

CRESCENTA-CAÑADA FAMILY YMCA / VERDUGO HILLS FAMILY YMCA
CALIFORNIA CARAVAN 2010 "From the Mountains to the Sea"
Monday July 19 through Friday July 23, 2010

The information on this sheet should answer your immediate questions regarding Caravan. If for some reason you cannot attend Caravan, please inform the YMCA so that another camper may fill your spot. *If we have not received your payment within two days after the due date 7/2/10, the camper's space will be allocated to someone on the waiting list.*

FORMS DUE

- **FRIDAY JULY 2nd.** This ensures that all the necessary paperwork is in before we set-off for the trip.

ORIENTATION

- **THURSDAY JULY 6th @ 7:00 pm.** Crescenta-Cañada Family YMCA 1930 Foothill Blvd. La Canada, CA. The meeting will take place in the Patio Room.
- **Meet The Caravan Staff!!!!** Go over the itinerary, talk about the trip and meet your fellow campers!

DEPARTURE

- **MONDAY JULY 19th @ 9:00 am.** We will be leaving from the middle parking lot behind the Multi Purpose Room at the **Crescenta-Cañada Family YMCA 1930 Foothill Blvd., La Cañada.**
- **CHECK IN TIME 8:30 am.**

ARRIVAL TIME

- **FRIDAY JULY 23RD @ 5:00 pm** at the **Crescenta-Cañada Family YMCA.**
- **Call the YMCA for arrival info (818) 790-0123.**

HEALTH VERIFICATION and PARENT'S CO-OP FORM

- It is the parent's responsibility to see that their child is of sound physical condition before going to camp
- Physical examinations are suggested
- *LIST ALL PHYSICAL AND MEDICAL PROBLEMS ON THE ENCLOSED MEDICAL INFORMATION FORM*
- **COMPLETELY** fill out and return forms to the Crescenta-Cañada Family YMCA no later than **Friday July 2nd, 2010.**

SPENDING MONEY

- **\$35.00** maximum for spending money at campsite stores which offers candy, pop, post cards, fishing drop line, and t-shirts
- Money is to be packed with the camper and will NOT BE collected at camp.

MEDICINES

- **ANY** medicines taken to camp must be turned in to the Camp Directors on the day of departure. Please have them inside a Large Ziploc Bag with you campers name on it and instructions for taking the meds.
- Possession of alcohol, tobacco products, or drugs will result in camper's parents being asked to come get the camper at their own expense
- No portion of the camp fee will be refunded

REFUND POLICY:

- Full refund, less deposit, 10 days prior to the start of camp
- Half refund, less deposit, up to 5 days prior to the start of camp
- No refunds/credits after 5 days prior to the start of camp

WHAT TO BRING

Sleeping Bag	Swimming Suit	Toothbrush
Sweater	Hat	Chap stick
Shorts	Flashlight	Wash Cloth
Blanket & Pillow	Sunscreen	Insect Repellent
Heavy Jacket	Sun/hand lotion	Sunglasses
Pants	Soap & Shampoo	Toiletries
Tennis Shoes	Comb/Brush	Two Towels
T-shirts	Socks	Letter materials & stamps
Sweatshirts	Smile!	

The YMCA will provide the campers with tents. Campers are allowed to share tents so it is wise to talk to fellow campers before the trip to set up “tent buddies” so the amount of equipment we bring is limited. The campers are allowed 1 Duffle Bag and 1 Sleeping bag.

WHAT NOT TO BRING

Possession of alcohol, cigarettes, drugs, knives or any other form of unsafe objects (to be determined by Camp Director) will result in the camper being sent home.

BEHAVIOR POLICY

The Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA does not allow illegal drugs, alcohol, knives, tobacco products or any behavior deemed inappropriate at camp. We reserve the right to, **and will**, send **anyone** home who violates this policy. Parents will be required to pick their child up from camp. No part of the camp fee will be refunded.

QUESTIONS

Please contact the YMCA at (818) 790-0123.

CCY VHY

Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA
Health Verification Form – Resident Camps 2010

Camp/Caravan _____ Camp/Caravan Dates _____

Child's Name _____ Grade in Sept. _____ Sex _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Birthdate _____ Age _____

Primary/Legal Guardian _____ Home Phone (_____) _____

Business Phone (_____) _____ Cell phone or pager (_____) _____

Second/Legal Guardian _____ Home Phone (_____) _____

Business Phone (_____) _____ Cell phone or pager (_____) _____

In an emergency, please notify (other than yourself):

Name _____ Relationship: _____

Address: _____ City _____ Zip _____

Home phone: (_____) _____ Business phone: (_____) _____

Health History (check, giving approximate dates)

_____ MMR vaccine	_____ Polio vaccine(IPV)	_____ Surgery (major)
_____ Meningitis vaccine	_____ Diabetes	_____ Accidents (major)
_____ Chicken Pox vaccine	_____ Heart Disease	_____ Orthopedic Defects
_____ Tetanus vaccine	_____ Kidney Disease	_____ Menstrual Disorders
_____ Dtap or dTap vaccine	_____ Rheumatic Fever	_____ Seizure Disorders
_____ Last TB test	_____ Head Injury	_____ Other
_____ Hepatitis A & B vaccine		

Exposure to contagious disease in the past three weeks: _____

Operation or serious injuries (dates) _____

Chronic or reoccurring illness _____

Camper subject to food allergies or intolerance? _____

Allergic Reactions: _____ Aspirin _____ Penicillin _____ Bee Stings _____ Nuts _____ Others _____

Does Camper need Epi PEN to be used for allergic Exposure? Yes / No.

Will you be sending an Epi Pen with camper? _____

Camper subject to: (check)

_____ Wheezing	_____ Bronchitis	_____ Fainting
_____ Bed Wetting	_____ Sore Throats	_____ Asthma
_____ Convulsions	_____ Sleepwalking	_____ Ear Infections
_____ Allergies	_____ Stomach Upsets	_____ Headaches

Date of last dental check-up _____

Is camper restricted from participating in any camp activities? _____

Camper's Name _____

List all medications to be sent to camp. All medications must be in original container and have camper's name displayed on side of bottle or package. All unclaimed prescription and non-prescription drugs will be thrown out after 2 weeks!

Medication _____ Prescribed for _____ Times per day _____

Medication _____ Prescribed for _____ Times per day _____

Medication _____ Prescribed for _____ Times per day _____

Parent's Authorization

The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representatives to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorized the YMCA staff to apply sunscreen to my child's exposed skin, on an as needed basis, if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

Parent's Signature

Date

Insurance Carrier

Policy #

Phone

Physician's Name

Phone

Medical Examination to be filled out by licensed physician. This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Code: S=Satisfactory; X=No Satisfactory (explain); O=Not Examined

Hgt. _____ Wt. _____ B.P. _____

Eyes _____	Ears _____	Nose _____	Glasses _____
Heart _____	Throat _____	Teeth _____	Extremities _____
Hernia _____	Lungs _____	Abdomen _____	Posture (Spine) _____

Allergies (Please specify): _____

General Appraisal: _____

For girls and women: Has this person menstruated? _____ If not, has she been told about it? _____

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

Recommendations and restrictions while in camp.

Special diet: _____

Special Medicine _____ Is parent sending it? _____

Strenuous activity _____

Other: _____

Date Examining Physician

Address City Zip

Phone () Date of Exam

Camp _____

Crescenta-Canada Family YMCA / Verdugo Hills Family YMCA
Parent's Cooperative Information Form – **Resident Camps 2010**
(Confidential – to be completed by the Parents)

This information is necessary for the staff and directors to provide a beneficial and enjoyable camp experience for your child. All information will be held in strict confidence.

Name _____ Nickname Preferred _____
(Last) (First)

Address _____ City _____ Zip _____

Hm. Phone () _____ Birthdate _____ Age _____

School _____ Sex _____ Grade in Fall _____

Number of Brothers _____ Number of Sisters _____ Others in the Home _____

Primary/Legal Guardian: _____ Home phone: () _____

Business phone :() _____ Cell phone or pager () _____

E-Mail Address: _____

Second/Legal Guardian: _____ Home phone: () _____

Business phone :() _____ Cell phone or pager () _____

E-Mail Address: _____

Primary language spoken in the home: _____ Other languages spoken: _____

Any Allergies: _____

List any specific problems such as hyperactivity, bedwetting, speech problems, physical handicaps, etc: _____

Any health problems? _____

Please check box if any drugs/medicines that will accompany child to camp :

(Don't forget to turn in all medications at the registration table on the day of departure!)

Friends with whom your child would like to be in a cabin with if possible:

Camper's Name _____ Age _____ Grade in Fall _____

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

Is this your child's first experience away from home for a period of 5 or more days? _____

Has your child been to any camp before? _____ Where and length of time? _____

How does he/she feel about going to camp? (Excitement, fears, hopes, etc.) _____

Child's swimming ability: Excellent _____ Average _____ Poor _____

Does your child get along with other children easily? _____

Please list child's hobbies, activities, sports, etc., which he/she is involved in: _____

List people authorized to pick up your child or to notify in case of an emergency (Other than parents listed above.)

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Any additional information you wish to provide will be greatly appreciated.

Information provided by: _____ Relationship _____

YMCA of the Foothills
Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA
Drug/Alcohol/Conduct Policy
Resident Camp

**TO BE READ, UNDERSTOOD AND SIGNED BY THE CAMPER AND ONE OF HIS/HER PARENTS
AND RETURNED WITH THE REST OF THE FORMS AND PAYMENT.**

On behalf of the Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA, we would like to welcome you to our summer camping program. We are excited to have you join us for what promises to be a great week. In order to provide the best possible camp experience for all campers, there are certain policies that are enforced at camp. The YMCA of the Foothills does not allow illegal drugs, alcohol, knives, weapons of any kind, cigarettes or tobacco products, dangerous substances, or any behavior or conduct deemed inappropriate at camp. We reserve the right to, **and will**, send **anyone** home who violates this policy. Parents will be required to pick their child up from camp. We also reserve the right to search all luggage and personal belongings.

No part of the camp fee will be refunded.

We thank you for your support and cooperation. We look forward to a fantastic week of fun and excitement.

Sincerely,

Craig Prentice
Craig Prentice
Association Associate Executive Director

I understand the Crescenta-Cañada Family YMCA/ Verdugo Hills Family YMCA camp policy concerning illegal drugs, alcohol, cigarettes, tobacco products, weapons, dangerous substances, and any inappropriate camp behavior or conduct including bullying or harassment, and that any violation of this policy will result in my expulsion from camp at my parent's expense. I also understand that the Crescenta-Cañada Family YMCA/ Verdugo Hills Family YMCA reserves the right to search my luggage and personal belongings and that no part of the camp fee will be refunded.

Camper's Signature: _____ Date: _____

Camper's Name: (PRINT) _____

Parent's Signature: _____ Date: _____

YMCA of the Foothills
 Crescenta-Cañada Family YMCA/Verdugo Hills Family YMCA
 2010 Summer Camp Billing Statement

Balances are due according to the following schedules:

For all **Rainbow Camps, Preschool Camp, Kinder Day Camps, Day Camps, Adventure Camps, Baseball Camp, Gymnastics Camps and Jr. Lifeguard Camp:**

		Fees & Forms Due:
Week 1	June 21-25	June 11
Week 2	June 28 – July 2	June 18
Week 3	July 5-9	June 25
Week 4	July 12-16	July 2
Week 5	July 19-23	July 9
Week 6	July 26-July 30	July 16
Week 7	August 2-6	July 23
Week 8	August 9-13	July 30
Week 9	August 16-20	August 6
Week 10	August 23-27	August 13
Week 11	August 30-Sept 3	August 20
Week 12	Sept 7-10	August 27

* Baseball Camp is week 2 / Gymnastics Camp Session I week 4 & Session II week 5 / Junior Lifeguard Camp week 7

For **Caravan and Resident Camps:**

		Fees & Forms Due:
Central Coast Caravan	July 19-23	July 2
Jr. High Camp Fox	July 11-17	June 25
Arbolado Mountain Camp	July 24-31	July 9
Camp Surf	August 9-13	July 23
School Age Camp Fox	August 8-14	July 23

Please Note: There will be **NO** courtesy phone calls for late payments. If payment is not received by the due date, your child will be **DROPPED** and replaced by a child from the waiting list.

DEPOSITS are NON-REFUNDABLE and NON-TRANSFERABLE!

Refund Policy: **Full** credit/refund, less deposit, 10 days prior to the start of each session
 Half credit/refund, less deposit, up to 5 days prior to the start of each session
 No credit/refund after 5 days prior to the start of each session