

**Grove City United Methodist Church  
Parent & Camper Information**

**Name of Camper** \_\_\_\_\_ **Session(s) attending** \_\_\_\_\_

Is camper subject to bedwetting? \_\_\_\_\_; Subject to constipation? \_\_\_\_\_

Subject to nightmares, sleepwalking etc? \_\_\_\_\_; Comments: \_\_\_\_\_

Please expand on any areas or list other important information. The more background you are able to provide, the better we are able to meet the needs of your child:

\_\_\_\_\_

What areas of your child's life would you hope to see developed by the camp experience? \_\_\_\_\_

\_\_\_\_\_

What do you consider his/her strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_

What responsibilities does your camper have around the home and in the community? \_\_\_\_\_

\_\_\_\_\_

What type of discipline works well with your child (talking to, time out, set goals etc)? \_\_\_\_\_

\_\_\_\_\_

**To Be Filled Out by The Camper:**

Do you have a nickname that you like to be called? \_\_\_\_\_

Have you attended Camp Willson in the past? \_\_\_\_\_ How many years? \_\_\_\_\_

Have you attended any other overnight camps: \_\_\_\_\_

What are some things you are really looking forward to doing at Willson this summer?

- Swimming  Climbing Wall  Sports  Horseback Riding
- Boating  Archery  Cooking over a fire  Reptiles & Amphibians
- Arts & Crafts  Air Rifles  Skits & Drama  Sleep outside (overnight)
- Meeting new friends
- Other: \_\_\_\_\_

Do you have a friend who will be at Camp with you? \_\_\_\_\_ Who? \_\_\_\_\_

Is he/she going to be in your cabin with you? \_\_\_\_\_

What are three things you want your counselor to know about you?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Will you be celebrating a birthday while at camp? If so, what day? \_\_\_\_\_

Comments:

**Grove City United Methodist Church  
Parent Information**

To enable the directors and the counselor to help your child have a richer and more meaningful camp experience, we ask that this form be completed carefully. The information herein will be kept in the strictest confidence and will be available only to the Directors, Health Supervisor and your child's counselor. *Attach additional pages if necessary.*  
**Please note: This information is due 2 weeks before our camp session begins.**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (next year) \_\_\_\_\_ Session/Dates attending \_\_\_\_\_

Names of Parent(s)/Guardian \_\_\_\_\_

Occupation of Father: \_\_\_\_\_ of Mother: \_\_\_\_\_

**Social**

Easily relates to:     own age  younger  older  adults  All Ages

Has difficulty with:     own age  younger  older  adults  NA

Makes friends:         Easily  Fairly Easily  With Difficulty

Expresses Feelings:     Easily  Fairly Easily  With Difficulty

Comments: \_\_\_\_\_

Has the camper been away from home without his/her parents before? \_\_\_\_\_ How long? \_\_\_\_\_

Circumstances? \_\_\_\_\_

Has the camper experienced homesickness before? \_\_\_\_\_ What has worked well with your child when dealing with homesickness? \_\_\_\_\_

Hobbies & interests: \_\_\_\_\_

Participate in any clubs, teams or other extracurricular activities? \_\_\_\_\_

**Family**

In the last year, have there been any significant changes in family relationships or home life:

birth;  death;  divorce;  separation;  family moved/new school;  no changes

Other/comments \_\_\_\_\_

Does the child reside with:  Mother;  Father;  Both;  Other: \_\_\_\_\_

Other relatives living in the same house (# & ages), Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Attend church/synagogue regularly? \_\_\_\_\_

**Help us best accommodate your child:**

Does your child have personal challenges which may require special assistance or program adaptations?

Physical;  learning;  emotional;  behavior;  fears;  NA

Please describe: \_\_\_\_\_

Check the term that best describes camper's health so far:

Robust,  Normally Healthy,  Below Average;  Sickly

Eating Habits:  fussy  hearty  average  Dietary restrictions: \_\_\_\_\_

School Work:  Excellent,  Average,  Fair,  Poor/Struggles; Name of School: \_\_\_\_\_

Comments: \_\_\_\_\_

First Name

Last Name

Last Name, First Name: \_\_\_\_\_ Session(s): \_\_\_\_\_

**Prescription Medications** (must be completed by physician & in original container. Bring only enough for camp stay.  
All medication, including over the counter, vitamins and natural remedies must be checked into the health center.)

Attach additional page as needed:  Takes no medications on routine basis  
Name(s) of medications: \_\_\_\_\_  
Dosages given: \_\_\_\_\_  
Times to be given (usually given at breakfast, lunch, 4:00, dinner or bedtime): \_\_\_\_\_  
Duration of treatment: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_  
Medications begun: \_\_\_\_\_; Date dosage was last changed \_\_\_\_\_  
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Any other medications child takes during the school year, but not used for camp? (list) \_\_\_\_\_

**Nonprescription Medications** (must be in original container)  Takes no medications on routine basis  
See www.ymcacampwillson.org for a list of YMCA stocked nonprescription medications.

Nonprescription taken now: \_\_\_\_\_  
Dosage, specific times taken each day: \_\_\_\_\_  
Reason for taking & any special instructions (attach additional sheet as needed): \_\_\_\_\_

**Immunization History: (List most recent applicable dated, Mo/Yr)**

_____ DTaP/Tdap/Tetanus	_____ MMR (or individually)	_____ Varicella (chicken pox),	Had Chicken Pox? Y N
_____ Hepatitis B	_____ Hepatitis A	_____ Haemophilus influenza B	
_____ Pneumococcal (PCV)	_____ Polio (IPV)	_____ Meningococcal meningitis	

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last physical examination: \_\_\_\_\_ All participants must have had a physical in the last 24 months. Written evidence is not required.

Camper is covered by family medical/hospital insurance?  yes;  no Insurance Co. \_\_\_\_\_  
ID# \_\_\_\_\_ Group # \_\_\_\_\_; Insurance Co. phone number(s): \_\_\_\_\_  
Insurance Coverage Subscriber Name (Policy Holder) \_\_\_\_\_ Birth date of Policy Holder: \_\_\_\_\_  
Company address for claims: \_\_\_\_\_

**THE YMCA DOES NOT PROVIDE ACCIDENT/HEALTH INSURANCE.**  
Please attach a copy (both sides) of your health insurance card (required by our Doctor's Office).  
↓ **IMPORTANT—THIS BOX MUST BE COMPLETED FOR ATTENDANCE** ↓

- I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ Give the YMCA permission to:
1. Dispense \_\_\_\_\_ Ibuprofen or, \_\_\_\_\_ Acetaminophen (Tylenol) to camper (check preference). Dosage: \_\_\_\_\_
  2. Dispense medication(s) brought to Camp by parent/guardian or prescribed by a physician while in attendance.
  3. Without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my or my child's image or voice for purposes of art, advertising, education, or promotion, or for any other purpose consistent with the YMCA Mission, and release the camp from any claim or liability to that use. The images become the exclusive property of the YMCA. I waive all rights to inspect &/or approve any text that may be used in conjunction with the media and the use to which it may be applied.
  4. Agree to hold harmless the YMCA, its agents, and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a YMCA sponsored activity on or off the YMCA premises.
  5. Give permission for the YMCA to transport the camper as needed.
  6. Give permission, as necessary, to search a camper's belongings when the health, well-being or safety of the camper or others require it.

**Permission to Provide Necessary Treatment or Emergency Care:** This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the staff about my child's health status.

**Signature of parent or guardian** or adult camper/staff \_\_\_\_\_ Date: \_\_\_\_\_  
(must be signed in ink, in presence of notary, if notarizing\*)

Witness/ Notary Public Signature \_\_\_\_\_  
Sworn before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. My commission expires \_\_\_\_\_.

If for religious reasons you cannot sign this, please contact the Camp Director at 1-800-423-0427.  
\*Notarization of this form is not required, except for specific programs. Without notarization, in the event of accident or illness and the parent/guardian cannot be reached by telephone, the child may not be treated or treatment may be delayed. Notarization expedites the process, although treatment may be delayed. Regardless of notarization, the form must be signed in ink. Your child will be treated in the event of life-threatening conditions. All reasonable means to contact the parents will be made.

**EQUINE (HORSEBACK RIDING)ACTIVITY WAIVER/RELEASE**  
*Required for all Ranch, Jr. Wrangler, Horseback Riding Lessons and Trail Ride participants*

I, \_\_\_\_\_, am over 18 years of age and am the (parent, guardian, custodian or other legal representative) of \_\_\_\_\_, a minor, age \_\_\_\_\_. I acknowledge that YMCA Camp Willson is sponsoring equine activities (riding or otherwise handling horses, ponies, mules or donkeys whether from the ground or mounted), at YMCA Camp Willson in which I wish (child's name) \_\_\_\_\_ to participate. I recognize and acknowledge that my child's participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my child's participation in the above described activities and waive any and all claims for tort or civil actions of any kind which my child, I or my heirs, personal representatives and next of kin may have or which may arise against YMCA Camp Willson as a result of my child's participation in such equine activities. On behalf of my child, myself, my heirs, personal representatives and next of kin, I hereby release and discharge YMCA Camp Willson, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, my child's participation in such equine activities.

I understand this Waiver and Release shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to: YMCA Camp Willson 2732 County Road 11 Bellefontaine, OH 43311-9382  
**I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.**

\_\_\_\_\_  
 Parent or adult participant signature (must be signed in ink) Address: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name Date Witness/2nd parent signature Date

**Challenge Course Facility Assumption of Risk and Release of Liability**  
*High Ropes is available to campers enrolled in Trailblazers, Adventurers, Frontier, Teen Camp, Ranch, CIT's Trips, Garage Band, and Sports Camp for 13—15 year olds.*

I understand that my / my child's participation in programs offered by YMCA Camp Willson is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use engaging, teaching techniques, but that my participation is purely voluntary. At all times I/my child will choose my level of participation in any activity.

I understand that climbing, high ropes course, ground initiatives, and other activities in the program for which I/my child have enrolled, entails certain risks. Those risks can include increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of other serious injuries. I elect to participate/have my child participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my /his/her participation, and do hereby release YMCA of Central OH, Camp Willson and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program, regardless of the cause. Should I/my child be injured during this training, I hereby authorize any medical care that is deemed in my best interest.

I furthermore agree to follow the YMCA's safety and facilitation techniques as taught and illustrated during the facilitation training in which I am a participant. I understand that if I vary from these techniques that I may be liable in the event of injury, physical, emotional or otherwise. This portion of the agreement shall be in effect from this day forward.

My child and/or I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I have informed YMCA Camp Willson trainers in writing on the reverse of this form of any relevant medical conditions that could affect my participation in this program. I am signing this form of my own free will and I am not under duress to sign this form.

\_\_\_\_\_  
 Signature of Participant (required) Date Age  
 \_\_\_\_\_  
 If under 18, Signature of Parent/Guardian Date Printed Name of Parent

## CLOTHING EQUIPMENT LIST

When you pack to come to camp, list quantities in the column labeled "Items brought". Tape the list on the inside of your suitcase. On the last day of camp, ask your counselor to help you mark the list in the column labeled "Taking Home" and make sure you bring everything home. The following are items we suggest. It is not necessary to have a complete change of clothes for every day. *Older play clothes and clothes campers enjoy wearing are recommended.*

Put names on all items, including sleeping bag & luggage      Items brought      Taking home

Sleeping bag or blankets (suggest 2 or more) + sheets		
Pillow		
Jacket or heavy sweater		
Sweatshirt + long sleeve collared shirt (mosquito control)		
Shoes or boots with a defined heel (horseback riding)		
Tennis Shoes (suggest 2 pair, not flip flops)		
Shorts		
T-Shirts		
Socks and underwear		
Jeans or Pants		
Flip flops (shower/swim only) and sport sandals (for activities)		
Raincoat or poncho		
Conservative Swim suit (suggest 2)		
Pajamas		
Toothbrush, paste, washcloth, soap, shampoo, comb in bag/caddie/carrier to carry to restroom		
Shower towel, beach towel		
Water Bottle (wide mouth for ice) can purchase bottle in camp store)		
Stationary, stamps, pen & paper		
Flashlight & batteries		
Books and activity books for rest hour		
Insect Repellent (30-70% DEET, Deep Woods preferred, non-aerosol)		
Sunscreen SPF 15 or higher		
Laundry Bag (for dirty clothes)		
Tee shirt or clothing for tie dye (optional)		

On Sunday, arrive at camp with your swimsuit and towel on or in hand. A swim assessment will immediately follow check-in. (does not apply to Ranch, Trailblazers, Teen Camp. Swim Check is done at a different time).

### Do Not Bring:

- × Cell phones
- × CD players, Ipod or other music systems
- × Video Games or other electronic devices
- × Money (separate from store account)
- × Spray Cans (roll-ons & pumps are OK)
- × Candy, gum or other food items
- × Knives
- × Firearms, fireworks
- × Alcohol, tobacco, drugs
- × Animals
- × Valuables (jewelry)
- × Sports Equipment unless in a specialty camp that requires it.

**The YMCA is not responsible for camper clothing or equipment. Please put your name on everything!**

Campers with bedwetting issues may want to bring an additional set of sheets and an easy to wash, lightweight sleeping bag. For Campers staying more than one week, **Laundry Service** is available at a charge of \$4.00-\$8.00 (Fees paid from store account.)

### Supplemental Equipment List for Specialty Camps / Trips

*Campers in Frontier, Adventurers, and Sports Camps will have the option to have a limited amount of money taken from their store account for spending money on out-of-camp trips. Additional money should not be sent with the camper!*

#### Frontier and Adventurers

- Insect Repellent (at least 50% DEET)
- Wide brimmed hat to protect against too much sun
- Sunscreen (SPF 15 or higher)
- Sunglasses (optional)
- Elastic eyeglass band (croakies)
- Old tennis shoes or sport sandals for use on the river (cannot use flip flops)
- Small bag for toiletries
- Wide mouth water bottle
- Notarized Health Form

#### Frontier (2 weekers)

- Sleeping bag in stuff sack
- Additional duffel bag for personal gear on the 3 day trip

#### Sports Camp

- Extra socks and shirts
- Wide mouth water bottle (16-20 oz)
- Softball glove (name on glove)
- \* Do not bring new shoes!

#### Horseback Riding Programs

- Boots/shoes (with a defined heel)
- Wide mouth water bottle (16-20 oz)
- Long pants (can be worn multiple days)

#### Garage Band:

- Instrument(s) - in good working order
- Replacement equipment (full set of strings, picks, drum sticks etc.)

#### Drama Camp

- Costumes/props if desired as the campers make up their own skits (nothing specific).

**Trips:** An additional confirmation packet will be sent to you.

#### Fishing Camp (Available at WalMart)

- Rod & Reel, 6-8# line or less
- Tackle box
- 1 pack Jig heads 1/32 oz., (lead ball & hook)
- 1 pack 2" Plastic white twisters
- 6" black plastic worms (10)
- 2 Bobbers, stick type
- Hat (sun & hook protection)
- Old sneakers/sport sandals/water shoes
- Sunscreen/sunglasses
- Elastic Eyeglass band (if applicable)

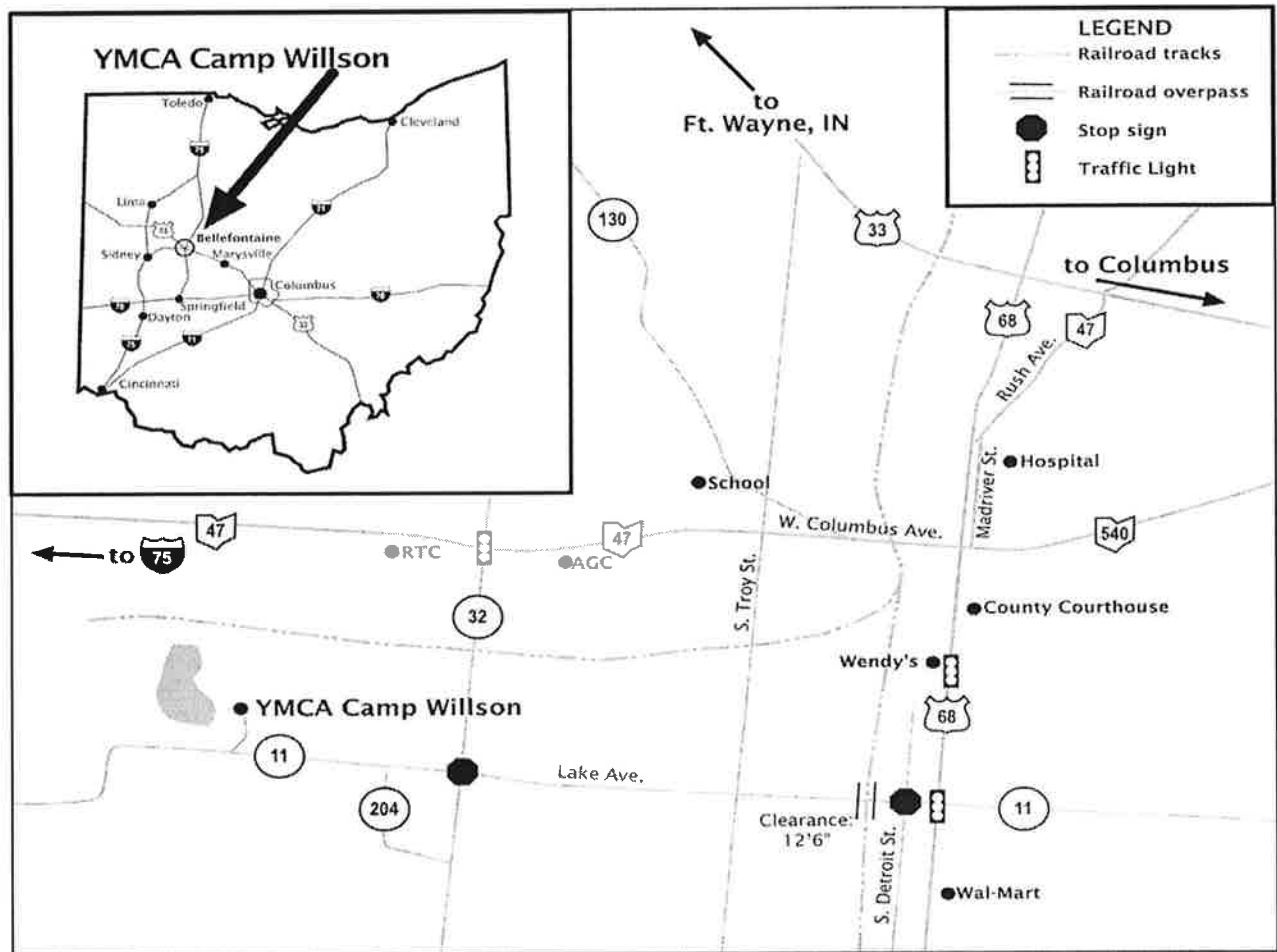
## Directions to YMCA Camp Willson

**From Columbus:** Starting at the northwest corner of I-270 (Dublin area), take SR 33 northwest past Marysville to Bellefontaine. Take SR 68 (3<sup>rd</sup> Bellefontaine exit) south (left) through downtown Bellefontaine. Follow directions for Bellefontaine listed below. *Time: about 50 minutes from I-270 & SR 33.*

**From Toledo:** Take I-75 south toward Findlay. Take Exit 156 (SR 15) south to SR 68 (toward Kenton). Follow SR 68 south approximately 50 miles to Bellefontaine. From here, follow directions for Bellefontaine listed below. *Time: about 2 hours.*

**From Cincinnati/Dayton:** Take I-75 north to Sidney. Exit onto SR 47 East (toward Bellefontaine, exit 92). Follow SR 47 east approximately 25 miles to County Road 32 (traffic light at RTC, but before the sign for AGC (factory)). Turn right onto CR 32 and follow 1 mile to CR 11. At the stop sign turn right and follow CR 11 one mile to Camp Willson entrance (on the right). Follow access road to camp office. Note: if you miss CR 32, go into Bellefontaine, turn right onto SR 68 and follow directions from SR 68 listed below. *Time: about 1 hour 15 minutes from Dayton.*

**Once in Bellefontaine:** From the north, take SR 68 south through Bellefontaine. Continue to the traffic light at CR 11/Lake Ave. (marked both ways). This is one traffic light south of Wendy's fast food restaurant. Turn right (west) at this light and go 2.7 miles to camp entrance. Camp is on the right. Follow access road to camp office.



**YMCA Camp Willson** 2732 County Road 11, Bellefontaine OH 43311  
937-593-9001 800-423-0427

Visit our website [www.ymcacampwillson.org](http://www.ymcacampwillson.org) for Mapquest directions from your location!