

Thank you for registering your child for camp this summer. We hope they are looking forward to making friends, having fun, and growing in their faith. Listed below you will find more information regarding the camp session, what to bring, how & when to check-in, health forms, participation waivers, and other important information. If you have any questions or concerns, please feel free to contact us at 563-488-3893.

Prior to Camp Arrival:

The HEALTH FORM, PARENT/COUNSELOR FORM, NON-PRESCRIPTION MEDICATION CONSENT FORM, HIGH ROPES COURSE WAIVER, and the GO KART WAIVER must be filled out and sent to the camp office two weeks prior to your child's camp start date. The MEDICATION SHEET should be filled out and brought with you on the day of registration. These forms are required for attendance at Camp Wyoming.

Check In Procedure:

Please note that we will be unable to properly care for your child prior to the start of camp registration. If you will be arriving late or other complications arise, please notify the camp office.

<u>Camp Session:</u>	<u>Check In Time:</u>	<u>Check In Site:</u>
Leaders In Training	Sunday 4:00 PM	PJ Shelter

Check In Involves:

1. Final payment of any outstanding camp fee balances.
2. Cabin assignments for your child.
3. Health screening & head lice check. If head lice are found on a child, we are prepared to administer medication on site, which will enable the child to stay at camp while being treated.
4. Drop off any medications to Medication Manager.
5. Purchase of any Camp Wyoming keepsake items or clothing.
6. After you have gone through the check-in process, you may move your child into their lodging quarters.

Check Out Procedure:

<u>Camp Session:</u>	<u>Check Out Time:</u>	<u>Check Out Site:</u>
Leaders In Training	Saturday 10:00 AM	PJ Shelter

Please be sure to arrive at the designated departure times as staff will be unable to care for your child afterwards, unless pre-planned with camp management. If you will be arriving late or other complications arise, please notify the camp office. Check out involves signing out your child, picking up your child's medication and loading their personal belongings.

Trading Post:

Camp Wyoming operates a small store known as the Trading Post where campers are able to purchase clothing, water bottles, postcards and many other items. The Trading Post will be open during Registration and Check-out for your convenience. Camp Wyoming provides campers with natural treats they can make themselves like ice cream, popcorn, or Dutch oven brownies during daily snack time. There is no additional cost for these “natural treats” above & beyond the camp registration fee.

Telephone & Mail:

Use of the telephone is not permitted without the permission of the camp staff. Campers are encouraged to write home. Campers enjoy hearing from you also. Address your mail as follows:

Campers Name & Camp Session, Camp Wyoming, 9106 42nd Ave, Wyoming, IA 52362.

First Aid:

All counselors are certified in First Aid/CPR and are with campers 24 hours a day. The camp medication manager conducts daily sick calls and dispenses all medication. All medications must be deposited with the Medication Manager at check-in. Parents will be notified if a camper has an illness or injury that requires more than first aid care. Parents will also be contacted if questions regarding a health issue arise. Each family is responsible for covering costs of medical expenses incurred at camp. The camp insurance policy provides supplementary coverage for accident expenses, which exceed the family’s resources. It does not cover the costs for illnesses.

Clothing & Equipment List:

It is strongly suggested that all clothing and equipment be marked with your camper’s name. Lost and found articles with names attached are much easier to return to owners. Lost and found articles left at camp will remain there for a period of two weeks to be claimed by the owners. Campers should bring enough clothing with them to last for the session. When packing, keep in mind that campers should dress for comfort.

Please bring the following:

Sleeping Bag or Blankets & Flat Sheet	Pillow	Insect Repellent
Bath Towels & Washcloths (2 each)	Pool Towel	Sunscreen
Shampoo & Soap	Toothbrush & paste	Bible
Comb or Brush	Jeans or Sweatpants	Flashlight
Shorts	Shirts	Water Bottle
School Backpack	Sandals for pool/shower	Paper/Pencil
One-piece Swimming Suit	Socks & Underwear	Hat
Pajamas (No revealing night wear)	Sweatshirt or Jacket	Caving Outfit
Raincoat or Poncho	Envelopes (stamped & addressed)	
Closed-toed shoes (2 pairs, one pair specifically for canoe trip)		

Please Do Not Bring:

Cell Phones, Radios, CD players, Video Games, Food, or Candy (they attract critters). If a camper comes with any of these items, the items will be confiscated and returned to the camper at check-out. Camp Wyoming is not responsible for any lost or damaged items.

Vehicles:

Vehicles should only be driven on roads. If campers drive themselves, they will need to turn in their keys to the office upon arrival.

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Parent/Counselor Form

Camp Session: _____ Camp Date: _____

This form is to be completed by the parent or guardian and will not be shown to your son or daughter, as this is strictly confidential. This information enables us to best serve your child.

Camper's Name: _____ Birthdate: _____ Age: _____

Who lives in the home? Father____ Mother____ Brothers____ Sisters ____ Other____

If parents are divorced, who has custody of the camper during the camp session?

1. Has your child been away from home without parents for more than 4 days?
2. Your child makes friends: Easily Fairly Easily With Difficulty
3. Personality: Shy Quiet Leader Bold Independent Aggressive Hyperactive
4. Sleep Habits: Light Heavy Sleepwalker Nightmares Bedwetting Falls from bed
5. Does your child have any special fears?
6. Swimming ability? Beginner Intermediate Advanced
7. Are there any activities from which your child should be exempt due to health reasons?
8. Please list some of your child's interests and hobbies:
9. Is there any additional information you would like us to know?

During your child's experience at camp, the group may leave camp property for an off-camp excursion. We require your permission to transport your child. Please sign the authorization statement below.

I hereby give permission to camp personnel to transport my child on camp-related activities.

Signature of Parent/Guardian: _____ Date: _____

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Camp Wyoming Health Form

To be completed by PARENT/GUARDIAN

Camp Session: _____ Camp Date: _____

Camper Name: _____ Age: _____ DOB: _____ Sex: _____

Address: _____
Street City State Zip

Parent/Guardian: _____ Phone: _____

2nd Parent/Guradian: _____ Phone: _____
(if applicable)

Emergency Contacts:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Insurance Information:

Carrier or Plan Name: _____

Group: _____

Insurance Company Mailing Address: _____

(Address, City, State, Zip)

Name of Insured: _____ Relationship to Participant: _____

SS# of Policy Holder or Insurance ID#: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Current Medications to be taken at camp: _____

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian _____ Date: _____

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Camp Wyoming Health Form

To be completed by HEALTH CARE PROVIDER

Camper Name: _____

Allergies: _____

Reactions: _____

Please give date of last immunization for:

_____ TD (tetanus/diphtheria)	_____ Measles or Rubeola
_____ Tetanus	_____ Haemophitus influenza B
_____ Polio	_____ Hepatitis B
_____ DTP	_____ Vancella Zoster
_____ Rubella	_____ TB Mantoux Test/Results: _____

(Must have current TD prior to camp)

Past Medical History-(Include all surgical procedures) _____

Physical Exam:

Height: _____ Weight: _____ B/P: _____ P: _____ R: _____ Temp: _____

	X if Normal	If Abnormal, Please Specify
HEENT	_____	_____
Cardiovascular	_____	_____
Respiratory	_____	_____
GI	_____	_____
GU	_____	_____
Neurological	_____	_____
Skin	_____	_____

Additional Information: _____

The above named camper has had a health examination within the past 24 months.

Signature of Health Care Provider: _____ Date: _____

Camp Wyoming Medication Sheet

Camper Name: _____ Session & Date: _____

Allergies: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Medication:							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							
Medication:							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							
Medication:							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							
Medication:							
Dosage:							
Instructions:							
Breakfast Y N							
Lunch Y N							
Supper Y N							

**Camp Wyoming's Participation
at Camp Wapsie Release Form**

Camper Name

I certify that my child is healthy and capable and I give permission for my son/daughter to participate in YMCA youth programs. In doing so, I agree to release the YMCA staff and volunteers from any responsibilities in case of injury.

YMCA Camp Wapsie has permission to use any photos/videos taken of my child during their stay at camp for the camp's promotional materials.

Parent/Guardian Signature

Date

61 Kartway

1580 Old Highway 61

Delmar, Iowa 52037

Phone: 563.659.8900

www.61kartway.com

61 Kartway Kart Responsibility Form

By signing this form, I am taking responsibility for any sprint kart or 61 Kartway equipment I may use during the course of the day on the date noted below. I have attended the training session offered by the 61 Kartway Staff, and their rules and regulations regarding my behavior on and off the track have been explained to me. I also understand the components of the karts, the proper operation of the karts, and the cost factors involved with the karts. I understand that it is a privilege to be able drive a kart on the track and experience the thrill of sprint karting with other drivers. However, I also understand that these karts are the property of 61 Kartway, and are of high value financially. While in or next to the kart, I take full responsibility for all components of the kart, including the helmet, if applicable. If I fail to follow the rules and guidelines set forth by 61 Kartway, and thus damage the kart, one of it's components, or the helmet, I will be financially responsible for it's replacement in a timely matter set forth by 61 Kartway Management. Any injuries I may sustain while driving the kart, or entering/exiting the kart will be of my own accord, I will not hold 61 Kartway responsible for any incidents either financially, or morally.

**NO BUMPING! NO DIVE BOMBING! NO DRIVING IN GRASS!
NO DRIVING IN PITS! LEAVE TRACK ON BLACK FLAG!
THESE ARE NOT BUMPER CARS!**

DRIVE SAFE, AND HAVE FUN!

Driver Name: _____

Driver Signature: _____

Parent/Guardian Signature: _____

Date: _____

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Camp Wyoming Non-Prescription Medication Consent

The following non-prescription medications are available at the Camp Wyoming Health Center. Please read over the list and initial those medications that you give the health officer authorization to give to your child. The medications will be administered as needed ONLY if initialed by the child's parent/guardian.

Camper Name: _____

<u>INITIALS</u>	<u>MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>
_____	Tylenol 325mg	2 Tablets	every 4-6 hours
_____	Tylenol 160mg	2 Tablets	every 4-6 hours
_____	Ibuprofen (Motrin) 200mg	2 Tablets	every 6 hours
_____	Ibuprofen (Motrin) 100mg	1-2 Tablets	every 6 hours
_____	Cough Drops	1 Drop	every hour
_____	1% Cortisone Cream	Topical	every 4-6 hours
_____	Triple Antibiotic Ointment	Topical	as needed
_____	Aloe Vera (sunburn)	Topical	as needed

REQUIRED PARENT/GUARDIAN CONSENT

NON-PRESCRIPTION MEDICINES: I authorize the health office to administer the non-prescription medications that I initialed above in brand name or generic form if necessary for my child's comfort. Any medication not initialed by parent/guarding will NOT be administered to the child at any time.

Parent/Guardian: Signature _____ Date: _____

Print Name: _____