



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome Fall Day Camp Families!

Check in and check out:

- **Park** in the main lot.
- **Sign in/out** at McKinney Patio (top of the driveway near the ocean) each morning and afternoon.
- **Bring photo ID** - only people designated on the admission form may sign your child out.
- **Activities start at 9:00am.** After 9:15, please check in your child at the office and take them to the first activity.
- **Early bird begins at 7:30am. Night owl ends at 6:30 pm.** Please plan accordingly. *You must sign up for early bird or night owl before the session begins.*
- For **early pick-up** please tell a staff member in the morning. Sign your child out at the office and they will tell you where your child is. *The office will give you a form to give to the staff member.*
- A **late pick-up fee** of \$5/15 minutes will be charged if your child is picked up after their scheduled time. This fee will be deducted from your child's store account or is payable at the main camp office between 9am and 5pm.

Things to bring:

- **Sun protection** – hat, sunscreen, lip screen, reusable water bottle
- **Layered clothes** – warm clothing for cooler weather. Coastal conditions can range from cool & overcast to warm & sunny in the same day!
- **Bathing suits and rashguards** should be brought **daily**. Please make sure campers arrive ready for the water Monday-Friday! Staff will inform you of changes due to weather or other conditions. *** Note: campers may only enter the water if they have a towel and dry clothing to change into.
- **Wetsuits are highly recommended.** Weather and water can be quite cold! (Wetsuit rentals are available at \$20 for the week.)
- Wearing sandals is fine but please also send **closed-toe shoes for activities and games** that require them for safety (ie climbing tower, group games, etc.).

Camp Store:

- Campers visit the **camp store** each day after lunch to purchase snacks and souvenirs.
- Please deposit **store money** (<\$20 recommended) for the week at Monday check-in.

Lunch/Snacks

- **Lunch** – we provide a hot lunch
- **Snacks** – (optional) you may send one small wrapped or sealed snack for 4:00. You may provide a snack for early bird or night owls. We will have fruit available for the campers during those times.

General notes:

- **Leave at home** - Electronic games, music, and expensive or valuable items
- **Initials on clothing** and towels will help us to match lost items with campers.
- **Lost & Found** - check belongings at the end of each day and check our Lost & Found on Friday.
- *The schedule may vary due to weather or other conditions.*

Thank you!

Please do not hesitate to bring any questions to the office or call us at 619-423-5850!
The YMCA Camp Surf Staff



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DO NOT MAIL
PLEASE BRING FORM TO
CAMP ON CHECK-IN DAY

YMCA CAMPER HEALTH HISTORY FORM

Camper Name: _____ Birth Date: ____/____/____ Age: _____ Sex: _____
 (Last) (First)
 Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 Home
 Parent/Guardian 1 Name: _____ Work: _____ Cell: _____
 Parent/Guardian 2 Name: _____ Work: _____ Cell: _____
 Family Email Address: _____
 Emergency Contact Name: _____ Phone: _____ Cell: _____

Immunization History Are all immunizations up to date? Yes No Date of last tetanus shot (if known): ____/____/____

Medical Information

Family Physician: _____ Phone: _____ Date of last physical exam: ____/____/____
 Medical Insurance Carrier: _____ Policy and/or group #: _____

Past or Present (please check). If YES for asterisk * items, must have a Doctor's Authorization completed (reverse side)

Currently under Dr. care* <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart defect/disease* <input type="checkbox"/> Yes <input type="checkbox"/> No	Autism <input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent hospitalization* <input type="checkbox"/> Yes <input type="checkbox"/> No	Asperger's Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma* <input type="checkbox"/> Yes <input type="checkbox"/> No	Bedwetting <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures* <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	Other diseases/conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes* <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	

For each Yes, please explain: _____

Allergies: Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No require epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Poison Oak/Ivy <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insect/animals <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Any airborne allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No List _____

Dietary Restrictions? Yes No
 Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No
 Any current mental, or psychological conditions requiring special consideration or restrictions? Yes No
 For each Yes, please explain: _____

Current medications: to be continued at camp: (use additional pages if necessary)

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____
 Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____
 Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Inhalers or Epipens brought to camp? List what for and instructions _____

Other Medication Instructions for Health Care Staff: _____

Non-Prescription Medications I authorize the following medications or generic equivalent to be administered as needed:

Cough/Sore throat Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Metamucil <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Syrup <input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen (Advil) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone <input type="checkbox"/> Yes <input type="checkbox"/> No

Ethnicity (for statistical reporting only) Black/African American Asian/Pacific Islander Hispanic/Latino
 White/Caucasian Native American Other: _____

Waiver of Liability: I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i) I have read this document, (ii) I have had the opportunity to inspect the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document. 2. Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees. 4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Luggage Search: I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons or other forbidden objects.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Photographic Waiver/Consent: I give my permission to the YMCA of San Diego County to use my picture or other likeness, or a picture or other likeness of any of my children in the YMCA's general publicity and campaign materials.

Signature of Parent/Guardian: _____ **Date:** ____/____/____



THIS SECTION TO BE COMPLETED IF CURRENTLY UNDER DOCTOR'S CARE OR *ASTERISK-HEALTH CONDITION IS CHECKED ON FRONT OF THIS FORM.

Note: A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, has been recently hospitalized, or is currently under a Doctor's care. If so, complete this section.

Health Examination by Licensed Physician

Child's Name: _____ Birth Date: ____/____/____ Sex: _____

Parent's name: _____

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp. Please realize that camp is held at either mountain (4300 feet elevation) or oceanfront settings. The programs are very active with strenuous hiking, games, swimming, and camp activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past two years. Date examined: ____/____/____

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Height: _____ Weight: _____ Blood pressure: _____

Is the applicant under the care of a physician for any conditions? Yes No Please explain: _____

Any specific activities to be encouraged or limited by physician's advice? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any treatment or medications to be continued at camp (please give specific dosages)? _____

Any allergies? (Food, drugs, plants, insects, etc): _____

Additional health information: _____

Licensed physician signature: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of form completion: ____/____/____ By: _____

YMCA Overnight Camps Marston | Surf | Raintree Ranch
PO Box 2440
Julian, CA 92036
(T) 760.765.0642 (F) 760.765.0183
(E) camp@ymca.org (W) http://camp.ymca.org



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YMCA CAMP SURF DAY CAMP ADMISSION FORM

CAMPER NAME

Last First

STAFF USE ONLY

SESSION _____ GROUP # _____

WETSUIT _____ AM _____ PM _____

PARENT INFORMATION

Please provide the names of all adults authorized to pick up your child, including Parents/Guardians:

Is there any person specifically NOT permitted to pick up your child? Yes No

If yes, please provide name(s): _____

SIGNATURE OF PARENT/GUARDIAN (required for camp admission)

DAY		PRINT NAME	SIGNATURE	TIME
MONDAY	AM			
	PM			
TUESDAY	AM			
	PM			
WEDNESDAY	AM			
	PM			
THURSDAY	AM			
	PM			
FRIDAY	AM			
	PM			

PLEASE LET STAFF KNOW IF YOU PLAN TO PICK UP YOUR CHILD(REN) EARLY!