

**2010 Resident Camper Application**  
**Complete and return to:**  
 WEWA, 221 S. Binion Rd., Apopka FL 32703  
 Phone (407)886-1240 Fax (407)886-3736  
 wewa@cfymca.org www.ymcawewa.org

**OFFICE USE ONLY**  
 Date Received \_\_\_\_\_  
 Session(s) \_\_\_\_\_  
 Health Forms Turned in YES NO

**Print or Type** Returning Wewa Camper Yes No How many years? \_\_\_\_\_ Please complete this application in its entirety.

**Camper's Full Name** \_\_\_\_\_ **Send a separate application for each camper.**

Preferred 1st Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age (at camp) \_\_\_\_\_ Sex \_\_\_\_\_

Person to be Billed \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact-other than parents: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Camper's School \_\_\_\_\_ Grade as of May 2010 \_\_\_\_\_

**CABIN MATE REQUESTS** (Up to 2 and only be guaranteed if birthdays are within 1 Year) \_\_\_\_\_

**Wewa 2010 Camp Selection Form Ages 7-15 Please Circle or Mark your Sessions**

Session # Theme Dates Tier 1 - Early Bird \$899.00 - \$1798 for 2 weeks After May 15, 2010 \$949.00 - \$1898 for 2 weeks non refundable

July 18 - July 23

August 1-6

Total Fees Due.....\$ \_\_\_\_\_

**I UNDERSTAND I WILL NEED TO COMPLETE THE 4 PAGE HEALTH HISTORY FORM AND RETURN BY MAY 15!**

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release the Central Florida YMCA, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I agree to have my child examined within one year of attendance prior to the camp session attending by a licensed physician stating that he/she is free from communicable disease and has not been exposed to such. Health History forms, Physical Examination and Immunization records are required, and are due by May 15th. I also agree to have the camp staff perform a general health check of my camper at the time of arrival.

I hereby give permission to the camp to provide routine health care, administer prescribed medications and medications according to Standing Orders by a licensed physician, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation from me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. The Central Florida YMCA reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other campers. I give my permission to the Central Florida YMCA and TLC to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/ my child's image or voice for the purposes of promoting or interpreting Central Florida YMCA programs. I hereby give YMCA and TLC permission to Treat and also permission to release and discuss mental health information with YMCA counselors and TLC Counselors and Student Interns. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or others) may be present. No refunds or prorates will be given.

**Accommodation Clause:**

The YMCA of Central Florida will provide reasonable accommodation to students with disabilities, provided these accommodations do not pose undue hardship on the organization or jeopardize the safety of other students or employees. Management reserves the right to make all program-related decisions on reasonable accommodations. The YMCA of Central Florida's goal is to be as inclusive as possible in providing recreational opportunities for all youth. By enrolling your child in the program, you agree your child is physically fit, has the skill level required to participate, is able to use restroom facilities with minimal assistance, and is able to eat meals and snacks unassisted. If there are questions regarding your child's ability to participate in the program, the YMCA of Central Florida may require an individualized assessment. Please note that we are not able to provide one-on-one supervision of your child.

I have read and understand the Parent Handbook. I understand and agree to abide by the policies stated within. (Please contact the camp office for a copy or download from [www.ymcawewa.org](http://www.ymcawewa.org).)

**Camp Fee Information:** All "Resident Camp" Sessions can hold a spot with a \$150 deposit if registering prior to May 1st. Full payment due by May 15th. I understand that YMCA Camp Wewa must receive an application, camp selection form, and deposit in order to register a camper for any session; no discounts or reductions may be applied to the nonrefundable deposit of \$150 per session. The total fees for the respective session (less the deposit, discounts, credits and/or scholarships) are due by May 15th. A \$25 late fee will be charged to your account for any late payments and/or forms. Cancellation made in writing and postmarked by March 15th will be eligible for a refund of fees paid toward the season. There will be no refund of deposit made on cancellations after March 15th and a \$25 processing fee will be charged for any session changes made after March 15th. Cancellations within 2 weeks of the session(s) registered for may result in liability for all fees. I understand that there will be no refunds given for Central Florida YMCA Camp Wewa Programs after March 15th. I also understand that no credits will be given for days missed, late arrival or early departure during any Central Florida YMCA Camping Services Programs.

I understand that each camp in which my child is enrolled may have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials. I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.

Camper Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# CAMP WEWA

WHERE OUTDOOR ADVENTURE BEGINS

## HEALTH HISTORY AND EXAMINATION FORM FOR CHILDREN, YOUTH, AND ADULTS ATTENDING CAMP WEWA

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors or by adults themselves.

### UPDATE REQUIRED ANNUALLY

HEALTH EXAM must be completed by a licensed medical personnel no more than 12 months prior to participant's camp attendance.

Dates of Camp Attendance

___/___/___	-	___/___/___
___/___/___	-	___/___/___
___/___/___	-	___/___/___

This form MUST be mailed to the Camp Office two weeks prior but not more than 6 months prior to camper's attendance at camp.

YMCA CAMP WEWA

Mail this form to: 221 S. BIXION ROAD

APOPKA, FL 32703

PH 407-886-1240

FX 407-886-3735

Year

Cabin or Group

Camper Name

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Gender: M F

Home Address \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Custodial parent/guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact or Second parent/guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Emergency Contact (if both of the above are unavailable in an emergency):

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Photocopy of front and back of health insurance card must be attached to this form.*

## IMPORTANT - THESE BOXES MUST BE COMPLETE FOR ATTENDANCE\*

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation from me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

\* If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

## HEALTH HISTORY

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participants arrival in camp. Provide complete information so that the camp can be aware of your needs.

**ALLERGIES** List all known. Describe reaction and management of the reaction.

Medical allergies (list)

_____	_____
_____	_____
_____	_____

Food Allergies (list)

_____	_____
_____	_____

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____

## MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_

## RESTRICTIONS

The following restrictions apply to this individual.

Dietary

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitation are necessary)

_____
_____



# HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on \_\_\_\_/\_\_\_\_/\_\_\_\_. (YMCA Camp Wewa requires an annual exam, no more than 12 months before participant arrives at camp.)

BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In my opinion, the above applicant is/is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECOMMENDATIONS AND RESTRICTIONS AT CAMP

Treatment to be continued at camp

\_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency)

\_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions

\_\_\_\_\_

Known allergies

\_\_\_\_\_

Description of any limitations or restriction on camp activities

\_\_\_\_\_

Additional information for health care staff at the camp

\_\_\_\_\_

<b>Signature of Licensed Medical Personnel</b> _____
Printed _____ Title _____
Address _____
Phone (____) _____ - _____ Date ____/____/____

### For camp use only

<b>Screening Record</b>
Date Screened ____/____/____ Time ____:____ am pm
Meds Received _____
Updates/additions to health history noted      Yes      No      None required
Current health needs identified _____
Observational notes _____
Screened by _____

**Insurance Information:**

Is the participant covered by family medical/hospital insurance?    Yes    No

Family Physician/Clinic: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/orthodontist: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

**Authorization to Remove Child from camp:**

FATHER:            YES \_\_\_ NO \_\_\_

MOTHER: YES \_\_\_ NO \_\_\_

If NO, documentation)

**Waiver**

This health history is correct and complete as far as I know. I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release Total Life Counseling, Inc. and the Central Florida YMCA, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in Total Life Counseling or YMCA activities, whether on or off YMCA premises. I agree to have my child examined within one year of attendance prior to the camp session attending by a licensed physician stating that he/she is free from communicable disease and has not been exposed to such. Physical Examination forms, available at [www.ymcawewa.org](http://www.ymcawewa.org), and immunization records are required, and are due by May 15th. I also agree to have the camp staff perform a general health check of my camper at the time of arrival.

I hereby give permission to the camp to provide routine health care, administer prescribed medications and medications according to Standing Orders by a licensed physician, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation from me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

The Central Florida YMCA reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other campers. I give my permission to the Total Life Counseling Center, Inc. and Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting Total Life Counseling, Inc. and Central Florida YMCA programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or others) may be present. No refunds or prorates will be given.

I have read and understand the Parent Handbook. I understand and agree to abide by the policies stated within. (Please contact the camp office for a copy or download from [www.ymcawewa.org](http://www.ymcawewa.org).)

**Camp Fee Information:** All "Resident Camp" Sessions can hold a spot with a \$150 deposit if registering prior to May 1st. Full payment due by May 15th. I understand that YMCA Camp Wewa must receive an application, camp selection form, and deposit (Resident Camp only) or full payment (Day Camp) in order to register a camper for any session; no discounts or reductions may be applied to the non-refundable deposit of \$150 per session. The total fees for the respective session (less the deposit, discounts, credits and/or scholarships) are due by May 15th. A \$25 late fee will be charged to your account for any late payments and/or forms. Cancellation made in writing and postmarked by March 15th will be eligible for a refund of fees paid toward the season. There will be no refund of deposit made on cancellations after March 15th and a \$25 processing fee will be charged for any session changes made after March 15th. Cancellations within 2 weeks of the session(s) registered for may result in liability for all fees. I understand that there will be no refunds given for Total Life Counseling, Inc. and Central Florida YMCA Camp Wewa Programs after March 15th. I also understand that no credits will be given for days missed, late arrival or early departure during any Central Florida YMCA Camping Services Programs.

I understand that each camp in which my child is enrolled may have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials. I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

# YMCA Camp Wewa Parent Information Packet

## Cabin Group Placement

Cabin assignments will be made on the basis of age and sex. Requests for one individual for your child to room with (must be the same age) will be granted. The person requested must request your child also, if not or if more than one camper is requested, we may not be able to honor the request.

## Daily Schedule

A typical day for regular camp program is as follows:

7:30 am	Wake-up	1:00pm	Rest Period
8:00	Chapel Devotion	2:00	Cabin Swim/Trading Post
8:15	Breakfast	4:00	Cabin Group Activity
8:45	Cabin Area Clean-Up	6:00	Dinner
9:30	1 <sup>st</sup> Activity	7:00	Evening Activity
10:30	2 <sup>nd</sup> Activity	8:45	Twilight Talk
11:30	3 <sup>rd</sup> Activity	9:30	Optional Ragers program
12:30pm	Lunch	9:45pm	Cabin Devotions/Lights out

## Our Counselors

Each year we strive to select young men and women for their Christian motivation, and who have displayed a sincere interest in and concern for the well being of children and our environment. A period of intense training provides skills in the techniques of counseling, group work, and program activities. Share whatever you feel will help the counselor do a better job with your camper including behavior challenges, fears, medical concerns, and/or significant family issues. All staff and volunteers are background checked.

**TIPS**—Our staff may not accept tips or gifts. Contributions to our Youth Scholarship Program on behalf of a staff member are most welcome.

## Keep in touch with your camper

Campers LOVE mail! Encourage everyone to write. Most campers find letter writing a real chore, and are often too busy to “find time.” You can be sure that the trip home and the weeks that follow will be filled with their adventures. Stress happy events when you write. Ask about activities and new friends and try to avoid talking too much of home life as sometimes this sparks homesickness.

**MAIL DELIVERY:** Campers receive their mail daily. Care packages are nice for campers to receive as well. Camp Wewa has teamed up with Sealed With A Kiss care package company for your convenience. Please visit our web site at [www.ymcawewa.org](http://www.ymcawewa.org) for more links. If you choose to send one, please do not include gum, soda, or food of any kind. Due to health regulations, all food products will be confiscated and not returned so please do not send them. All mail will be opened in front of staff. Any inappropriate items will be confiscated and not returned. Please note that we DO NOT forward or return any packages that arrive after your camper leaves. There is NO MAIL DELIVERY on Friday—closing day. Please send all mail to this address—Camper’s Name, Cabin Name, YMCA Camp Wewa, 221 South Binion Rd. Apopka, FL 32703.

**TELEPHONE:** Campers cannot receive or place phone calls while at camp. Any messages that need to be relayed to a camper or to the parents will be done through our Directors.

**E-MAILS/FAXES:** Camper’s ARE NOT ALLOWED to send or to receive faxes. All e-mails must be sent through our link with Bunk1 on our website ([www.ymcawewa.org](http://www.ymcawewa.org)).

**DIGITAL PHOTOS:** We will be taking digital photos again this summer where you can go on-line to a secure web site, view and purchase photos of your child at camp. More information on our collaboration with Bunk1 will be available at camp registration.

## Trading Post Accounts

Trading Post funds are automatically included in the camp fees. We will provide any drink and food item from the Trading Post on a daily basis as well as provide them with a Wewa Water Bottle and cover any incidental expenses (ie. emergency laundry expenses). Campers do not handle cash and are not allowed to keep cash in their cabins. Cash will only be accepted on Opening Day and Closing Day where parents and campers will have the opportunity to purchase Wewa Wear.

## What to bring to camp

### DRESS

Life at Camp Wewa is informal! Send typical play clothes—the kind you can afford to lose or don’t mind getting really dirty. We recommend a one-piece swimsuit as well for the girls.

### BUG REPELLANT

During the summer in Florida, bugs are everywhere. Because campers spend much of their time outdoors, bug repellent is a MUST.

## PERSONAL GEAR/NAME TAG

Please put your camper's name on everything. Personal belongings must be clearly marked. We can assume no responsibility for them. **USE FIRST AND LAST NAMES.** Lost and found is sorted at the end of each session. It is retained for one week after each session and then it is taken to the Good Will. We cannot mail lost items to you, please check the lost and found box in the dining hall if something is lost upon leaving. We are not responsible for items lost or stolen so please do not send valuables.

## LAUNDRY

Laundry service is now available at camp for Wewa Weekend participants and is included in your camp fee.

### WHAT TO BRING . . . (Suggested list)

Light weight sleeping bag or blanket

Pillow and pillowcase

Laundry bag

Sheets

Clip-on clothespins

Flashlight

Backpack

Extra bedding in case of accident

Rain gear

2 Swimsuits

5 T-shirts

2 Long-sleeve shirts

1-Wk supply of underwear

6 Pairs of socks

2 Pairs of jeans/long pants

We encourage campers that play the acoustic guitar to bring them to camp but please remember that you do so at your own risk. Safe storage will be provided if requested.

3 Pairs of shorts

2 Pairs of tennis shoes

Pajamas/robe

Flip-flops/water sandals

2 Bath towels

Swimming towel

2 Washcloths

Toothbrush & toothpaste

Soap/Shampoo/Conditioner

Comb/Brush

Deodorant

Insect repellent

Sunscreen

Disposable camera

Stuffed Animals

Books, etc. for quiet time

### WHAT NOT TO BRING:

Cell phones

Propane powered hair curlers

Radio/Walkman

CD players

Electronic games

TVs

Any of these items and any other item deemed unacceptable by the Directors will be immediately confiscated. Controlled substances or fireworks are prohibited. Possession or use of controlled substances, alcohol, tobacco, or fireworks will result in immediate dismissal from camp, without a refund.

Expensive cameras or watches

Rifles/Ammunition

Knives/Hunting/fishing knives

Beverages/food

Bicycles/rollerblades

Pornographic materials

## Travel Information

**DIRECTIONS:** From I-4: Take the S.R. 436 Exit. Go WEST on 436 until it intersects 441. Go NORTH on 441 through Apopka. Turn left on Lakeview (3<sup>rd</sup> stop light after the 429/441 intersection). Go to the end of Lakeview and turn left on Binion Rd. The camp will be a mile down on the left. From Florida Turnpike: Go NORTH on the Turnpike to Toll Road 429 NORTH. Go to the end of 429 where it intersects Hwy. 441. Turn left on 441 and go to Lakeview (3<sup>rd</sup> stop light after the 429/441 intersection) where you will turn left again. Go to the end of Lakeview and turn left on Binion Rd. The camp will be a mile down on the left.

## Arrival and Departure Procedures

**ARRIVAL:** Sunday between 1:30-3:00 pm. All campers need to arrive at that time. Please do not arrive early! Some of our staff is dismissed on weekends between sessions and is not available to greet early arrivals. When you arrive, a member of our staff will meet you where you will receive a map of the camp and direct you to the Dining Hall for Check-In. At the Dining Hall, you will receive further instructions. Please keep in mind that **YOU MUST CHECK-IN WITH THE NURSE AND ADMINISTRATION STAFF.** NOTE: After check-in you will need to put your child's bags in the camp van or truck in the parking lot and we will bring it to their cabin. You and your child will need to walk to their cabin from the parking lot. **DO NOT DRIVE INTO CAMP.**

## SWIM EVALUATIONS

Each camper's swimming ability will be evaluated on opening day. Everyone must have a swim evaluation. Boating/skiing options correlate with swimming capabilities.

## DEPARTURE

Parents are encouraged to come at 1:45pm and join us for the closing ceremonies at 2pm. Checkout is from 2:30-4:00pm. Campers will be ready to leave right after the Closing Ceremony. It is important they be picked up before 4:00pm as that is the time most of our staff begin their time off. **YOU MUST CHECK YOUR CAMPER OUT PERSONALLY WITH THEIR COUNSELOR!** We must have written permission to let them leave with someone else. Please send a note to the Director indicating the name(s) of the person(s) who have permission to pick up your child. Please have a photo ID with you for anyone picking up a child at Camp Wewa will be asked to see their ID before any child is

released. PLEASE REMEMBER TO PICK UP ANY MEDICATION BEFORE YOU LEAVE AT THE INFIRMARY AND DOUBLE CHECK FOR MISSING POSSESSIONS IN THE DINNING HALL. NOTE: In inclement weather, such as thunderstorm, check-in and out procedures will be modified. We appreciate your patience on these days!

#### **PARENT EVALUATION**

At the end of the summer you will receive a parent evaluation. Your feelings and impressions are important to our commitment to quality camping. Please complete this evaluation and return it promptly, as all comments are considered by our program committee and help us plan for the following year.

#### **Visitation Policy**

No visitors please. This policy results in an improved program and is partially responsible for the elimination of homesickness problems.

#### **Wewa Weekends**

Campers who are staying between sessions may stay for a Wewa Weekend. Wewa Weekends include supervised activities and meals. There is an additional fee if they stay and they need to be registered for this program in advance. Free laundry service is included for all Wewa Weekend campers.

#### **HOMESICKNESS**

Remember when you were homesick? You survived and so will your camper. We'll work with them and help adjust to this new feeling. Please don't rush to camp if the "Help-Come Get Me" letter arrives. In most cases, by the time you get the letter, the problem will have passed. If you feel a concern, however, don't hesitate to call the Camp Director. It is important that your camper understand that they may not leave camp during the session without the knowledge and permission of the Camp Director. Our policy in cases of campers who leave without permission is to notify you as well as the local law enforcement officials. Parents are contacted in severe or prolonged cases.

#### **BEDWETTING**

If your camper periodically experiences bedwetting, please be sure we know about it. Talk with their counselor. Be sure to include a plastic mattress cover with the extra bedding you send along. We want to make their stay here as comfortable as possible.

#### **Photographs**

Many pictures are taken each summer. Often they are used in camp promotion pieces and placed on our web site. If you DO NOT want your camper in these photos, a separate letter must be sent to the Camp Director. Again, if we do not hear from you prior to your camper's arrival, we will assume that you have given your permission. Photos can be viewed and purchased at [www.ymcawewa.org](http://www.ymcawewa.org).

#### **Camper Health Forms**

Please complete this very important form completely and accurately. DO NOT PERMIT THE CAMPER TO FILL OUT THE FORM. The form asks you for information that will assist us in caring for your child's health and provides us with vital information in case of illness or accident. A physical by a health professional is required within one year of your camper's arrival at camp. PLEASE RETURN the Health Form at no later than May 15<sup>th</sup>. Late forms will result in a \$25 late fee and possible drop from the camp session.

#### **Important Health & Camp Policy Information**

##### **HEALTH CARE PROCEEDURES**

The camp infirmary is supervised by a registered nurse and/or the Camp Director. Our counselors are all required to have current First Aid and CPR/AED training. Our infirmary is equipped with all necessary and routine over-the-counter medications. We accept only prescription medications prescribed by a doctor upon arrival at camp. These will be administered to your child by our health care staff. Please don't bring basic items that are already on hand at the infirmary.

If an emergency trip to the hospital or a doctor is necessary, a staff member will accompany your child and one of our staff will contact you as soon as possible. You will be expected to meet your child at the hospital and are responsible for any follow-up appointments that may be necessary. You and a physician must release your child in order to come back to camp. If your child becomes ill and a non-emergency visit to a doctor is needed, you will be contacted and asked to transport your child to the doctor.

##### **INSURANCE COVERAGE**

Medical charges for any illness or injury at camp are your responsibility. Bills will be sent to you for submission to your insurance carrier. Be sure the name of the carrier and your policy number appear on the medical form! This procedure will prevent paying for the coverage twice.

##### **MEDICATION**

**ALL MEDICATIONS MUST BE TURNED IN TO THE HEALTH DIRECTOR DURING THE CHECK-IN DAY SCREENING.** This includes all vitamins, over the counter drugs, etc. NO MEDICATION will be accepted unless it is in a properly labeled container including:

1. The Camper's Name
2. The Prescription Number
3. The identification of the medication
4. The proper dosage
5. The date it was dispensed

6. Complete instruction for use
7. The doctor's name.

**CAMPERS USING INHALERS MUST BRING 2 INHALERS WITH THEM.**

Medications not picked up after camp will be held for two weeks and then discarded.

#### **ADHA MEDICATIONS**

Hyperactive children on medications are not uncommon at camp. Normally these children present no special problem. However, these children do become a problem when a doctor or parent decides to change, reduce, or suspend the child's medication right before sending them to camp. Children often have very dramatic behavior changes when their medication is adjusted or suspended. This is not the time to send a child to camp. Children with severe behavior disorders or whose medications do not substantially modify their behavioral disorder, do not do well in a camp environment and parents should consult the Camp Director prior to enrollment.

#### **DIETARY RESTRICTIONS**

Please let the Camp Director know at the time of registration of any dietary restrictions your child may have. It is important to get this information to us so that we may inform the kitchen of any special menus that need to be prepared. Please include information of vegetarians as well.

#### **ALLERGIES**

Please notify us if your child has any allergies, especially insect or food.

#### **Payment Procedures**

##### **DEPOSIT AND BALANCE OF FEES**

A \$150/session non-refundable deposit is required with each registration. The balance of the session(s) fees must be received by May 15<sup>th</sup> in order for your child to attend. A \$25 late fee will be assessed to your account for any late payment or forms. If you register after the deadline date, you must register in full. The balance may be paid in installments if desired. Please contact the camp office at (407) 886-1240. Please note there will be a \$30 service charge assessed to your account for any checks returned by the bank for insufficient funds. Failure to pay your balance will result in your child being dropped for the program.

#### **FINANCIAL ASSISTANCE**

YMCA Camp Wewa Youth Scholarship Fund offers services to all that desire to participate regardless of ability to pay. Scholarship assistance is available on a sliding scale and reviewed by the Camp Director on an individual need basis. Scholarship applications are available at [www.ymcawewa.org](http://www.ymcawewa.org).

#### **DISCOUNTS/BONUS BUCKS**

**Bring-A-Friend** – Campers can earn \$25.00 toward their camp fee for each new friend they get to sign up (Someone who has not attended Wewa before).

**Early Bird Discount** – Campers can earn a \$25.00 Trading Post Bucks for registering before December 31<sup>st</sup>.

**Multi-Family Discount** – Families can earn \$25.00 for each additional child sent to camp.

**Host a Wewa Video Party** and receive a 10% discount for every new camper that signs up! Contact the Camp Director for more information.

#### **REFUND POLICY**

Cancellations made in writing and received at YMCA Camp Wewa by March 15<sup>th</sup> will be eligible for a refund of fees paid toward the season. There will be no refund of deposit made on cancellations after March 15<sup>th</sup>. A \$25 processing fee will be charged for any session change made after March 15<sup>th</sup>.

#### **BEHAVIOR POLICY**

A camper may be asked to leave camp if his/her behavior interferes with the camping experience of others. No refund is made in this situation!

#### **Confidentiality Agreement**

All information contained within your child's file and all conversation is considered confidential. The program is restricted by law from releasing confidential information on any individual, agency, or school district without first obtaining permission from the parent to do so. Any names, addresses, phone numbers or other confidential information will only be used by YMCA Camp Wewa for marketing purposes.

**FROM Tampa / St. Petersburg:**

- ▲ Merge onto I-4 East towards ORLANDO.
- ▲ Merge onto FL-429 N (Exit 60) towards APOPKA (toll road)
- ▲ At end of highway, Merge onto W ORANGE BLOSSOM TRL/US-441 N via to the left
- ▲ Turn LEFT onto LAKEVIEW RD.
- ▲ Turn LEFT onto S BINION RD/CR-437
- ▲ End at 221 S BINION RD APOPKA FL (Left Hand Side)

**FROM Miami / Ft Lauderdale / Palm Beach:**

- ▲ Merge onto FLORIDA'S TURNPIKE N towards Orlando.
- ▲ Merge onto FL-429 N toward APOPKA Exit 267A (toll road)
- ▲ Merge onto W ORANGE BLOSSOM TRL /US-441 N via to the left
- ▲ Turn LEFT onto LAKEVIEW RD.
- ▲ Turn LEFT onto S BINION RD/CR-437
- ▲ End at 221 S BINION RD APOPKA FL (Left Hand Side)

**FROM Jacksonville / St. Augustine:**

- ▲ Merge onto I-95 South towards Deerfield Beach
- ▲ Merge onto I-4 W via exit number 260B toward ORLANDO.
- ▲ Take the SR-436 exit- exit number 92 toward APOPKA
- ▲ FL-436 W becomes W ORANGE BLOSSOM TRL /US-441 N
- ▲ Turn LEFT onto LAKEVIEW RD.
- ▲ Turn LEFT onto S BINION RD/CR-437
- ▲ End at 221 S BINION RD APOPKA FL (Left Hand Side)

**FROM Atlanta / Valdosta / Gainesville:**

- ▲ Merge onto I-75 Southbound
- ▲ Merge onto FLORIDA'S TURNPIKE S via exit 328 toward ORLANDO
- ▲ Merge onto FL-429 N toward APOPKA Exit 267A (toll road)
- ▲ Merge onto W ORANGE BLOSSOM TRL /US-441 N via to the left
- ▲ Turn LEFT onto LAKEVIEW RD.
- ▲ Turn LEFT onto S BINION RD/CR-437
- ▲ End at 221 S BINION RD APOPKA FL (Left Hand Side)

