



YMCA CAMP SURF

SUMMER Day Camp Parent's Guide

YMCA Camp Surf, 560 Silver Strand Blvd, Imperial Beach, CA 91932
(P) 619.423.5850 (F) 619.423.4141 (E) sflores@ymca.org

TO THE FULLEST

WELCOME

We are excited that your family will be a part of YMCA Camp Surf this summer. Please feel free to call us or visit our website.

619.423.5850

<http://camp.ymca.org>

DIRECTIONS TO CAMP

Travel south on the 5 Freeway past Chula Vista. Exit on Palm Ave. and turn right. After 9th Ave., veer left toward Imperial Beach (you're still on Palm Ave.). Turn right one block after the 4-way stop onto Silver Strand Blvd. The camp entrance is at the end of the street. Please adhere to the 5mph speed limit while driving on camp property. For the safety of children and others, follow staff instructions and signs to park and unload/load vehicles and passengers.

HOURS OF OPERATION

YMCA Camp Surf's Day Camp program runs from **9am-5pm** from Monday to Friday. Extended care is available 7:30am-9:00am and/or 5:00pm-6:30pm. There is no additional charge for extended morning or evening care, but you **must sign up in advance** in order to participate. Please sign up at registration time so we can staff accordingly.

CHECK-IN

All campers are checked in at the day camp area (including early bird). Upon entering camp, follow the signs to the right, park and walk on the trail to meet staff at the day camp area. Please bring your child(ren) to Day Camp

between 8:40-9am (Monday check in begins at 8:30am). If you arrive after 9:20am you will need to sign in at the main office and take your child(ren) to their first activity. We take attendance each day, we would appreciate being notified if your child is absent.

WHAT TO BRING

In addition to the recommended items on the equipment list, please remember the following items on check in day

- completed Camp Admission Form
- Completed Health History Form
- \$15-\$20 per week for the camp store
- Medications packed separately
- OPTIONAL \$20 wetsuit rental

CHECK OUT

Our program concludes daily at 5pm. Please go to the day camp area to sign out and pick up your camper.

Campers staying for night owl must also be picked up at the day camp area.

Early Pick Up

Early pick ups must be arranged during morning check-in. Please go to the office to sign-out your camper and allow time to go and get them from the activity.

EXTENDED CARE

If you have registered for extended care please make sure your child has eaten breakfast before they arrive to camp and send a snack for the late afternoon. There is no extended care on Friday night.

ADMISSION FORM

This is your authorization for parental custody. Please note any persons that are authorized (or prohibited) to pick up your child from camp. Do not mail this form; we will collect it at check-in. **Whoever is picking up your child MUST be 18+ years of age, have photo ID and be listed on this form.** Please be sure to list any friends/family who may be authorized to sign out your child.

HEALTH HISTORY FORM

This form, complete with parent's signature, is required. Bring this with you on check-in day. State Health Codes also require Immunization History to be completed and 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.

\$15-\$20 FOR THE CAMP STORE

Our camp store sells shirts, souvenirs, drinks, and snacks. Campers do not use cash at the store. Instead, parents deposit \$15-\$20 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. Past camper donations have helped to resurface the blacktop, put artificial grass in crafts, and purchase new program equipment.

Camper store money must be deposited during Monday check-in.



FRIDAY SURF CARNIVAL

We invite parents and families to join us for our Surf Carnival on Friday afternoon.

Please **leave pets at home** since we cannot allow animals on the beach (& the parking lot gets hot.) This is the perfect opportunity to take photos and share camp with your child(ren).

Please know there is no night owl on Fridays and check out is between 3-5pm.

HEALTH CARE

Camp Surf operates a small health facility with staff trained in First Aid and CPR. A doctor is on-call nearby in Imperial Beach and 911 ambulance service is readily available. Our nearest hospital is in Coronado.

Allergies: We will do our best to accommodate the needs of severe allergies. Please contact us ahead of time with questions or concerns.

Illness: If your child is sick, please do not send them to camp. For illness during camp, campers are housed in the Health Center for a brief period, but will need to be picked up if health does not improve. We will call you if your child is out of program for more than one hour (sometimes they are just tired and need to rest!) We will also call you to report any accidents more severe than a simple scratch, splinter, or bruise. In case of an accident or more severe illness, it is our practice to contact parents immediately. However, if you cannot be reached, we have your written authorization for emergency treatment on the health form.

MEDICATIONS

It is important that medications, including non-prescription meds, are not packed in your child's bag. All 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.

SUN PROTECTION

There is very little shade at YMCA Camp Surf. It is critical that your child understands the risks of overexposure to the sun. The best protection is regular (every 2-4 hours) applications of quality sun block and lip screen. Please discuss this with your child before s/he arrives. It is important to send non-expired Waterproof Sun Block (SPF 30+), lip screen, a brimmed hat, and a water bottle!

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. Please do not pack any of these items for your child(ren). If you need to speak to your child please call the office and we will arrange a time that will not disturb their fun day. We are not responsible for damage or loss of any electronics brought to camp.

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. 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. You will receive a pre-approved registration code and instructions at check-in.



BEHAVIOR AT CAMP

Camp is an environment filled with friendship, respect and character development. Our staff will provide positive, realistic expectations for your child. 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 responsible to come to camp and pick up their child.

INSURANCE

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

LUNCH

Campers will be served lunch as part of the day camp program. You will not need to pack a lunch for your child(ren). They may purchase a snack and drink at the camp store each day.

FRIEND REQUEST

Camps is all about making new friends. If your child(ren) wishes to be in a group with another camper please ensure:

- 1: They are in the same grade level and no more than 1 year apart in age
 - 2: You phone the office the Wednesday before the session begins to make the request
 - 3: There is a maximum of 2 friend requests per camper
- We do not guarantee friend requests but will do our best to schedule accordingly.

SURF/BODY BOARD RULES

To ensure the safety of all campers we only permit fiberglass/hard surfboards in special cases. Our long & short soft foam boards allow for a safe and effective skill building in a team environment where campers are able to surf safely together in the same area.

Advanced surfers that can demonstrate and consistently ride "green" waves, and go "outside", navigate a rip current on their own, duck dive effectively, & do not "bail" off their board during set waves may use their own board.

Campers will be required to demonstrate these skills during the first lesson on a camp short board. If the instructor determines the camper is capable and safe in the water, they will be able to use their own board in another area. This area is separate from the soft board area and all campers are in view of lifeguards.

PROGRAM STRUCTURE

Entering grades 1-4: Campers will rotate through all of our traditional activities during the week. We have extra time built in to get ready, apply sunscreen, cover water safety, and to help campers build responsibility for behavior, belongings, and taking care of equipment.

Entering grades 5+: Campers will participate in traditional activities and also have the opportunity for

additional water choices plus an **optional Tuesday night Sleep out!**

Optional Tuesday Sleep Out: This is offered to campers entering grades 5+. If campers choose to stay they must arrive Tuesday with everything they need. Staff and campers sleep out under the stars. Please no Cell Phones.

Specialty Camp: Marine Science camp is offered for campers entering grades 5+. Campers should come with items for regular day camp. Campers will learn about Marine Science as well as enjoy a Thursday day trip to La

WETSUITS

You can rent a wetsuit for your child(ren) for their entire week of camp for \$20. Please be prepared to rent the wetsuit during Monday Check in and we will ensure your

child is fitted and ready for their first ocean experience.

All our wetsuits are spring suits (short arms & short legs). The added insulation helps our campers to be more comfortable and allows them to spend a LOT of time in the water, developing new skills and having fun!

LOST & FOUND

We will make every effort to help your child keep his/her belongings together.

However, we are not responsible for lost or damaged items. Please help us and your child by making sure to put names on everything. We have designated cubbies and baskets for each camper. We also have a dry line for wet items and a lost and found area. Please check this area for your child's belongings at the end of each day.

EQUIPMENT LIST

Please send the following items to camp each day.

IMPORTANT: Please mark campers name on each item. The YMCA is not responsible for lost or damaged personal articles. Leave valuables at home.

ALL AGES

Please send your child ready for the water Monday—Thursday!

REQUIRED ITEMS:

- ☐ 1 hat or cap with brim
- ☐ SPF 30+ Sun Block (waterproof/Lotion ONLY -Not aerosol)
- ☐ Lip Block (waterproof) SPF 30+
- ☐ Water bottle or canteen
- ☐ RASH GUARD (nylon shirt worn in water to protect from irritation & sun exposure. \$20-\$30 at camp store.)
- ☐ day pack for belongings
- ☐ Bathing suit
- ☐ Closed-toe shoes (needed daily)
- ☐ Beach towel
- ☐ dry change of clothes

HIGHLY RECOMMENDED:

- ☐ Wetsuit (short spring suit is fine. Also available to rent)

TUESDAY OVERNIGHT ITEMS: (ENTERING GRADES 5-7)

- ☐ Sleeping bag
- ☐ Pillow
- ☐ Pajamas/clean clothes to sleep
- ☐ Toiletries- toothbrush/paste, soap
- ☐ Change of clothing for Wednesday
- ☐ Flashlight

SUGGESTIONS FOR PACKING

Pack old stuff. Camp is a sandy, salty environment. Sending nice new shoes/ clothes is ok but they'll need a good washing at home. Write names/initials on everything and be sure to talk to your child about the importance of keeping track of belongings.

NOT PERMITTED

Cell phones, iPods, video games, iPads, computers, netbooks, food, candy, alcohol, drugs, tobacco, knives/weapons, fireworks, aerosol sprays, cosmetics, pets, offensive magazines or clothing, skate/skim boards.

WEBSITE

<http://camp.ymca.org>

- Meet the staff
- Print Camp Forms
- Pay your Balance Due
- Find the Weekly Camp Themes
- Get Directions
- Recommend Camp Surf to a Friend

OVERNIGHT CAMP

Day Camp is a great stepping stone for your child to gain the confidence and skills for staying with us overnight. If you or your child are interested, contact Nat, our Sumer Camp Director, for a tour: ncorrall@ymca.org. or 619 423 5850

WANTED: Donated Wetsuits

Kids grow so fast!!! We gladly accept donations of gently used wetsuits since we need to keep a wide variety of sizes on hand. Our wetsuit rental fees cover the cost of cleaning, storing, and replacing our wetsuits.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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: _____

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 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



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

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!