



# YMCA CAMP MARSTON 2016 Summer Forms & Parents Guide

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# YMCA CAMP MARSTON PARENT'S GUIDE

YMCA Overnight Camping  
P.O. Box 2440, 4761 Pine Hills Road, Julian, CA 92036

## EXPLORERS, CHALLENGERS, MOUNTAINEERS, LITs & CAs THIS GUIDE WILL HELP YOU PREPARE FOR THEIR FUTURE CAMP ADVENTURE.



### WELCOME

We are thrilled that you have chosen Camp Marston for your child this summer. In this guide many of your questions will be answered. Please feel free to call us or visit our website for additional information at 760.765.0642 or <http://camp.ymca.org>

### ARRIVAL SUNDAYS

Please arrive on opening Sunday between **1:00 and 2:30 p.m.**

### DEPARTURE FRIDAYS

**Photo ID is required.**

**NEW FOR 2016:**

We invite parents and families to join us on Friday afternoon for an evening of camp.

Check In starts at 2:30pm

Closing ceremony at 3pm

Barbeque at 3:30pm

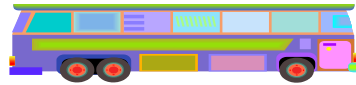
Camp Activities from 4:15-5pm

### DIRECTIONS TO CAMP

We recommend that you download the map & directions from our website. From Ramona (north and east of San Diego), continue on Rte. 78 East. After 16 miles, you'll pass through the small town of Santa Ysabel. Continue on Rte. 78 for 6 more miles and, one mile before Julian, turn right on Pine Hills Road (it is well marked). From there, follow our camp signs for 2.7 miles. We are at the end of Pine Hills Road.

### BUS TRANSPORTATION SCHEDULE

We offer bus service to and from Camp Marston. **You must sign-up during the registration process or call the office to register.** Seating is limited and the fee is \$35 for either one way or round-trip, per session.



**Bus Schedule:** The pick-up and drop off location is at the Mission Valley YMCA, 5505 Friars Road, San Diego, 92110. Please check in between 1:00 and 1:30 p.m. on Sunday. The bus departs for Julian at 1:30 sharp. The returning bus arrives at the Mission Valley YMCA at 7:00 p.m. on Friday.

**Bus Rules:** Stay seated. Keep arms and hands inside; no throwing articles out the window. Make at least one new friend on the way. Any problems, alert the Bus Supervisor.

### VISITING DAYS

We do not encourage parent visits during programs. Our Friday closing ceremony provides ample time for your camper to tour you around camp, meet friends and tell you all about their week.

### PHONE CALLS HOME

There is not an opportunity for campers to call home during the week. However, if a child is feeling anxious and asks to call home, we will make it happen! We want all campers and parents to feel comfortable with their experience. If a phone call helps, then we will find a time in between activities to work that out. Our staff may also contact you to discuss information about goals, behavior, homesickness, or even a special achievement.

### WHAT TO BRING

Please remember these important items on check in day. There is also a full equipment list on the next page

- Marston Admission Form
- Health History Form
- \$25-\$35 for the camp store
- Medications, labeled and packed separately (they will be submitted to camp health care staff at check-in)

### HEALTH HISTORY

This form is required to be handed in on check-in day, complete with parent's signature and medical information. State Health Codes also require Immunizations are up to date. If a child has any severe health conditions, has recently stopped taking a behavioral medication or has recently been under a doctor's care, a physician's authorization is required for camp attendance. If none of these conditions apply, a doctor's physical is NOT required.

**PLEASE BE SURE TO PROVIDE US WITH COMPLETE EMERGENCY CONTACT INFORMATION, ESPECIALLY IF YOU ARE TRAVELING**

### PRE-CAMP HEALTH SCREENING

We encourage parents to conduct a routine health screen on their children the day of arrival at camp. **We are especially concerned about contagious conditions** including flu, fever, conjunctivitis (pink eye), chicken pox, Bed Bugs or Head Lice. A screening upon arrival at camp will also be conducted by our counselors. If any camper exhibits symptoms of illness the parents will be responsible for taking them to the doctor.

## HEALTH CARE

Our practice is to call you if a camper is out of program for more than two hours.

**Allergies:** We will do our best to accommodate the needs of severe allergies. Please contact our Food Service Director, Kara Gentry directly at least two weeks in advance with questions or concerns: kgentry@ymca.org

**Illness:** If your child is sick, please do not send them to camp. Please contact the office and we will try to reschedule their camp session in cases of documented illness. For illness during camp, campers are housed in the Health Center for a brief period, but will need to be picked up if their health does not improve. We will call you if your child is out of program for more than two hours (sometimes they are just tired and need to rest!) We will also call you to report any accidents more severe than a simple scratch or splinter.

## MEDICATIONS

All medications, including over the counter medications are submitted to health care staff at check in (State Law). Prescription drugs must be in the original container with physician's instructions. If there is more than one kind of medication please place the original containers into a Ziploc bag labeled with camper's name. You will be asked to provide complete written directions on dosage and frequency and verify instructions for dispensing your child's medications during check in.



## INSURANCE

You, as parent or guardian, are responsible for any medical costs incurred while at camp. Be sure to provide accurate information regarding your insurance carrier on the Health History Form.

## WEBSITE

<http://camp.ymca.org>

- Find the Weekly Camp Themes
- Get directions
- Send an email to your child
- Recommend Camp Marston to a friend
- Meet the staff
- Print camp forms
- Pay your balance due
- Verify arrival/departure times

## ELECTRONICS AT CAMP

Camp provides children a chance to live without electronic devices and daily social media. For security, safety, and a number of other reasons, we do not permit cell phones, iPods, computers, netbooks, electronic games or similar devices. If these items are brought to camp, they will be stored in a secure place and returned to parents at the conclusion of the session. **We are not responsible for damage or loss of any electronics brought to camp.**

## HOMESICKNESS

Going away to camp can sometimes be a challenging event for children. We understand parent concerns and will work with you to ensure that your child has a positive experience. Our first practice is very simple - PREVENTION.

We find that keeping campers busy, is the best anti-homesickness strategy around. Sometimes, however, children still experience varying degrees of anxiety. We work to help homesick children overcome their difficulty. Most of the time we are successful.

If your child is not adjusting well, we will phone you to report and discuss possible courses of action.

## BEHAVIOR AT CAMP

At camp, we foster an environment filled with friendship, respect and character development.. Campers that cannot live within the rules of camp, or are adversely affecting the experience of other children will be dismissed without a refund. Parents are then responsible to come to camp and pick up their child.

## CAMP STORE

Our camp store sells shirts, souvenirs, drinks, and snacks. Campers do not use cash at the store. Instead, parents deposit \$20-\$30 per week into a store account. Campers can purchase items during the week and "charge" against their balance. (This is a great opportunity to learn about budgeting money!) Unused store money can be refunded during check-out or donated to the Special Projects Fund.

## MAIL CALL!!

Campers love receiving letters from home while at camp. Please address them as follows:

**Camper's Name, Session** \_\_\_\_  
**YMCA Camp Marston Cabin #** \_\_\_\_  
**P.O. Box 2440**  
**Julian, CA 92036**

## ONLINE PHOTO GALLERY

We offer online pictures for the parents of our campers to view. This service allows you a "one-way window" into camp life. You can also choose to send emails to your child. Please limit emails to 1 per day. Emails are delivered at noon Monday—Thursday. You will receive a pre-approved registration code and instructions at check-in. Our photographer tries to include all children in the photo gallery, but due to timing, camera-shyness, and off-site excursions, **not all campers will be in a photo every day.**

## SUGGESTIONS

Pack old stuff. There's lots of dust and red clay soil at camp. Sending nice new clothes/ shoes is ok, but they'll need a good washing when you get home. Be sure to check the Lost & Found area at check-out.

## LOST & FOUND

We manage lost and found items through the camp session. On check out Friday, be sure to check our display of any unclaimed items. If you discover something is missing upon your return home, call the camp office as soon as possible. After 2 weeks, we will donate any unclaimed items to a local charity.

## CABIN MATE REQUESTS

Please know that cabin mate requests must be mutual (other parents must request your child too) with campers in the same program and within 1 year of age and grade of one another. We will do our best to honor these requests provided they are made at least one week prior to the start of camp. **Note:** Most campers come alone. Making new friends is a big part of the camp experience!

We will honor mutual requests, however our ability to accommodate multiple requests is dependent on overall registration. If you have any questions please contact our Summer Director Tera Miller at [tmiller@ymca.org](mailto:tmiller@ymca.org)

## HELP YOUR CAMPER EXPERIENCE CAMP TO THE FULLEST

Research shows that intentional questions can produce significant learning and performance benefits.

### PRE CAMP QUESTIONS:

- What is one new thing you want to try while you are away at camp?
- What is one thing you are most nervous about? How will you handle that situation once you're at camp?

### POST CAMP QUESTIONS:

- What is something new you tried at camp?
- What is the most surprising thing you learned (about yourself) while you were away at camp?
- What is the one thing that makes you want to go back to camp?
- Tell me about your new camp buddy? Favorite camp counselor?

## EQUIPMENT LIST

This equipment list is planned for ONE week at camp. Pack additional items for a two week stay. Please mark camper's name on each item. The YMCA is not responsible for lost or damaged personal articles. Please leave valuables at home.

### EXPLORERS, CHALLENGERS, LITs, & CAs

#### REQUIRED ITEMS:

- Sleeping bag
- Pillow
- 2 pairs of long pants
- 5 pairs of shorts
- 1-2 sweatshirts or jackets
- 5 T-shirts
- 1-2 swim suits
- 6 pairs of underwear
- 6 pairs of socks
- Pajamas
- 2 pairs of sturdy sneakers
- 1 hat or cap with brim
- 2 towels
- Toiletry articles: soap, toothbrush, toothpaste, shampoo, comb/brush
- Lip balm, chapstick
- Sunscreen lotion
- Water bottle or canteen
- Flashlight

#### OPTIONAL ITEMS:

- Book, reading materials
- Stationary, stamped envelopes
- Camera
- Sunglasses
- Insect repellent
- Day Pack

### LAUNDRY

Please pack enough clothes to last for your child's entire 1 or 2 week session. For campers staying longer than 2 weeks will be permitted a load of wash/dry during the hold-over weekend. The cost will be charged to their camp store account.

### NOT PERMITTED

Video games, I-Pods/Pads, Laptops, cell phones, food, candy, alcohol, drugs, tobacco, weapons, fireworks, aerosol sprays, makeup, pets, offensive magazines or clothing.

### MOUNTAINEERS

#### PLEASE NOTE:

**The Mountaineers will be off site Monday - Thursday camping in the local mountains/State Parks (Laguna and Cuyamaca). They will be hiking, mountain biking, rock-climbing, cooking meals, and sleeping under the stars.**

#### REQUIRED ITEMS:

- Sleeping bag
- Pillow
- Backpack/Day Pack
- Water bottle/Hydration Pack
- 2 pairs of long pants
- 5 pairs of shorts
- 1-2 sweatshirts or jackets
- 5 T-shirts
- 1-2 swim suits
- 8 pairs of underwear
- 8 pairs of socks
- Pajamas
- 2 pairs of broken in sturdy sneakers
- 1 hat or cap with brim
- 2 towels
- Toiletry articles: soap, toothbrush, toothpaste, shampoo, comb/brush
- Lip balm, chapstick
- Sunscreen lotion
- Flashlight/Headlamp

#### OPTIONAL ITEMS:

- Book, reading materials
- Stationary, stamped envelopes
- Camera
- Sunglasses
- Insect repellent
- Guitar or Drum
- Mountain Bike (Camp also has bikes donated by REI for camper use)





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## YMCA OVERNIGHT CAMP SUMMER THEMES

Every session at our YMCA Overnight Camps has a special theme. To get into the spirit, we recommend bringing items you already have at home. Your child can also use our camp supplies to create the perfect gear.

1

**WILD WEST (JUNE 12-17)** Let's get together with the rest of the cowpokes and live like they did in the Wild West. We'll have barn dances, gold panning, bronco taming and much more. This week we'll celebrate everything Cowgirl and Cowboy!



2

**SAFARI (JUNE 19-24)** Camp will bring out the animal in you! Come join us in an adventure of ongoing discoveries of wildlife through games and activities.



3

**SPACE (JUNE 26-JULY 1)** The final frontier! Little Green Men, big Red planets, dehydrated ice cream and using the force. This week we head into space, deep space, to discover distant planets and to learn a thing or two about how cool it is to be human along the way.



4

**GOING GLOBAL (JULY 3-8)** This week is a celebration of the world we live in. Different cultures and customs are what make the world go round. Play games, dance dances and celebrate all things international!



5

**HEROES (JULY 10-15)** Come celebrate the heroes in your life! Policemen, Firefighters, Teachers, Doctors, Military or even Superheroes. We will discover what it takes to be a hero in this adventurous week of camp!



6

**WIZARDS (JULY 17-22)** Come experience the magic of camp. Hop on your broomstick and fly on over! This week will be filled with experiments, magic and of course other wizardry crafts and activities.



7

**1980'S (JULY 24-29)** What's up dudes...it's time to bust out those neon spandex, side ponytails and Rubik's Cubes. This week is going to be totally awesome!



8

**OLYMPICS (JULY 31-AUGUST 5)** Represent your cabin/country with pride while testing your agility and endurance. This week of camp will be ongoing team competitions to see who will be standing atop the podium on Friday.



9

**FUTURISTIC (AUGUST 7-12)** Hop in your flying car and come make this week of camp filled with hover boards, robots androids, one to never forget! We'll time travel to future to get a glimpse of what is to come.







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# YMCA CAMPER HEALTH HISTORY FORM

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

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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: \_\_\_\_\_

<b>Allergies:</b> 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  Yes  No | Metamucil  Yes  No | Pepto Bismol  Yes  No | Cough Syrup  Yes  No

Acetaminophen (Tylenol)  Yes  No | Benadryl  Yes  No | Ibuprofen (Advil)  Yes  No | Hydrocortisone  Yes  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 all YMCA programs. 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 the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in 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 inspected 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. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified. 4. 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, surfing, 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**  
PO Box 2440 Julian, CA 92036  
T 760 765 0642 F 760 765 0183  
E camp@ymca.org W http://www.ymca.org/camp



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**DO NOT MAIL  
PLEASE BRING FORM**

**YMCA CAMP MARSTON ADMISSION FORM**  
**CAMPER NAME**

\_\_\_\_\_

Last First

STAFF USE ONLY:

SESSION \_\_\_\_\_ CABIN # \_\_\_\_\_

SESSION \_\_\_\_\_ CABIN # \_\_\_\_\_

SESSION \_\_\_\_\_ CABIN # \_\_\_\_\_

HOLDVER \_\_\_\_\_

MEDICATION \_\_\_\_\_

CONFISCATED ITEMS \_\_\_\_\_

**PARENT INFORMATION**

Please provide the names and contact information 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

\_\_\_ **My child will be picked up at** \_\_\_\_\_ **OR** \_\_\_ **My child is registered for the bus ride to Mission Valley**

**Camp** \_\_\_\_\_ **YMCA**

Arrival time is Friday between 2:30pm and 5pm  **yes**, Fee is \$35; The bus arrives at location at about 7pm on Friday.

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** (required for camp admission)

**THE YMCA CAMPER CODE OF CONDUCT**

Campers, please read! I have reviewed the Parent Guide and Equipment List with my parents/guardians and understand that I am responsible for my behavior while I am at camp. I have reviewed the list of things that are not allowed and have not packed any of them. I am excited about my camp experience and I am coming because I want to. If I do not follow the camp rules, I understand that I may be sent home, without a refund of camp fees to my parents. I will do my best to make this a good experience for me and for the other kids at camp.

**FRIDAY SCHEDULE FOR PARENTS**

Check In starts at 2:30pm

Closing ceremony at 3pm

Barbeque at 3:30pm

Camp Activities from 4:15-5pm

**REMINDERS ABOUT CHECK-OUT ON FRIDAY:**

- ⇒ You will receive this form upon arrival, **please keep it with you until you leave**
- ⇒ Check the **lost and found area by the pool** for any of your Camper's items
- ⇒ Collect **luggage** from your **Camper's Cabin**

**FOR CHECK-OUT DAY ONLY**

\_\_\_\_\_





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The YMCA of San Diego County

## YMCA CAMP MARSTON CARE PACKAGE FORM [OPTIONAL]

EASY, CONVENIENT, FAST AND PERSONALIZED

For those who registered **ONLINE** and chose the "Care Package" option you **DO NOT** need to complete this form.

CAMPER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  GIRL  BOY  
(FIRST) (LAST)

CABIN NAME (if known): \_\_\_\_\_ CAMP SESSION/DATES: \_\_\_\_\_

PLEASE INDICATE CAMPER'S ADULT T-SHIRT SIZE:  SMALL  MEDIUM  LARGE

IS THIS A HAPPY BIRTHDAY SURPRISE?  YES  NO MESSAGE: \_\_\_\_\_

PAY BY:  CASH  CHECK  DEBIT/CREDIT CARD (VISA, MC, DISCOVER, AMEX)

CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ / \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

BILLING ZIPCODE: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

- ◆ ALL CARE PACKAGE ORDER FORMS MUST BE RECEIVED AT CAMP NO LATER THAN 5:00PM ON CHECK-IN SUNDAY
- ◆ ALL BAGS WILL BE GIVEN OUT ON TUESDAY
- ◆ WE RESERVE THE RIGHT TO SUBSTITUTE WITH ITEMS OF EQUAL VALUE



PRICE: \$37

- POSTCARDS
- PENCIL
- LIP BALM
- WATER BOTTLE
- DOG TAG
- FRISBEE
- STRING BACKPACK
- BANDANA
- LIMITED EDITION STUFFED ANIMAL
- FLASHLIGHT
- CARABINER
- CAMP T-SHIRT
- PLAYING CARD DECK

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