YRESIDENT CAMP™

We build strong kids, strong families, strong communities.

San Gabriel Valley Family YMCA
Camping Services
YMCA Camp ELK & YMCA Camp Coulter Pines
P.O. Box 2828
Wrightwood, CA 92397
760-249-3822 phone
760-249-4492 fax

Camp: ELK Coulter Pines

Session Dates: _____

Fee: _____ Scholarship: _____

Approved: _____ Date: _____

Entered: _____ Date: _____

FOR OFFICE USE ONLY

Campers Name _____ Age: _____ Sex: Female Male
Last first MI

Date of Birth: _____ T-Shirt Size: _____

Parent/Guardian Name: _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Emergency Phone Number: _____

DCS/Foster Case #:_____ County _____

Medi-Cal #:_____ Food Stamp Case #:_____

FOR OFFICE USE ONLY

Organization: Camp. Svcs Branch Y_____ Azusa Y_____ Covina Y_____ West Covina Y_____

P. Hills YMCA_____ West End Y_____ Santa Anita Y_____ Pomona Y_____

VIP_____ LA County DCFS_____ San Bernardino County DCS_____

Foster Family Agency_____ Other_____

FOR OFFICE USE ONLY

Date	Item	Amount Paid	Receipt Number	Balance Due	Rec.By
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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San Gabriel Valley Family YMCA
Camping Services

Program Enrollment Form

Camp Dates: _____

Location: Camp E.L.K. Or Camp Coulter Pines

Child's Name _____
Last First Middle T-Shirt Size

Address _____
Street City Zip

Home Phone _____ Cell Phone: _____ Email Address: _____

Grade _____ Birth date: _____ Age: _____ Sex (circle): Male Female

Mothers/Guardian Name _____
Last First Middle

Address _____
Street City Zip

Home Phone: _____ Other Phone: _____ Email Address: _____

Place of employment: _____ Work Phone: _____

Father/Guardian Name: _____
Last First Middle

Address: _____
Street City Zip

Place of employment: _____ Work Phone: _____

Emergency Contacts: The following people have my unrestricted permission to pick-up my child from the YMCA.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The following information must be completed.

Are you in Foster Care? Yes No County: _____ Case Number: _____

Social Worker assigned to your case: _____ Phone: _____
Cell Phone: _____

Do you have Medi-Cal? Yes No Medi-Cal Number: _____
(State subsidized health care)

Do you receive Food Stamps? Yes No Case Number: _____

Number of People Living in Household? _____ Total Family Income: $ _____

MULTI-JURISDICTIONAL AUTHORIZATION AND RELEASE FOR MEDICAL AND DENTAL TREATMENT

I herby grant permission for my child to use all play equipment and participate in all activities of the YMCA program. I herby grant permission for my child to leave the YMCA premises under supervision of a staff member for neighborhood walks or in a authorized vehicle. I hereby grant permission for my child to be included in evaluations and pictures connected with the YMCA program

The undersigned, as parent(s), or legal guardian(s), of the above named person, (the "Minor") hereby authorizes the San Gabriel Valley Family YMCA and its employees, directors and adult volunteers (collectively "YMCA") to consent to any 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 device of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and consent to any surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and consent to any surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and consent to any x-rays, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor under the laws of the state or other 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 the consent given pursuant to this authorization shall be the consent of each of the undersigned.

The undersigned understands and agrees that the YMCA shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from medical care or dental care provided, or lack of medical care or dental care. The undersigned hereby agrees to indemnify, defend, and hold the YMCA harmless from from any claim made by or on behalf of the minor's heir or parents or guardians arising out of medical care or dental care provided.

Signed: _____ Date: _____
Signature Parent or Guardian

San Gabriel Valley Family YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
(MEMBER/CHILDREN)

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) 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 such participating children 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 acknowledgement 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 of participation by the undersigned and such children.

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. UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releases ”) from all liability to the undersigned of such children and all 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 of such children, whether caused by the negligence of the releasees or otherwise while the undersigned of such children 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 negligence, intentional act or other contributory act of the undersigned or such children 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.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the 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.

4. PHOTO RELEASE, I give permission to the YMCA to use any photos of myself or family members to include children and adults for future promotions and press releases.

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 State 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

Date_____ _____
Signature of Applicant/Parent/Guardian

_____ _____
Name of Child in Program Printed name of signer

San Gabriel Valley Family YMCA – Camping Services

CODE OF CONDUCT

(REQUIRED CAMP DOCUMENT PLEASE SIGN AND RETURN)

PARENT/GUARDIAN/CAMPER

Subject: Camper Behavior Agreement

At camp and especially away from home, youngsters can sometimes test the limit of appropriate behavior. Although this is not usually the case with the majority of our campers, there are always a few whose behavior and actions can be extremely difficult to deal with. One of the problems that we have, being isolated at the camp, is that continued misbehavior cannot be easily rewarded with a simple ride home. The logistics of sending a camper home from this camp are complicated, even though in past years we have done so. Our goal is to avoid this unpleasant type of situation and it is, therefore, imperative that you sit down with your child and discuss proper conduct while at YMCA camp. Simply put, the rules and expected behavior at camp are really no different than those at school. If that is clearly understood and followed, then everyone gets along fine and has a rewarding experience at camp.

The following are some of the conditions and policies of YMCA Camping Services. We ask parents and campers to indicate their understanding of these by signing this form.

1. The camper, parents, guardians and relatives agree to abide by the rules and regulations set by the camp, outlined in the Code Of Conduct and Parent's Handbook for the health, safety and welfare of the campers and staff.

2. Campers are expected to use appropriate language. Any foul vulgar or disrespectful language will result in camper going home.

3. Campers are not allowed to smoke, chew tobacco, or possess any smoking materials, alcoholic beverages, or illegal drugs. Campers will automatically be sent home for possession of banned substance or illegal drugs or alcoholic beverages.

4. All medications, drugs, over-the-counter, etc., must be kept in the camp first aid station under control of the camp health coordinator.

5. Campers are encouraged to develop friendships with members of the opposite sex, but no display of affection is permitted (i.e., hand holding, kissing, going steady, etc.) Any "sneaking out" from your cabin **will** result in camper going home.

6. Campers are to respect the rights and belongings of others. There are no facilities for security in the cabins (no lockers) and we rely on the honor system when dealing with camper's gear.

7. All personal belongings are to be marked with ID. Camp Directors reserve the right to examine **any** camper's person or belongings for inappropriate items. Camp is not responsible for personal belongings lost or damaged during camp session. Expensive personal items should not be sent to camp.

8. During the camp session should parents, guardians, and relatives leave their place of residence for an extended period of time, the YMCA is to be advised where they can be reached in case of emergency at all times.

9. All rules and policies are strictly enforced. The safety and security of our campers is of paramount importance to our Directing staff. Therefore, any criminal act(s) or failure to abide by camp rules will result in dismissal from camp with NO REFUND. ***In addition, parents, guardians, or relatives are responsible for picking up their camper at the YMCA camp in Wrightwood (including expenses to do so) should it become necessary to send a camper home.***

_____	_____	_____
Camper's Signature	Parent/Guardian Signature	Date

This page intentionally left blank.

Camper Name: _____ Camp Dates: _____

Camp Name: _____ _____

San Gabriel Valley Family YMCA
Camp Health History Form for Children, Youth and Adults

Note: This form should be completed by parent, guardian, or self, if an adult.

Camper: _____ Birth Date: _____ Sex: _____ Age at Camp: _____

Parent or Guardian (or Spouse): _____ Phone: _____

Home Address: _____ Cell Phone: _____

Business Address: _____ Work Phone: _____

Second Parent or Guardian or Emergency Contact: _____

Home Address: _____

Business Address: _____ Work Phone: _____

If not available in an emergency, notify:

Name: _____ (Relationship) _____ Day Phone: _____

Eve Phone: _____

Name: _____ (Relationship) _____ Day Phone: _____

Eve Phone: _____

Department of Children Services: Case Worker: _____ Phone: _____

	No	Yes	Dates	DISEASES	No	Yes	Dates	ALLERGIES:	No	Yes	Dates	IMMUNIZATIONS	No	Yes	Dates
Ear Infection				Mononucleosis				Hay Fever				MMR			
Rheumatic Fever				Chicken Pox				Poison Ivy				(Measles, Mumps & Rubella			
Heart Defects/				Measles				Insect Stings				DTP Series			
Diseases				German Measles				Penicillin				Polio OPV			
Convulsions				Mumps				Other Drugs				(Sabin)			
Diabetes				Asthma								Tetanus			
Hypertension				Bleeding &				Name of Drugs:				Others			
Sleepwalking				Clotting Disorder											
Bedwetting															

Operations or serious injuries (dates): _____

Disability or illness: _____

_____

Dietary modifications: _____

Current medication (send with instructions in Medication Record Form): _____

_____

LABELED MEDICATION AND INSTRUCTIONS MUST BE SENT TO CAMP WITH CAMPERS.

Other disease or related details of above: _____

_____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Specify any medical problems: _____

_____

(For Female Only) Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special considerations: _____

IMPORTANT: Please notify the YMCA if this camper was exposed to any communicable disease during the three weeks prior to attending camp.

Please complete 2nd sheet

Camp Dates: _____

Additional suggestions from parents: _____

_____

_____

_____

Please Note: YMCA does not carry accident or illness insurance on program participants, except at YMCA sponsored resident camps, where our coverage is secondary to personal insurance. All expenses incurred in the treatment of injuries due to accidents or illness in camp will be the responsibility of parent, guardian or their assigned insurance carrier.

Recommendations and restrictions while in program _____ None: ☐

_____

Special Diet _____

Special; medicine (name, and it must be brought to camp with camper) _____

_____

Swimming ability/diving _____

_____

Strenuous activity _____

_____

Other: _____

_____

Allergies to specfic medication or foods: _____

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 by me on this health form.

The undersigned, as parent or legal guardian of the child registered on this from, hereby authorizes the San Gabriel Valley Family YMCA and it's delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the San Gabriel Valley Family YMCA will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the San Gabriel Valley Family YMCA and its designated leaders and directors are not legally or financially liable for any claim rising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the San Gabriel Valley Family YMCA in conjunction with any authorized event.

Signed _____ Date _____

Parent or Guardian

Please provide the following information (mandatory)

WE DO ☐ DO NOT ☐ Have a family health / medical insurance coverage

Medical Insurance Company Name _____ Policy # _____

San Gabriel Valley Family YMCA
Camping Services
Resident Camp

Medical Examination

(Must be completed by a licensed physician)

Camper's Full Name _____

Medical Examination — To be completed by a ***licensed physician***:
This examination should be performed within 12 months or arrival at camp. If your child has had an examination for some school sports or activity, you may fill in the results obtained from your doctor's office. Examination is for determining fitness to engage in strenuous activities.

CODE: S=Satisfactory NS=Not Satisfactory (explain) N/E=Not Examined

Height: _____ Weight: _____ B.P.: _____ Hct. Or HGB. Test: _____

_____ Eyes	_____Lungs	_____Allergy: PLEASE SPECIFY
_____Glasses	_____Abdomen	_____
_____Ears	_____Hernia	_____
_____Nose	_____Extremities	_____General Appraisal:
_____Throat	_____Posture (spine)	_____
_____Heart	_____Skin	_____
_____Genitalia		_____

Recommendations and Restrictions while in camp:

Special Diet:_____

Current Medication:_____

Is Parent sending medications?_____ Swimming:_____

Strenuous Activity Restrictions: _____

_____

Other Restrictions or Health Concerns: _____

_____

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

Examining Physician _____M.D. Date _____
Signature

Telephone: _____

Address:_____

Revised 3/2009

Medication Record

Must Be Completed for All Medications Sent with Child to Camp

Please include enough medication for the entire camp session plus four (4) additional days.

Camp Dates: _____

Child's Name _____ Height _____ Weight _____ Age _____

	Date	Time	Initials
1. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
2. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
3. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
4. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
5. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			

Prescribing Physician's Name _____ Phone _____

Signature of Parent/Guardian _____

Camp Dates: _____

PARENT COOPERATIVE INFORMATION SHEET

Child's Full Name _____ Birthday _____

Nickname he/she prefers _____ Grade in Sept. _____

Please list any specific activities to be encouraged or limited by physician's advice: _____

_____

Dietary medication: _____

(FOR FEMALES ONLY) Has this person menstruated? ☐ Yes ☐ No

If not, has she been told about it? ☐ Yes ☐ No

Who else lives at home? _____

Do parents live together? ☐ Yes ☐ No

Has child ever been to camp / child care before? ☐ Yes ☐ No

Can your child swim? _____ if yes, what level? _____

Is he/she usually with children his/her own age? ☐ Yes ☐ No

Does he/she get along with his/her friends? ☐ Yes ☐ No

Is he/she a member in any other YMCA program? ☐ Yes ☐ No

if yes, which program(s) _____

Does your child ever wet the bed? ☐ Yes ☐ No

What method have you found effective in preventing it? _____

_____

How does your child feel about going to camp? _____

_____

What skill(s) do you hope he/she might get out of camp? _____

_____

What food does your child refuse to eat? _____

_____

What food is your child allergic to? _____

_____

What regular duties or responsibilities does your child have at home? _____

_____

What is your child good at doing? _____

_____

School subjects? _____ Sports? _____

Camp Dates: _____

What does your child do with most of his/her free time? _____

_____

For what kind of behavior do you most often discipline your child for? _____

_____

What additional suggestions do you have for the cabin/program leader? _____

_____

Has your child ever run away from home? _____

_____

Does your child have reoccurring nightmares? _____

_____

Does your child have an imaginary friend? _____

_____

What scares your child the most? _____

_____

These questions answered by:

(Please Print) _____

Person(s) child would like to share a cabin with:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

MEAL BENEFIT FORM FOR YEAR 2010

Complete, sign, and return the form to San Gabriel Valley YMCA – Camping Services.

Please read the instructions. If you need help completing this form, call: 760-249-3822.

1. **CHILD INFORMATION:**

CHILD'S NAME: _____
Last First M.I.

CHILD'S NAME: _____
Last First M.I.

CHILD'S NAME: _____
Last First M.I.

CHILD'S NAME: _____
Last First M.I.

FOR MEAL BENEFITS IN CHILD CARE:

Name of Child Care Center: _____

2. **FOSTER CHILDREN:** (See the instructions). If this is a foster child, check here ☐ and write the child's monthly personal use income here: $ _____. Go to Section #5.

3. **OTHER BENEFITS:** If you are getting Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child, list the case number. DO NOT complete Section #4. Go to Section #5.

Food Stamp Case Number: _____

FDPIR Case Number: _____

CalWORKs Case Number: _____

Kin-GAP: _____

4. **ALL OTHER HOUSEHOLDS:** (Complete this section only if you did not complete Sections #2 or #3.) List all household members. List all income. Go to Section #5.

NAMES	CURRENT MONTHLY INCOME			
NAMES OF HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) JOB 1	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	MONTHLY EARNINGS FROM JOB 2 OR ANY OTHER MONTHLY INCOME
1.	$	$	$	$
2.	$	$	$	$
3.	$	$	$	$
4.	$	$	$	$
5.	$	$	$	$
6.	$	$	$	$
7.	$	$	$	$
8.	$	$	$	$
9.	$	$	$	$
10.	$	$	$	$
11.	$	$	$	$

5. **SIGNATURE AND SOCIAL SECURITY NUMBER:**

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the Food Stamp, CalWORKs, Kin-GAP, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that agency officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult: _____

Social Security Number: _____ ☐ Check here if no Social Security Number

Printed Name: _____

Home Phone: _____ Work Phone: _____

Printed Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____

Privacy Act Statement: Unless you list the child's Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form, or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed, or the "Check here if no Social Security Number" is not marked, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a Food Stamp, CalWORKs, Kin-GAP, or FDPIR office to determine current certification for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State, and local education, and health and nutrition programs.

6. **RACIAL/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so, please mark one or more of the following **racial** identities:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Please mark one of the following **ethnic** identities: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

In accordance with Federal law and U.S. Department of Agriculture policy, this agency is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:

For CDE Only

Food Stamp/CalWORKs/Kin-GAP/FDPIR household categorically eligible free: ☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____

Eligibility Classification: Free ☐ Reduced Price ☐ Paid ☐

Determining official (print name): _____

Signature: _____ Date: _____

HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to:
San Gabriel Valley YMCA – Camping Services . If you need help, call: 760-249-3822

1. **CHILD INFORMATION:**
   a) Print your child's name.
   b) Include the name of the child care center.

2. **FOSTER CHILDREN:** Complete this Section and sign the form in #5.
   a) Write the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income.
   b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a Social Security Number.
   c) Complete a separate form for each foster child.

3. **OTHER BENEFITS:** Complete this Section and sign the form in #5.
   a) List your current Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number(s) for your child(ren).
   b) Sign the form in #5. An adult household member must sign. You do not have to list a Social Security Number.

4. **ALL OTHER HOUSEHOLDS:** Complete this Section and sign the form in #5.
   a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members.
   b) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, welfare, pensions, and other income (see examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
   c) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
   d) Sign the form and include your Social Security Number in #5. *If you do not have a Social Security Number, check the box "Check here if no Social Security Number."*

5. **SIGNATURE AND SOCIAL SECURITY NUMBER:**
   a) The form must have a **signature** of an adult household member.
   b) The adult household member who signs the statement must include his/her **Social Security Number**. *If he/she does not have a Social Security number, check the box "Check here if no Social Security Number".* A Social Security Number is not needed if you listed a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, or if you are applying for a foster child.

6. **RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work:
- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned

Welfare/Child Support/Alimony
- Public assistance payments
- Welfare payments
- Alimony/child support payments

Pensions/Retirement/Social Security
- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income/Self-Employment
- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Military allowance for off-base housing
- Any other income

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACIAL:

American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American -- A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNIC:

Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Camper's Name _____ Camp Dates: _____

Counselor Information Sheet

This Sheet is an introduction of your child to their Counselor. Please fill out sheet completely.

You can NEVER give too much information about your child.

Is your child taking medication? ☐ Yes ☐ No

If yes, for what? _____

Is your child allergic to anything? ☐ Yes ☐ No

If yes, for what? _____

Can your child swim? _____ if yes, what level? _____

For what kind of behavior do you most often discipline? _____

_____

What Scares your child? _____

_____

Does your child ever wet the bed? ☐ Yes ☐ No

What method have you found effective in preventing it? _____

_____

How does your child feel about going to camp? _____

_____

Please give us any additional information you feel we should know about your child.

_____

_____

_____

_____

_____

_____

These questions answered by:

(Please Print) _____

This form will be given to your child's Counselor.

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Resident Camp
Clothing and Sundries Packing List
(You may detach and keep this form for your reference)

Please mark all items, even the inside of shoes, with camper's name. Medication must be in a plastic bag clearly marked with camper's name and instructions. Do not pack medications. Keep separate and give to camp staff/director.

NECESSARY ITEMS TO BRING:

____ 1 Sack Lunch for first day
____ 8 pairs of underwear
____ 2 pair of sturdy shoes (Sandals and flip flops are not allowed to be worn in camp. Only allowed at pool deck or in the showers.)
____ 8 pairs of socks
____ 4 pairs of shorts
____ 4 pairs of jeans/sweats/pants
____ 8 shirts
____ 1 pajamas
____ 2 long sleeved shirt
____ 1 sweatshirts or sweaters
____ 1 heavy jacket
____ 1 swimsuit
____ 1 hat or cap
____ Insect repellent / Sun Block
____ Lip Balm / Chap stick
____ 1 beach towel
____ 1 rain coat / poncho
____ 1 laundry bag (pillow case or trash bag)
____ Water bottle
____ Toiletry kit: comb/brush, soap, shampoo, hand sanitizer, toothbrush, toothpaste, towels, washcloth, lip balm
____ Sleeping bag and pillow
____ Flashlight with extra batteries
____ Pencils, pens and notebook paper

DESIRABLE OR OPTIONAL ITEMS

____ Clothes for the Dance and other special events (optional)
____ Camera/film or disposable camera with campers name written on it.
____ Letter writing materials, stamps
____ Book

Clothing should be comfortable and something in which the camper can get DIRTY. Do not send new clothing!

******DO *NOT* BRING**** Any item brought to camp that is on this list will be taken from camper and returned at the end of the camp session or turned over to the proper authorities.**

Money (There is nothing to spend money on! It will only get lost.)
TVs, Radios, MP3's, Ipods or tape players
Matches, lighters
Fireworks
Cell Phones, Blackberries, I-phones or any other personal communication devices.
Hand held video games
Knives or other weapons of any kind
Tobacco, drugs, alcohol, over the counter (OTC) medications
Animals
Personal sports equipment
Other valuables

If you have a question about what not to bring, call our camp office **760-249-3822**

Camp provides 3 balanced, nutritious meals every day plus additional snacks. Food cannot be kept in the cabins because it usually attracts ants, rodents and other campers. PLEASE DO NOT SEND SNACKS, CANDY, GUM with your camper.

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(Please detach and return this form at the end of your camp session)

CAMPER EVALUATION FORM

Thank you for camping with us this week. We have enjoyed having you and hope you have enjoyed your time here. Please fill this form out with your parents, and send it back to our offices.
YMCA Camping Services, P.O. Box 2828, Wrightwood, CA 92397

My Name_____ My cabin number_____

Dates I attended camp _____ Camp Name _____

1. How was your cabin? _____

_____

_____

2. Was your counselor friendly? Helpful? A good example? Is there anything you would like to tell us about your counselor? _____

_____

_____

_____

3. Did you enjoy Chapel? What did you learn? _____

_____

_____

4. Did you like the food? Which meal was your favorite? _____

_____

_____

6. Which program activities were your favorites? _____

_____

_____

_____

7. What other activities would you like to see added? _____

_____

_____

_____

8. Did you go on a hike? Did you enjoy it? _____

_____

9. Did you enjoy the evening twilight games? Which one was your favorite?

_____

_____

11. How would you rate the overall camp week? (5 meaning that you had a super-great time, and 1 meaning it was really not fun.)

...1...2...3...4...5...

12. What was your favorite part of camp? _____

_____

_____

13. What was your least favorite part of camp? _____

_____

14. Do you want to come back to camp next year? Yes! or No

16. Would you like to receive information about upcoming camp events and future camp dates? Yes! Or No

Questions for Parents:
Did you notice any positive changes in your child? What kind of changes?

_____

_____

As a parent, what was the best or most important part of the camp experience for your child?

_____

_____

_____

Is there anything else you wish to share with us or tell us about your child's camp experience?

_____

_____

_____

Parent/Guardian Name: _____

Childs Name: _____Age_____

Mailing Address: _____

City, State, Zip: _____

Email: _____