YMCA OF AUBURN-LEWISTON

SUMMER CAMPS 2022

• Y Kids Camp, at the Y in Auburn: Ages 5-8.
• Y Summer Camp at OLEC: Age 7 - 8th grade.
• CIT Program: Teens Entering 9th & 10th Grade.
ARRIVAL
Our summer camp offers FREE pre and post-camp care from 7:30-9:00 a.m. and 4:30–5:30 p.m. Parent/Guardian must “sign in” or “sign out” any camper(s).

SIGN IN/SIGN OUT
All campers must be signed in and out daily by an authorized person. Photo ID’s will be required. Please remind other authorized pick-ups, including social workers, that they will need to bring a photo ID with them, as well.

ABSENCES & APPOINTMENTS
If your child is not going to attend camp for the day, please report his/her absence by 9:00 a.m. If your child will be leaving early or has to leave for an appointment, please notify the staff member at check in on what time and who will be picking up your child in writing.

LUNCH
Free Lunch is provided thanks to the Auburn School Department. If your child prefers to have a lunch packed from home, please do not send any food that needs to be refrigerated or microwaved. Please be sure to bring a re-fillable water bottle every day.

PARENT VISITS
Usually, we have an open door policy for visiting at camp, however this summer we are restricting non-essential visitors. If you do stop by, please make sure you check in at the office!

SWIMMING
Campers will have the opportunity to swim while at Y Summer Camp. For their safety, all campers will be swim tested. While swim activities are not required, we strongly encourage all campers to participate. We will not be offering swim lessons during the 2022 summer.

RAINY DAYS [Y Summer Camp at OLEC]
On rainy days we will do as much activity outside as we can, or in the group tents. In the event of thunderstorms or unsafe conditions, campers may be bused to the YMCA.

BULLYING
At Y Summer Camp, bullying is inexcusable, and we have a firm policy against all types of bullying. Each camper is expected to treat all other campers with respect and to help each other have the best possible experience. Our Camp Director addresses all incidents of bullying and trains staff to create a safe and welcoming environment for all.

MEDICATION
Medication must be brought in its original container, allowing for proper identification and dosage, as required by the state. Please leave all medications with a director at the YMCA, or drop off at the camp office. Campers should not have any type of medication with them.

CAMPER CONDUCT & DISCIPLINE PROCEDURES
The staff governs the behavior of each child and attempts to work through conflicts and problems as they occur. A camper who displays negative behavior can affect the experience of other campers and staff. Campers who are disruptive, display inappropriate behavior, or require an undue amount of disciplinary attention will meet with the Camp Director to evaluate their behavior. Parents will be notified of any misconduct or discipline problems. It will be the parent’s responsibility to arrange transportation for the child if he/she is being sent home due to disciplinary actions.

If an incident occurs that jeopardizes a camper’s safety, the safety of others, or is not in accordance with the mission of the YMCA, camp staff will address and document the issue directly with the child and take the following steps.

1. First Violation: The child may be removed from an activity for the day, such as swimming, free time, etc. Parents will be contacted during the day or at the end of camp depending on the time and severity of the incident.
2. Second Violation: The parent/guardian will receive a phone call and may be asked to pick up their child within the hour. The child may or may not be allowed to attend camp the next day that he/she is registered for.
3. Third Violation: Parents may be contacted immediately to pick up their child from camp. The child will be suspended for the day or week that he/she is registered for depending on the severity of the incident.
4. Fourth Violation: Child will be dismissed from camp for the remainder of the program.

*Please Note: We reserve the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional, or other harm to themselves, other children, and staff.

HEALTHY CAMPERS
If your child contracts anything that may be contagious please let us know. Your name will be kept confidential, but we are required to post anything contagious.

If your child shows any sign of illness, rash, high temperature, diarrhea, infection, lice, or any contagious diseases, the parent/guardian will be called and expected to pick up the child within one hour. While camp staff does their best to prevent any sort of injuries, sometimes they do happen. Moderate injuries will be communicated to the parent once proper first aid has taken place. If severe injuries need higher medical attention, the parent/guardian will be contacted immediately.

COMMUNICATION - Questions or concerns? Need to report an absence? Give us a call!

OLEC: 207-241-0075
YMCA: 207-795-4095

Messages can be received Monday through Friday between 7:30 a.m. – 5:30 p.m.
CAMPER'S INFORMATION
First Name: ____________________________ Last Name: ____________________________
Date of Birth: ______/_____/______  ○ Male  ○ Female
Home Address: ________________________________________________________________
State: __________________________________________________ Zip:______________________
School: __________________________________________________ Grade Entering: ________

PARENT/GUARDIAN #1 INFORMATION
First Name: ____________________________ Last Name: ____________________________
Email: ____________________________________________________________
Circle here if home address is the same as Camper
Home Address: ________________________________________________________________
State: __________________________________________________ Zip:______________________
Cell Phone: __________________ Home Phone: __________________ Work Phone: __________
Relationship to Camper: __________________ Custodial Parent?  ○ Yes  ○ No

PARENT/GUARDIAN #2 INFORMATION
First Name: ____________________________ Last Name: ____________________________
Email: ____________________________________________________________
Circle here if home address is the same as Camper
Home Address: ________________________________________________________________
State: __________________________________________________ Zip:______________________
Cell Phone: __________________ Home Phone: __________________ Work Phone: __________
Relationship to Camper: __________________ Custodial Parent?  ○ Yes  ○ No

EMERGENCY CONTACTS & AUTHORIZED PICK-UP PERSONS
*Use this area to list the individuals we may contact, in addition to Parent/Guardian, in case of emergency.

1. First Name: ____________________________ Last Name: ____________________________
   Cell Phone: __________________ Work Phone: __________________

2. First Name: ____________________________ Last Name: ____________________________
   Cell Phone: __________________ Work Phone: __________________

3. First Name: ____________________________ Last Name: ____________________________
   Cell Phone: __________________ Work Phone: __________________

4. First Name: ____________________________ Last Name: ____________________________
   Cell Phone: __________________ Work Phone: __________

*IDENTIFICATION REQUIRED* For the safety of our campers, all those listed above, including parents/guardians, must be prepared to show photo ID to the staff as your child is signed out.
2022 REGISTRATION FORM

PLEASE INDICATE WHICH Y SUMMER CAMP YOU ARE REGISTERING FOR.

_____ Y Kids Camp  _____ Y Summer Camp at OLEC

WEEKLY SESSIONS: (Check all that apply)

|-------------------------------|-------------------------------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

**No camp on Monday July 4th**

CAMP FEES & PAYMENT INFORMATION

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<tr>
<td>Y Summer Camp (Y Member)</td>
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I am registering my camper for: _____ Y Kids Camp | _____ Y Camp at OLEC

DUE WITH REGISTRATION

$35 non-refundable deposit per session x _____ sessions = $__________

*Scheduled payments are required and balances paid two weeks prior to the start any given session OR Paid in Full.

PAYMENT METHODS

* Check (payable to YMCA of Auburn-Lewiston)
* Please call to pay with Credit Card. (207-795-4095) Your child's spot WILL NOT be secured until deposit is received.

Applying for Financial Assistance which is available to those who qualify based on financial need. Funds are allocated early so apply now. Applications are available at the YMCA Welcome Center and on the Y’s website.

COUNSELOR IN TRAINING (GRADES 9–10)

All teens registering for the Counselor In Training program must fill out a separate application and will be contacted for an interview before being accepted into the program. Once approved, CITs can register for any number of our weekly sessions.

CIT Applications can be picked up at the YMCA or downloaded from our website.

(www.alyymca.org/summer-camp/counselor-in-training-program)

Completed applications should be dropped off at the YMCA, 62 Turner St, Auburn, ME OR emailed to Abby Fuller at afuller@alyymca.org.

The CIT program is not for everyone- candidates must be ready and willing to put the needs and interests of campers ahead of their own.

CITs will meet every day with the CIT Director and/or Day Camp Director. Topics include orientation of camp, emergency procedures, camp policies, child abuse prevention, age appropriate discipline etc. CITs will spend the rest of the day shadowing counselors and working with a group of campers. CIT curriculum and program goals will be met weekly.
MEDICAL INFORMATION

Preferred Hospital:   ○ CMMC   ○ St. Mary's   ○ Other: _______________________

Name of Family Physician & Practice: ___________________________________________

Address: ___________________________________________ Phone: ____________________

Do you have medical insurance covering your child?   ○ Yes   ○ No

If yes, please list the name of policy & ID#: ________________________________

1. Any current health conditions requiring medication, treatment, or special restrictions while at camp?
   ○ Yes   ○ No   If yes, please specify: _________________________________________

2. Any chronic or long term illness?
   ○ Yes   ○ No   If yes, please specify: _________________________________________

3. Any operations or serious injuries?
   ○ Yes   ○ No   If yes, please specify: _________________________________________

<table>
<thead>
<tr>
<th>Name any known allergies:</th>
<th>Explain reaction and medication used:</th>
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<tbody>
<tr>
<td>FOOD:</td>
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<td>MEDICATION:</td>
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<td>PLANTS:</td>
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<td>ANIMALS:</td>
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<tr>
<td>OTHER:</td>
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Does your child have any of the following?
   ○ Fainting spells ○ Convulsions ○ Stomach upsets ○ Emotional problems ○ Other ___________________

Does your child need to be administered medication while at camp?   ○ Yes   ○ No

If yes, please list the name of Medication(s) and dosage instructions: ________________________________

*Prescription medication must be in the original pharmacy container with the original label attached; child’s name, dosage and instructions must be legible. The medication must be turned into the Camp Office upon arrival at Camp and will be returned at the end of each day/week. Children may not take any form of medication on their own or keep medicines in their bags or pockets.

○ I hereby authorize camp staff to administer prescription medication(s) listed above.

○ I give permission to the camp staff to administer any standard CPR/First Aid as needed.

○ I give permission to the camp staff to administer sunscreen and bug spray as needed.

○ I understand I need to provide a record of immunizations, including date of last tetanus shot.

In case of a medical or surgical emergency, after every reasonable effort has been made to contact the parent or legal guardian, I hereby give my permission to the physician selected by the camp director to provide whatever emergency medical or surgical treatment is necessary. I authorize the camp staff to transport or obtain emergency transport.

Parent/Guardian Signature __________________________________________ Date _____/_____/______
PARENTS AND CAMPERS, READ & SIGN THIS STATEMENT

Parents/Guardians, please review the following behavior contract with your child. Ensure that they understand and must adhere to the terms of the contract at all times while at camp.

CAMP CHARACTER CODE

Developing and displaying positive character values is very important at the YMCA. Caring, Honesty, Respect and Responsibility are a large part of our commitment to offering a safe and exciting camp experience. It is important that our campers agree to live by our Camper Character Code while under our supervision.

We CARE for ourselves and those around us.
We earn each other’s trust through HONESTY.
We RESPECT each other and the environment.
We are RESPONSIBLE for our own choices.

Each parent and camper must read and check off each of the statements below in acknowledgment of their agreement to abide by camp rules.

<table>
<thead>
<tr>
<th>WHILE AT CAMP, I WILL:</th>
<th>WHILE AT CAMP, I WILL NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Show respect and kindness to other campers &amp; staff.</td>
<td>☐ Fight, “rough house” or behave unsafely.</td>
</tr>
<tr>
<td>☐ Show responsibility by being helpful.</td>
<td>☐ Share/trade food with other campers.</td>
</tr>
<tr>
<td>☐ Be honest with other campers and staff.</td>
<td>☐ Threaten or bully other campers.</td>
</tr>
<tr>
<td>☐ Respect the property of camp and other campers.</td>
<td>☐ Take things that don’t belong to me.</td>
</tr>
<tr>
<td>☐ Respect other people’s feelings and differences.</td>
<td>☐ Use inappropriate language.</td>
</tr>
<tr>
<td>☐ Have fun and make it fun for others.</td>
<td>☐ Bring toys from home.</td>
</tr>
</tbody>
</table>

I have read and understood this Camper Behavior Contract, and agree to follow camp rules and honor the Camper Character Code. I understand that not following these rules will have consequences, which may include, but are not limited to:

- Sitting out activities
- One day dismissal from camp
- Permanent expulsion from camp

Camper Signature __________________________ Date _____/_____/_____

Parent/Guardian Signature __________________________ Date _____/_____/_____
I hereby enroll my child in the YMCA of Auburn-Lewiston summer camp program. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect his/her stay or that of other campers.

PAYMENT, REFUND & CANCELLATION POLICY:

- A nonrefundable $35 deposit [per session] is due at the time of registration to reserve your camper's spot.
- I agree to establish "Scheduled Payments", set up to draft the balance due, 10 days prior to the start of any session. If my child is currently enrolled in Y's School Age Care program, I understand I have the option to draft payment on the Friday before the session begins.
- I understand that reserved space may not be held past the Friday before each week without full payment. Any registration made for a week already in session must be paid in full. No child may attend camp without full payment.
- I understand that I am financially responsible for full payment each week regardless of my child’s attendance.
- A refund of all payments, minus deposits, will be available if a session is canceled TWO WEEKS prior to the start of that session. No partial refunds will be made. All cancellations must be received in writing or via email.
  - The only exception to this policy is in the case of injury or illness, and a request for consideration must be accompanied by a doctor's note. I understand in the event of injury or illness efforts will be made to arrange for my child to attend a more appropriate session, prior to considering a monetary refund.

I grant permission for the applicant to participate in all planned camp activities. Occasionally the YMCA of Auburn-Lewiston transports campers out of camp either by walking or via bus to participate in activities. By signing below, I hereby give my permission for my child to be taken off site, supervised, and to take part in programs with the YMCA of Auburn-Lewiston.

I hereby grant the YMCA of Auburn-Lewiston and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release the YMCA of Auburn-Lewiston from any liability in connection there within. In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately.

- I understand that I will be responsible for payment of all medical and medication bills. I will not hold The YMCA of Auburn-Lewiston, its officials, employees, or volunteers responsible for any injury to my child resulting from transportation to and/or from, and/or attendance in the regular weekly program or additional field trips.
- I hereby give permission to the medical personnel selected by the YMCA of Auburn-Lewiston to treat my child to the best of their ability, 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 YMCA of Auburn-Lewiston to secure and administer treatment, including hospitalization, for my child.

The YMCA of Auburn-Lewiston is not responsible for lost, stolen, or damaged personal articles.

Continued on next page…
I understand that at the time of registration it is my responsibility to make sure I have [electronically] signed the following policies and waivers at the Y's Welcome Center, prior to my child attending any session of summer camp.

- Release and Waiver of Liability
- Camp Payment, Refund, and Cancellation Policy
- Camp Bank Draft Authorization
- Photo and Video/Audio Recording Release

I understand that all registration forms and the Camper Code of Conduct must be filled out and returned to the YMCA of Auburn-Lewiston prior to my child's first week of camp in order for my child to attend.

I understand that my child must comply with the camp’s rules and standards of conduct and that the organization may terminate my child’s participation in the camp program without refund if he/she does not maintain these standards.

I individually and corporately agree to hold harmless the YMCA of Auburn-Lewiston, its volunteers, agents, employees and officers irrespective of any negligent act or omission by the YMCA of Auburn-Lewiston and/or those individuals arising from or related in any way to this YMCA of Auburn-Lewiston program.

Parent/Guardian Print Name ______________________________________________

Parent/Guardian Signature ___________________________ Date ___/___/____

TO REGISTER:
Please indicate Y Kids Camp or Y Summer Camp at OLEC and MAIL your completed forms with deposit, or full payment, to:

YMCA of Auburn-Lewiston Summer Camps
c/o Camp Director
62 Turner Street
Auburn, ME 04210

PLEASE NOTE: Your child's Camp Registration is not complete until we receive your child's physical/immunization form and deposits.