



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA Camp Collins Outdoor School Information for Parents

Your child is about to embark on a wonderful and enriching experience at YMCA Camp Collins. Our goal is to provide a safe, fun, and positive environment for every child that joins us at Outdoor School. Students will be led by professional staff to deliver an educational program that will meet student learning objectives and state academic standards. Students will sleep in our all-season, bunk-style cabins. The Camp Collins' experienced food service staff prepares well-rounded meals everyone will enjoy. Accredited by the American Camp Association, YMCA Camp Collins meets over 300 industry-accepted standards.

You can help in ensuring your child's success by reading the following:

Health History: Please complete this document and return it to the teacher/group leader before leaving for YMCA Camp Collins.

Agreement to Participate: Your child may have the opportunity to engage in unique camp activities led by experienced staff. However, without a completed and signed Agreement to Participate your child will not be able to join in the fun. Make sure that you sign this document and return it to the teacher/group leader before leaving for YMCA Camp Collins.

Medications: Ask your child's teacher or group leader if they want you to pack medications in your child's luggage or give to them before arriving at camp. The teacher/leader is responsible for turning in the medication to the camp nurse upon arrival at YMCA Camp Collins.

Emergency Contact: In case of emergency only, the camp pager number is 503.441.2980. For all other inquiries and non-urgent messages, the group services phone number is 503.663.5523. The main number for Camp Collins is 503.663.5813.

Camp Rules and Courtesies: In order to ensure a pleasurable experience for all, everyone must follow certain rules of Safety and Respect, please share these with your child.

All campers are expected to listen and follow directions at all times.

Hands and body must be kept to self in order to respect the space of others.

Campers must stay with their group at all times, and never go off alone.

Respect the property of others.

Take care of Camp equipment and property.

"Put-downs" and bullying are not tolerated at camp (this includes any behavior intended to hurt or intimidate someone physically, socially or emotionally).

Camp Store: The Camp Collins Store may be opened for a short time each day as is completely optional. Items vary in price: T-shirt \$12, Sweatshirt \$30, Hat \$15, Stuffed Animals \$6-15, Necklace/Bracelet \$5. Teachers will collect all money and keep it safe until the Camp Store is open.

We hope this has been helpful in preparing for your child's adventure to YMCA Camp Collins. If you have any questions please contact your child's teacher or group leader.

Sincerely, YMCA Camp Collins Staff



What to Bring Checklist

YMCA Camp Collins Outdoor School

A few words of advice:

- Activities happen rain or shine so be sure to pack appropriately!
- Bring old clothes. New clothes get worn out quickly at camp!
- All items should be marked with your child's name
- Students should be limited to one suitcase or one duffle bag

Required:

Bedding

- Warm Sleeping bag or 3-blanket Bedding bedroll
- Pillow

Clothing

- Pajamas
- Sturdy Walking Shoes (2 pairs)
- Daily change of Socks and Underwear
- Shirts (both heavy and light weight)
- Warm Sweater or Sweatshirt
- Long Pants (2 pairs)
- Raincoat or Poncho, Rain pants
- Waterproof boots (or extra shoes)
- Warm jacket
- Hat and gloves
- Plastic bag (for dirty clothes)

Toiletries

- Toothbrush and toothpaste
- Soap and Shampoo
- Towel and washcloth
- Comb or brush
- Sunscreen lotion, lip salve

Equipment

- Water bottle for hiking
- Small backpack for items

Recommended

- Flashlight and extra batteries
- Books
- Paper and sharpened pencils or pens
- Money for Camp Store (check w/ teacher)

Do Not Bring

- Valuables
- Fishing Rods, Bikes, Roller blades, Skateboards
- Radios, MP3/CD players, Electronic Games, Cell Phones
- Knives, Matches, Fireworks
- Food, Candy, Gum, Soda Pop or other Beverages
- Hairdryers, Curling Irons, other Electric Appliances
- Cosmetics, hairspray

YMCA Camp Collins is not responsible for the damage or loss of any personal items brought to camp, please leave expensive items at home.



Agreement to Participate YMCA Camp Collins Outdoor School

Participants Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

Organization you are participating with: _____

Health insurance Co. _____ Policy #: _____

Doctors Name: _____ Phone: _____

In case of emergency call: _____ Phone: _____

YMCA Camp Collins program areas may include, but are not limited to, Challenge Course, Climbing Tower, Aquatics, Horseback Riding, Sports and Games, Archery, Arts and Crafts, Hiking/Nature activities and evening programs such as Campfires. Our program areas are designed to meet a wide range of physical abilities and we make reasonable accommodations to serve a diverse population. Activities may include sitting, walking, running, swimming, wading, jumping, throwing, use of archery equipment (bows and arrows), riding horses, and contact with craft supplies (paint, glue, dye and potentially hot liquids such as wax). When utilizing the Challenge Course activities may also include participating in group initiatives on low (2-3 ft. off of the ground) and high (25-40 ft off the ground) elements, and climbing and traversing on cables, logs and ropes while attached to a belay (rope) system.

As a participant you are the best judge of your physical abilities and that of your dependent children. There is a significant element of risk involved in any adventure, sport or activity associated with the outdoors. If you or your dependent children have a health condition, chronic illness or injury that might be aggravated by doing these activities you should not participate in these activities without first consulting a physician. Participation in camp activities is voluntary and participants are able to choose their level of involvement in all activities. In agreeing to participate you assume all liability for any physical injuries and/or emotional distress suffered by you and/or your dependent children.

RELEASE and WAIVER of LIABILITY and HOLD HARMLESS AGREEMENT

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN YMCA CAMP COLLINS PROGRAMMED ACTIVITIES, I AGREE TO THE FOLLOWING: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in YMCA Camp Collins program areas or activities. I hereby expressly release, discharge and hold harmless from any liability, losses, causes of action, expenses and/or claims for damages whatsoever the YMCA of Columbia-Willamette, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Columbia-Willamette, except for injuries caused intentionally or by willful misconduct by such parties. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand the risks involved in participation of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and I am physically able to participate in all the program areas listed above. I understand that I am responsible to pay my own medical and emergency expenses in the event of accident or illness regardless of whether I have authorized such expense. Furthermore, I am fully aware that the risks, known and unknown, can cause injury, property damage, illness, mental or emotional trauma, disability or death. This waiver and release will be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be modified or deleted to the minimum extent necessary to make then enforceable, and shall not effect the enforceability of any other provisions.

I HAVE READ THIS AGREEMENT AND RELEASE, I UNDERSTAND IT, AND I SIGN IT VOLUNTARILY

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Photo Release: I authorize the YMCA to have and use photographs, slides and/or videotapes of me, the participant, as may be needed for its public relations programs.

Signature: _____

Date: _____

YMCA Camp Collins Health History Form - *Please submit with Registration*

Revised 9/2015

Child's full name _____ Age at camp _____ Birthdate _____ Gender: M F

Emergency Contact Information (If parent cannot be reached)

Emergency Contact Name 1: _____ Relationship: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Emergency Contact Name 2: _____ Relationship: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Insurance Information - Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Policy# _____

Name of policy holder _____ Relationship to participant _____

Phone number of carrier _____ Birthdate of policy holder _____

Health History - The following information must be filled out by the parent/guardian or adult staff member. We use this data to provide healthcare personnel with background information on the camper/staff and to educate counseling staff on camper needs.

Behavioral, Social, Developmental or other considerations: _____

Allergies: Please check all that apply to the participant.

- This participant has no known allergies.
 This participant has an allergy to the following foods: _____ Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

- This participant is allergic to the following medications: _____ Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

- This participant is allergic to the following substances: _____ Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

Diet: Please check all those that apply to participant. We can work with some medically prescribed diets but cannot cater to individual food preferences. Contact the [Camp Office](#) at 503.663.5813 if you have questions regarding the participant's diet while at camp.

- Participant eats a regular, varied diet and is prepared to eat a wide range of foods.
 Participant is gluten intolerant. Participant is lactose intolerant.
 Participant is a vegetarian. Type: _____ Participant is a vegan.
 Other, please describe: _____

Parent/Guardian Authorization for Health Care: This health history is correct, and the person described has permission to participate in all camp activities except as noted by me on the backside of this form and/or a physician. I attest that all immunizations required for school are up to date. I give permission to the medical personnel selected by YMCA Camp Collins to release any records necessary for insurance purposes and provide or arrange necessary related transportation for myself/my child in the case of a medical emergency. If I cannot be reached in an emergency, I give permission to the physician to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied. I understand that information about my child's health may be shared on a "need to know" basis with other camp staff.

Signature of custodial parent/guardian or adult staff

Date

I, _____ understand and agree to abide with any health related restrictions placed on my camp activities.

Camper Name

Signature of minor participant or adult staff

Date

Chronic Concerns

This participant has no chronic health concerns and is capable of full participation in this program.

This participant has the following chronic health concerns: (Check all that apply)

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Surgical History | <input type="checkbox"/> Fainting | |
- Other, please describe: _____

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Had any recent injury, illness or infectious disease? <input type="checkbox"/> | <input type="checkbox"/> | 10. Ever have back problems? <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ever been hospitalized? <input type="checkbox"/> | <input type="checkbox"/> | 11. Ever had problems with joints (ex. knees, ankles)? <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever had a head injury within the last 6 months? <input type="checkbox"/> | <input type="checkbox"/> | 12. Have an orthodontic appliance at camp? <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever been knocked unconscious? <input type="checkbox"/> | <input type="checkbox"/> | 13. Have any skin problems (ex. itching, rash, acne)? <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Wear glasses, contacts or protective eye wear? <input type="checkbox"/> | <input type="checkbox"/> | 14. Have mononucleosis in the past 12 months? <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever passed out during or after exercise? <input type="checkbox"/> | <input type="checkbox"/> | 15. Had problems with diarrhea/constipation? <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever had chest pains during or after exercise? <input type="checkbox"/> | <input type="checkbox"/> | 16. If female, have an abnormal menstrual history? <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has high or low blood pressure? <input type="checkbox"/> | <input type="checkbox"/> | 17. Have an eating disorder? <input type="checkbox"/> | <input type="checkbox"/> |
| | | 18. Any current physical, mental or psychological conditions requiring | |

Explain "yes" answers and please note the question number.

Name of family physician _____ Phone _____
 Name of family dentist/orthodontist _____ Phone _____

<p>Which of the following Diseases has the participant had?</p> <p>_____ Measles _____ Mumps</p> <p>_____ Chicken pox _____ Hepatitis</p> <p>_____ German Measles</p> <p>_____ Date of last TB Mantoux test if taken. Result: _____</p>	<p>Immunization Verification</p> <p>My child received his/her last Tetanus shot (DTP or Booster) on _____ / _____ (This information is required in case of medical emergency)</p> <p style="text-align: center;">*Month/ Year</p> <p><input type="checkbox"/> I verify that my child is up-to-date on ALL immunizations required for school.</p>
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Medications – You will be asked to complete a "Medications Being Taken" card on the first day of camp if your child is to take medications during their stay at camp. Medications (both prescription and over-the-counter) will only be accepted and dispensed by the Health Officer if provided in their **original container** and with **current prescription** labeling. Please check medication labels and expiration dates prior to your arrival at camp. **The following medications, stocked in the Camp Health House, are used to manage illness or injury and dispensed as**

_____ Acetaminophen (Tylenol)	_____ Cough Medicine	_____ Night Time Cold Formula	_____ Tinactin (Anti-Fungal)
_____ Aloe	_____ Generic Cough Drops	_____ Pepto Bismol Tablets	_____ Triple Antibiotic Cream
_____ Allergy Medication	_____ Ibuprofen	_____ Pseudoephedrine (Sinus)	
_____ Benadryl	_____ Kaopectate (Anti-Diarrheal)	_____ Sore Throat Drops/Spray	ALL OKAY _____ (initial)

Are there any camp activities from which this participant should be exempt for health reasons? If so, please list.

Is there any other information which has an impact upon the participant's ability to fully participate in our program? If so, please list.

For Staff Use Only: Information Verification and Health Screening completed by:	
Staff Name (print please) _____	Date _____