual way of life, our campers have one of the most memorable weeks of their lives!”

There will be a limited CIT program for ages 16-17 – must apply to Jeff Reisbeck through filling out volunteer application and returning to Camp Dept.

HIGH SCHOOL COED CAMP **July 31-Aug. 6** **Ages 14 -17** **Director: Mitch Lehman**

A priceless opportunity for young people to enjoy the vast treasures of Catalina Island - at an affordable price. High School Co-ed Camp runs the gamut from rambunctious fun to reflective; courtesy of an energetic, caring staff assembled to guarantee a week of excitement and introspection. Campers have described the experience as “life changing” as the remote beauty of Camp Fox affords teens an opportunity for self discovery and exploration.

COED YOUTH CAMP #1 **July 24 – July 30** **Ages 8 -17** **Director: Ray “Gator” Calame**

COED YOUTH CAMP #2 **August 14-20** **Ages 8 -17** **Director: Karyn “Yogi” Messler**

As you participate and enjoy the many aspects of camp life, you will meet and make friends while having the opportunity to try new things. Enjoy water activities, “land lubber” sports, special meals, crafts, chapel and nightly campfires. We provide a fun, unique camp experience geared to meet needs of our various ages through special activities and programs. Senior campers (ages 14 and up) have a nightly program that emphasizes team building and leadership development.

TEEN LEADERSHIP TRAINING CAMPS

LEADERSHIP TRAINING CAMP **Ages 15-17** **Head Program Director: Ray Calame**

Available At Each Coed Youth Camp Week!

At Coed Youth Camp teens focus on the skills to become Camp Counselors and Leaders in their community. Team building, leadership techniques, and methods are taught, while enjoying all the fun of Summer Camp activities. Must apply and be accepted, limited space is available!

CATALINA ISLAND FAMILY CAMP

Labor Day Weekend - Camp Fox **Sept. 3 – 5** **Director: Ray Calame & Karyn Messler**

Holiday weekends don’t get any better than this! Build memories that will last a lifetime by enjoying many water and land activities with your family and friends. Special daily activities, outdoor entertainment and roaring campfires will be included. Of course you will always have the option to just sit-relax-read-tan and enjoy your family. Housing accommodation, boat transportation, meals and entertainment are included in your fee. To register, download your registration form at www.glendaleymca.org. Full fee payment required to register.

**YMCA OF GLENDALE
2011 CAMP APPLICATION**



YMCA
We build strong kids,
strong families, strong communities.

Thank you for your interest in our Summer Camp Program. Please complete and return this form and your **NON-REFUNDABLE DEPOSIT of \$75.00 FOR EACH SESSION / CAMPER** to: YMCA of Glendale, 140 N. Louise St., Glendale, CA 91206-4226
PHONE (818) 240-4130 FAX (818) 500-1737

CAMPER INFORMATION -- Please print. Fill out one application per child. This form may be copied.

Camper's Name _____ Male Female Age: _____
Date of Birth _____

Camper's Address - Street _____ City _____ State _____ Zip _____ **EMAIL**

Parent's Name _____ Daytime Phone () _____ / Evening Phone () _____

*Camper is a full-facility member of _____ YMCA.
**Enclose a copy of camper's membership card with this application in order to receive member price.

| CHECK BELOW | CAMP SESSION | AGES | DATES | MEMBER* RATE | NON-MEMBER RATE |
|-------------|-----------------------|-------------|----------------|--------------|-----------------|
| | CAMP FOX CAMPS | | | | |
| | Junior High Coed | Ages 11-14 | July 17-23 | \$575 | \$595 |
| | Coed Youth #One | Ages 8-17 | July 24 – 30 | \$575 | \$595 |
| | Coed Youth #Two | Ages 8-17 | August 14-20 | \$575 | \$595 |
| | Leadership Camp – CY1 | Ages 15-17 | July 24-30 | \$475 | \$495 |
| | Leadership Camp – CY2 | Ages 15 -17 | August 14-20 | \$475 | \$495 |
| | High School Coed | Ages 14-17 | July 31-Aug. 6 | \$575 | \$595 |
| | Junior High CIT | Ages 16-17 | July 17-23 | \$475 | \$495 |

**Complete this portion ONLY if paying by VISA, American Express or MASTERCARD.
Mail to YMCA of Glendale only...DO NOT FAX.**

I hereby authorize the YMCA of Glendale to charge my VISA, American Express or MASTERCARD for the amount of \$_____. Card Number: _____ Expiration Date ____/____

Cardholder's Name: _____

Billing Address - Street _____ City _____ State _____ Zip _____

Signature: _____ Date: _____

YMCA OF GLENDALE
Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Glendale YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Sate of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE AND AGREEMENT

Signature of Parent / Legal Guardian: _____ Date: _____

Camper's Name (please print): _____

PLEASE PRINT CLEARLY

CAMPER'S NAME: _____ **HOME PHONE:** () _____
Last First Middle Initial

ADDRESS: _____
STREET CITY STATE ZIP

FATHER'S NAME: _____ **WORK PHONE:** () _____ **HOME PHONE:** () _____

ADDRESS: _____
STREET CITY STATE ZIP

MOTHER'S NAME: _____ **WORK PHONE:** () _____ **HOME PHONE:** () _____

ADDRESS: _____
STREET CITY STATE ZIP

GUARDIAN'S NAME: _____ **WORK PHONE:** () _____ **HOME PHONE:** () _____

ADDRESS: _____
STREET CITY STATE ZIP

EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN

NAME: _____ **WORK PHONE:** () _____ **RELATIONSHIP:** _____

NAME: _____ **WORK PHONE:** () _____ **RELATIONSHIP:** _____

BROTHERS/SISTERS/AGES _____

PETS & THEIR NAMES: _____

DOES YOUR CHILD SWIM? YES NO AFRAID OF WATER

IF YES, HOW WELL? FAIR GOOD EXCELLENT

DOES YOUR CHILD GET ALONG WITH FRIENDS AND PLAYMATES? SELDOM USUALLY ALWAYS

WHAT ARE YOUR CHILD'S HOBBIES AND INTERESTS? _____

LIST FAMILY ACTIVITIES YOUR CHILD ENJOYS? _____

WHAT IS YOUR CHILD'S PREVIOUS CAMPING EXPERIENCE? _____

HOW DOES YOUR CHILD FEEL ABOUT GOING TO CAMP? _____

DO YOU ANTICIPATE ANY BEHAVIORAL PROBLEMS? _____

WHAT DO YOU HOPE YOUR CHILD WILL GAIN FROM THIS EXPERIENCE? _____

Cabin Assignment Request

Requests are NOT GUARANTEED. No more than a difference of 21 months between ages will be considered.

Friends to be considered for assignment to the same cabin at camp (where possible) are:

CAMPER NAME: _____ **CAMP DATES:** _____

Camper Age during Camp: _____ **Grade in Sept.:** _____ **Date of Birth:** _____

1. _____ 2. _____
3. _____ 4. _____

| ALLERGIES <u>List all known</u> | <u>Describe reaction and management of this reaction</u> |
|--|---|
| Medication Allergies (list) _____ | _____ |
| Food Allergies (list) _____ | _____ |
| Other Allergies (list) These could include insect stings, hay fever, asthma, or animal dander etc. _____ | _____ |
| _____ | _____ |

CHECK THOSE NON-PRESCRIPTION MEDICATIONS WE MAY HAVE PERMISSION TO GIVE:
Generic forms may be utilized.

| YES | NO | | YES | NO | |
|------------|-----------|--------------------------------------|------------|-----------|-------------------------------------|
| _____ | _____ | Kaopectate (for diarrhea) | _____ | _____ | Sudafed |
| _____ | _____ | Pepto Bismal (for upset stomach) | _____ | _____ | Advil |
| _____ | _____ | Milk of Magnesia (for constipation) | _____ | _____ | Dramamine (seasick) |
| _____ | _____ | Chloraspetic Spray (for sore throat) | _____ | _____ | Throat Lozenge |
| _____ | _____ | Caladryl (for skin rash) | _____ | _____ | Benadryl |
| _____ | _____ | Acetaminophen (for headaches) | _____ | _____ | Antibiotic Cream |
| | | (Tylenol generic) | _____ | _____ | Hydrocortizone Cream (insect bites) |

The YMCA of Glendale recommends all campers have a physical within 24 months of camp. A new exam is not required.
Please note the name of Doctor and date of your child's last physical.

Name of Physician: _____ Date of last visit: _____

| Has/does the participant: | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem with joints? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | Problems with sleep walking? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | Have orthodontic appliance brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any skin problem? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had emotional difficulties for which | <input type="checkbox"/> | <input type="checkbox"/> |
| Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | Attention Deficit Disorder (ADD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | Cancer / leukemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | <input type="checkbox"/> |
| Had problems with diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been dizzy during of after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Had a history of bedwetting? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers.

Please indicate below any other physical, mental, or emotional health condition requiring medication, treatment or special restrictions that the camp staff should be aware of.

List any activities in which your child may not participate: _____

Immunization Record

AMERICAN CAMPING ASSOCIATION REQUIRES A COMPLETE IMMUNIZATION RECORD ON FILE FOR ALL CAMPERS. DO NOT WRITE "UPDATED!"

| Which of the following has the participant had? | Please give all dates of immunization for: DATES ARE REQUIRED. | | | | | | |
|---|--|--------|-------|-------|-------|-------|-------|
| | Vaccine: | Dates: | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr |
| <input type="checkbox"/> Measles | DPT | | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Chicken Pox | TD (tetanus/diphtheria) | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> German Measles | Tetanus | | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Mumps | Polio | | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Hepatitis A | MMR | | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Hepatitis B | Hepatitis B | | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Hepatitis C | Varicella (Chickenpox) | | _____ | _____ | _____ | _____ | _____ |

Acknowledgment and Authorization

- I hereby give my permission for any photographs taken during camp to be used for camp or YMCA publicity.
- I understand that the YMCA carries no accident or medical insurance and assumes no financial obligation in the event of an injury.
- I hereby give my permission for the representative of the YMCA of Glendale to transport my child to and from any YMCA function.
- I have read and understand the YMCA **Policy on Drugs, Alcohol, Weapons, Smoking, Safety and Conduct** on the Parent Information and Instructions sheet provided to me. I understand that should my child violate any of these policies, I will be requested and expected to pick up my child at Avalon, Catalina Island and that I am responsible for any expenses incurred as a result thereof.
- In order to prevent harm, maintain order and safety to campers and staff who are participating in YMCA Camp Fox camping activities, I hereby give permission to the YMCA Camp Director to search my camper's personal belongings when there is reasonable suspicion that the camper has possession of illegal or dangerous items (i.e. weapons, knives, alcohol, illegal drugs, fireworks or explosives) or the camper seriously violates camp rules and evidence of the infraction can be found through a search of the camper's personal belongings. To the extent possible, the camper will be present during such a search and the scope of the search will be limited to their belongings.
- I accept responsibility for my child being physically fit to participate in all the activities of camp, have filled out accurately the information requested on this form, and understand all of the statements above.
- I acknowledge receiving the Parent Handbook and will abide by the policies set forth by the YMCA of Glendale.

PARENT/GUARDIAN PRINT NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Authorization to Consent to Treatment of a Minor

The undersigned, as parent or legal guardian of _____ (the

CHILD'S NAME

"minor") hereby authorizes the YMCA of Glendale or its employees, directors and adult volunteers (collectively "YMCA") to provide routine health care, administer prescribed medications as needed, administer non-prescription medication as outlined above, consent to an X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under laws of the state or other jurisdiction in which medical care is sought, and to consent to any X-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned. The undersigned understand and agree that YMCA shall not be legally or financially liable for any bill or medical expense incurred, or any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnify, defend, and hold YMCA harmless from any claim made by or on behalf of the minor person or the minor's heirs or parents or guardians arising out of any medical care or dental care provided.

SIGNATURE: * _____ DATE: _____

IS THE CHILD COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? Yes No

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S INSURANCE CARD

NOTE: The YMCA requests that, if the minor is in the custody of both parents or more than one legal guardian, both or all sign this application and authorization form. The YMCA understands that the minor is in the custody only of the person or persons who have signed this authorization. If, for religious reasons, you cannot sign this, the YMCA must be contacted for a legal waiver, which must be signed before your child can attend camp.

YMCA of Glendale
140 No. Louise Street
Glendale, CA 91206