



Bear Valley YMCA Resident Camp

Parent's Guide

10425 Bowman Lake Rd, Forest Rte 18, Nevada City, CA 95959
• www.ymcasuperiorcal.org/BearValley

WELCOME

Campers, CITs and Families!

We are thrilled that you've chosen Bear Valley Y Camp for your child this summer. In this Parent's Guide many of your questions will be answered. For additional info visit www.ymcasuperiorcal.org/BearValley

ARRIVAL SUNDAY 3 PM

Please arrive on opening Sunday between 3pm and 4:30 pm.

Remember to bring your:

- Admission Form
- \$20-40 Store Money
- Medications
- Health History Form
- YMCA Rag (if you have one)

DEPARTURE FRIDAY 10:30AM

Photo ID is required.

- Check-out starts at 10:30am and ends at noon.
- If a camper or CIT is staying multiple weeks, they will need to be picked up between sessions.

DIRECTIONS TO CAMP

Address: 10425 Bowman Lake Rd, Forest Rte 18, Nevada City, CA 95959 Online map programs should give you good directions.

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.

* I did not bring: ☐ a cell phone ☐ make-up ☐ electronics

Camper Signature: _____

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. Campers can have a max of 3 Buddy Requests. We will do our best to honor these requests based on overall camp enrollment and provided they are made at least two weeks prior to the start of camp. Note: Most campers come alone. Making new friends is a big part of the camp experience! If you have any questions please contact us: mgray@ymcasuperiorcal.org

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.

Health & Safety



Health History

Health History forms are required to be completed prior to drop off. State Health Codes also require that 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, please provide a detailed note regarding the camper's condition on the Health History Form.

Pre-Camp Health Screening

We encourage parents to conduct a routine health screen on their camper the day of arrival at camp. We are especially concerned about contagious conditions including flu, fever, pink eye, chicken pox, bed bugs, Covid-19, 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.

Medications

All medications, including over the counter medications are submitted to health care staff at check in (State Law), this includes vitamins, allergy pills, lactaid pills, and creams. Prescription drugs must be in the original container with physician's instructions, all other medication must also be in the original container with legible dosage information. 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 upon arrival.

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.

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 camper 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 campers 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.

Please be sure to provide us with complete EMERGENCY CONTACT information. Especially if you are traveling or going on vacation!



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

Allergies: We will do our best to accommodate the needs of severe allergies.

Dietary: Please contact our Director at least two weeks in advance with questions regarding dietary needs: Milo Gray mgray@ymcasuperiorcal.org

If your camper 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 Medic Cabin 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 three 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.

Phone Calls Home

There is not an opportunity for campers to call home during the week. However, if a camper 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.

Mail

Campers love receiving letters from home while they are at camp. Please bring any care packages or letters with you on dropoff day.

SAMPLE ADDRESS

Camper's Name, Session #
Deliver on: (Day)



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, email the camp director as soon as possible so that we can label it correctly. In August we bring all lost and found to the Sacramento YMCA for pickup. After 2 weeks, we will donate any unclaimed items to a local charity. Please write your camper's name on all their items to reduce the chance of it being added to lost and found.



Mail Call & More



Online Photo Gallery

We offer online pictures for the parents of our campers to view on social media. This allows you a "one-way window" into camp life. Our photographer tries to include all children in photos, but due to timing and camera shyness not all campers will be in a photo every day.

Camp Store

Our camp store sells sweatshirts, souvenirs, drinks, and snacks. Campers deposit their cash at the store in the beginning of the week. Campers can purchase items during the week and "charge" against their balance. Unused store money can be donated to the Special Projects Fund at the end of summer. Snacks are \$1 – \$3 depending on the item.

ELECTRONICS AT CAMP

Camp provides campers 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.

Equipment



This equipment list is planned for ONE WEEK at camp. Please mark camper's name on each item. The YMCA is not responsible for lost or damaged personal articles. Please leave valuables at home. Pack old stuff! There's lots of dust and dirt at camp. New clothes/shoes will need a good wash when camp ends.

ESSENTIALS

Required Items:

- ☐ Sleeping bag
- ☐ Pillow
- ☐ 2 pairs of long pants
- ☐ 5 pairs of shorts
- ☐ 1-2 sweatshirts or jackets & 1 warm jacket
- ☐ 6 T-shirts
- ☐ 1-2 swim suits
- ☐ 8 pairs of underwear
- ☐ 8 pairs of socks
- ☐ Pajamas
- ☐ 2 pairs of sturdy sneakers & pair that can get wet
- ☐ 1 hat or cap with brim
- ☐ 2 towels & washcloth
- ☐ Toiletries: soap, toothbrush, toothpaste, shampoo, comb/brush
- ☐ Watershoes (NOT Crocs)
- ☐ Lip balm, chapstick
- ☐ Sunscreen lotion
- ☐ Water bottle or canteen
- ☐ Flashlight or headlamp

Optional Items:

- ☐ Book, reading materials, journal
- ☐ Stationary, stamped envelopes
- ☐ Camera
- ☐ Sunglasses
- ☐ Insect repellent
- ☐ Guitar or Drum
- ☐ YMCA Rag (if camper has one)
- ☐ Personal sports equipment that may enhance the camper's experience

Note for Campers of Driving Age

If you allow your camper to drive themselves to camp, please contact the director to make arrangements.

Available Activities at Camp

• Hiking • Archery • Swimming (Creek) • Tie-Dye • Volleyball
• Arts and Crafts • Field Sports, and more!

No age restrictions on our activities.

ASK YOUR CAMPER!

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

PRE CAMP ???'s

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

POST CAMP ???'s

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

NOT PERMITTED

- Video games
- Energy Drinks
- Drugs
- Valuables
- iPods/iPads
- Alcohol
- Weapons
- Pets
- Laptops
- Tobacco
- Fireworks
- Offensive items
- Cell Phones
- Aerosol sprays



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Camper Health History Form

DO NOT MAIL
Please bring form to
camp on check-in day.

CAMPER NAME: _____ Birth Date ____/____/____ Age: ____ Gender: ____
Last First

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

Parent/Guardian Name 1: _____ Phone: _____ Occupation: _____

Parent/Guardian Name 2: _____ Phone: _____ Occupation: _____

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): ____/____/____

Family Physician: _____ Phone: _____ Date of last physical exam: : ____/____/____

Insurance Carrier: _____ Policy and/or group #: _____

Present (please check) — If YES for asterisk * items, please provide a detailed description on the back of this form.

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	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: _____

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)

_____	(Circle frequency) Breakfast, Lunch, Dinner, Bedtime, as needed, other time _____
_____	(Circle frequency) Breakfast, Lunch, Dinner, Bedtime, as needed, other time (Circle _____
_____	frequency) Breakfast, Lunch, Dinner, Bedtime, as needed, other time (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)	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American	<input type="checkbox"/> Other: _____

Parent/Guardian Authorization: This Health History is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order x-rays, routine tests, and treatment for the health of my child,) and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims from injury, illness, death, loss, or damage, resulting from my child's participation in program activities. I also give the YMCA and its staff permission to treat my child to the extent they are trained to do so and to administer any/all medication prescribed by the child's doctor and any/all approved non-prescription medications.

This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-need basis.

Parent/Guardian Authorization: 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: ____/____/____



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Member/Children Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect. THE UNDERSIGNED

HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Date: _____ Signature of Parent: _____

Name of Child in Program: _____