



# YMCA Resident Camp Peggy Lake Summer Registration

## CAMPER INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Age \_\_\_\_\_ Sex:  Male  Female

## CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_

## REGISTRATION INFORMATION

**Each WEEK Fees are: \$300.00**

Payment is due two weeks prior to week attending  
Entering Grades 1<sup>st</sup> – 8<sup>th</sup>

**CAMP Weeks: Monday – Friday**

*Please circle which week(s) your child will be attending*

Week 1       Week 2       Week 3       Week 4       Week 5  
6/11 – 6/15      6/25 – 6/29      7/9 – 7/13      7/23-7/27      8/6-8/10

### **Membership Staff Use Only**

Check Sheet: We must have the following items to register camper.

- YMCA Camp Peggy Lake Registration Form
- Parent Authorization Sheet
- Emergency Record Card
- Authorization to Administer Sunscreen and / or Insect Repellent Form
- Health History Form
- Automatic Payment Withdrawal Form
- Parents Letter to Camper's Counselor
- Letter to My Camp Counselor
- Attach a current Physical
- Immunization Shot Record or Copy of Legal Exemption

Paid by:  Check # \_\_\_\_\_  Credit Card  Cash

Packet accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

**The only type of assistance accepted is Migrant Education or YMCA Open Door Scholarship**

# Parent Authorization Sheet

I give permission for \_\_\_\_\_ to attend the YMCA Camp Peggy Lake.  
(Child's Name)

We (camper and parent) understand that it is the responsibility of each child to participate in the whole program including activities of work, play and value-sharing. We understand and support policies prohibiting children from possessing tobacco products, alcoholic beverages or unauthorized prescription or non-prescription drugs at your programs. We recognize that children must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful. Failure to adhere to program policies will be cause for child dismissal without refund of camp fees.

As a parent I understand that my child may be photographed, and such photography may be used for future program promotions. I understand my child will not be released from the program site to anyone other than the persons specified on the emergency forms. I understand that I need to allow extra time on the first day of attendance to sign that week's field trip permission form.

I am aware that my child will have the opportunity to participate in, and I approve of his/her participation in program activities involving a degree of risk. As children move into older programs, the degree of risk increases to include activities such as archery. Recognizing that the program does 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 resulting from my child's participation in any program activities.

I give my child permission to use transportation provided by the YMCA.

I have read and understand the above information and parent packet. I give my full approval and consent for my child to participate in program activities and agree to the conditions stated herein.

Parent's Name – please print: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EMERGENCY RECORD CARD



## CHILD'S INFORMATION

<b>Last Name:</b>	Date of Birth:
<b>First Name:</b>	First Day in Care:
Siblings enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Custody Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

## NAMES OF PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION

<b>Name:</b>	<b>Relationship:</b>	<b>Name:</b>	<b>Relationship:</b>
Place of Employment / Other:		Place of Employment / Other:	
Phone:		Phone:	
Physical Home Address:		Physical Home Address:	
Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:	Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:
E-mail Address:		E-mail Address:	

## PERSONS AUTHORIZED TO PICK-UP CHILD – Emergency / Routine

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations only or at other routine times. Individuals cannot be under the age of 16.

Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine

**\*\*Signature of Parent or Legal Guardian and periodic updates required below\*\***

## MEDICAL INFORMATION and RELEASE FOR MEDICAL CARE

<b>Child's Name:</b>	<b>Child Care Facility:</b>
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My child has **NO** ongoing health concerns, including allergies or ongoing medications

- OR -

My child has the following chronic health concerns:

allergies (list all):

Asthma  Diabetes  Seizures or epilepsy  Other (list):

My child takes the following ongoing medications:

### PREFERRED MEDICAL FACILITY INFORMATION

Physician's Name:	Physician's Phone (recommended):
Preferred Hospital: <input type="checkbox"/> Providence <input type="checkbox"/> Regional <input type="checkbox"/> ANMC <input type="checkbox"/> JBER <input type="checkbox"/> Other:	

I, the parent or legal guardian of \_\_\_\_\_, am verifying that this medical information is correct and complete. I hereby give the above named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Information on this Emergency Record Card must be Reviewed and Updated Semi-annually

Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial

# AUTHORIZATION TO ADMINISTER INSECT REPELLANT AND/OR SUNSCREEN

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, give permission to YMCA staff to assist my child in the application of the following items as needed during our Day Camp Program.

- Sunscreen – Coppertone SP 50
- Insect Repellant – Deep Woods OFF

I am aware that the YMCA will be providing the products stated above. If my child is allergic to the product or products provided by the YMCA I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, will supply the items below. I will label each item with my child's name. On the last day of attendance in Day Camp I will claim the items below

Sunscreen - \_\_\_\_\_  
(Name of Product)

Insect Repellant - \_\_\_\_\_  
(Name of Product)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# HEALTH HISTORY FORM

Complete and return this form to:

Anchorage Community YMCA 5353 Lake Otis Parkway Anchorage, Alaska 99507  
Phone: (907) 563-3211 Fax (907) 563-5739

Camper Name \_\_\_\_\_ [ ] M [ ] F Age \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

## **Program(s) Attending:**

[ ] Camp List Dates \_\_\_\_\_

## **Emergency Contact Information:**

We will call you in an emergency or in other situations when we have questions about your child. In the event that we are unable to contact you, please provide 2 alternative contacts for your child.

\_\_\_\_\_  
Parent/Guardian Name Daytime phone Evening phone Cell phone

\_\_\_\_\_  
Alternate/Relationship to Camper Daytime phone Evening phone Cell phone

\_\_\_\_\_  
Alternate/Relationship to Camper Daytime phone Evening phone Cell phone

## **Parent/Guardian Authorization and Consent to Treatment**

This health history is correct and complete. I understand that failure to disclose accurate information may result in my child's dismissal from the program. I hereby give permission to the camp to provide routine health care, administer prescribed and OTC 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 for 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. I also give permission to the treating physician or facility to release pertinent medical information to the camp nurse or director. I understand that even though YMCA Camp Peggy Lake collects information, it is impossible to prevent every foreseeable and unforeseeable situation that may result in injury or death as a participant in this program. I do hereby release YMCA Camp Peggy Lake, its employees, agents, and camp staff from all claims, demands, actions or causes of actions for any sort of injuries sustained during the period covered by this release whether such injuries occur on or off the camp property.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Allergy History:**

List specific allergen <i>(medications, food, insects, other)</i>	Describe reaction and what you do to prevent or treat a reaction. <i>(If you treat with medication, be sure to list that medication in the medications section AND send that along with your camper)</i>

**Bee Sting History:**

Has camper ever had an allergic reaction to bee sting?  YES  NO  
Has camper ever had to use an epi-pen?  YES  NO

**Dietary Restrictions:** list anything that is not a true allergy, but would be a preference or requirement.

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**Medications:** Please list ALL medications including over-the-counter or nonprescription drugs taken routinely. Send enough medication to last the entire time at camp. All medications **MUST** be in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration. Your description of the medication times and dosages **MUST** match those on the container.

This camper does not take any medications on a regular basis.

This camper takes the following medication during the school year, but will not continue it at camp \_\_\_\_\_

This camper takes routine medication (including non-prescription, vitamins, and ointments/creams) as follows:

Medication	Dosage	Times taken each day	Reason for Medication

**Over-the-Counter Medications:**

YMCA Camp Peggy Lake keeps the following over-the-counter medications in stock for use in treating campers with illnesses/injuries occurring at camp: Tylenol, Ibuprofen, Benadryl, Robitussin, Triaminic, Imodium, Maalox, milk of magnesia, cough drops, hydrocortisone cream, calamine and Caladryl lotion, antiseptic ointments and sprays, burn gel, bug spray, sunscreen. These medications may be dispensed to your child as deemed necessary in accordance with physician-approved treatment procedures. ***Please list any over-the-counter medications that you DO NOT want administered to your child.***

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Is camper able to swallow pills?  YES  NO

Camper's weight (for proper dosage of OTC Medication): \_\_\_\_\_

**Chronic Concerns:**

- This camper has no chronic health concerns and is capable of full participation in this program.
- This camper has the following chronic health concerns. A doctor's release to participate in camp is attached.
- Recent injury, illness, or infectious disease?                       Ever had seizures or epilepsy?
- Have a chronic or recurring illness/condition?                       Have asthma?
- Have frequent headaches?     Ever had chest pain during or after exercise?
- Have diabetes?     Ever had high blood pressure?
- Ever been knocked unconscious or head injury?                       Have bladder problems?
- Ever been diagnosed with a heart murmur?                               If female, abnormal menstrual history?
- Ever had back problems or joint problems?
- Had mononucleosis in the past 12 months?

Please explain any checked boxes: \_\_\_\_\_

**Other Concerns:** Check all that apply

- Vision, speech or hearing problems?                                       Have seasonal allergies?
- Ever had a broken bone?
- If female, began menses and bringing supplies to camp?               Other?

Please explain any checked boxes: \_\_\_\_\_

**Mental, Social and Emotional Health:**

- This camper has no remarkable mental, social or emotional health needs.
  - This camper has the following concerns:
    - Diagnosed with Attention Deficit/Hyperactivity Disorder (ADD or ADHD)
    - Psychiatric diagnosis such as depression, OCD, panic/anxiety disorder
    - Has an emotional health concern
    - Has a learning challenge (disability)
    - Has seen or is currently seeing a professional for mental/emotional health concerns
- If any of the boxes are checked, please attach a statement from child's mental health professional which:*
- 1) Describes the concern and the camper's management plan (including medication)
  - 2) Describes the behavior which would indicate to our staff that your camper needs professional referral
  - 3) Provides a recommendation for participation in our camp program from this professional.

**Insurance Information:**

Name of insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Carrier Name \_\_\_\_\_ Group Number \_\_\_\_\_ Insurance ID Number \_\_\_\_\_

Carrier Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Photo / Audio Release**

My child's photo, still or video, voice and first name may be used by YMCA Camp Peggy Lake for promotional purposes.  YES  NO

# Automatic Billing Form

## This form is to be completed for the automatic withdrawal of membership and camp dues

### Anchorage Community YMCA Automatic Billing Authorization

Membership dues are required to be on auto withdrawal, unless you do not have a credit card. Then you are required to pay three months in advance.

I hereby authorize the anchorage community YMCA to initiate debit transactions to my account indicated below, and for the financial institute named below to debit the same such account between the first (1<sup>st</sup>) and the seventh (7<sup>th</sup>) of each month for my membership. Should the YMCA receive and NSF (non-sufficient funds) On my bank account, credit card or a returned check, I realize that I am still responsible for that payment. Failure to address any NSF will result in termination of my membership.

- Auto withdrawal for Membership  
 Auto withdrawal for your camp payment

**Camp comes out on the 1<sup>st</sup> and 15<sup>th</sup> of every month  
Starting May 15<sup>th</sup> thru Aug 1<sup>st</sup>, Please Sign below**

\_\_\_\_\_  
Account Holder name (Print)

\_\_\_\_\_  
Financial Institution/Routing # (9 digits)

\_\_\_\_\_  
Account Holder Address

\_\_\_\_\_  
Bank Account #

\_\_\_\_\_  
Account Holder Phone

\_\_\_\_\_  
Credit Card (Last four digits)

Account Type:

Checking    Visa Debit    Savings    Credit Card \_\_\_\_\_  V  M  D  
(Expires)

Account Holder Signature \_\_\_\_\_



# YMCA RESIDENT CAMP PEGGY LAKE

## Parents Letter to Camper's Counselor

In order to be most helpful to your child in his/her adjustment to camp life, to better understand him/her, and direct his/her growth and development, we are asking for the following information: **This information is shared with the camp staff and will be used intelligently and in the best interest of your child.**

Campers Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

School Interests: \_\_\_\_\_

Which term would best describe your camper's health?

Robust

Normally Healthy

Below Healthy

Any illness or physical condition that might affect participation in activities? \_\_\_\_\_

Has camper been away from home before?  Y  N How long? \_\_\_\_\_

Does your camper know how to swim?  Y  If so, how well? \_\_\_\_\_

What major interests does your camper have? \_\_\_\_\_

What would you like your camper to get out of this camp experience? \_\_\_\_\_

What does your camper want to get out of their time at camp? \_\_\_\_\_

What are your major cares or concerns about your camper's experience at camp? \_\_\_\_\_

# Letter to my Counselor

Dear Counselor,

My name is: \_\_\_\_\_, I will be attending Camp Peggy Lake.

I attend: \_\_\_\_\_ School and have completed the \_\_\_\_ grade.

Members of my immediate family that live with me: \_\_\_\_\_

The things I like to do with my friends' are: \_\_\_\_\_

When I'm at school, the things I like the least are: \_\_\_\_\_

What I like the most about school is: \_\_\_\_\_

My friends describe me as: \_\_\_\_\_

The qualities I like most in people are: \_\_\_\_\_

I am worried or upset when: \_\_\_\_\_

I want to be in camp because: \_\_\_\_\_

My best friends are people who: \_\_\_\_\_

When I get to camp, the things I want to accomplish or achieve are: \_\_\_\_\_

My swimming level is:      BEGINNER                    INTERMEDIATE                    ADVANCED

I am kind of nervous about camp because: \_\_\_\_\_

I want a counselor who is: \_\_\_\_\_

My favorite food is: \_\_\_\_\_ My favorite snack is: \_\_\_\_\_

When I grow up I want to be: \_\_\_\_\_

One thing I hope we do is: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

Camper Signature

\_\_\_\_\_

Camper Printed Name



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# **Camp Peggy Lake**

## **Parent Packet** **(Info for you to keep)**

### **YMCA MISSION**

**To put Christian principles into practice through programs that build healthy spirit, mind and body for all.**

**Anchorage Community YMCA  
5353 Lake Otis Parkway  
Anchorage, AK 99507  
Camp Director Kari Kenney  
YMCA 907-563-3211  
Fax 907-563-5739  
E-Mail [kids@ymcaalaska.org](mailto:kids@ymcaalaska.org)**

# YMCA RESIDENT CAMP PEGGY LAKE PAYMENT INFORMATION

Pay by Date	For Camp Weeks		
June 1 <sup>st</sup>	Week 1	6/11 - 6/15	\$300.00
June 15 <sup>th</sup>	Week 2	6/25 - 6/29	\$300.00
July 1 <sup>st</sup>	Week 3	7/9 - 7/13	\$300.00
July 15 <sup>th</sup>	Week 4	7/23 - 7/27	\$300.00
August 1 <sup>st</sup>	Week 5	8/6 - 8/10	\$300.00

# YMCA RESIDENT CAMP PEGGY LAKE PHILOSOPHY

## General Camp Description

YMCA Camp Peggy Lake is surrounded by 320 acres of rustic wilderness located about 100 miles north of Anchorage on the Parks Highway. The camp is a wonderful setting for campers to enjoy water activities, hiking trails, forests, marshlands and the beauty of Alaska's magnificent environment. Campers engage in activities designed to develop the four YMCA Character Values of CARING, HONESTY, RESPONSIBILITY, AND RESPECT. It is also our goal to help the campers develop self-esteem, a strong sense of community and an appreciation for our natural environment.

## YMCA Camp Peggy Lake Philosophy Statement

Camp Peggy Lake is far more than cabins, tents and activity areas. Activities and facilities are merely tools we use to teach basic values. Learning activity skills is secondary to developing interpersonal ones. Camp Peggy Lake was created and continues to be fun for the benefit and the growth of the camper. We, as staff, are here for them. We believe that campers should have the opportunity to grow physically, socially, mentally and spiritually at camp in a warm, positive environment. We believe that the atmosphere necessary for growth requires a safe environment, a variety of experiences, and as much camper involvement as possible.

Campers learn by doing. We will encourage the spirit of exploration and high adventure. It is our hope that at Camp Peggy Lake, everybody wins. Individual decision-making helps campers take responsibility for themselves and learn that any decision often affects others. We believe that setting limits on behavior as they relate to health, safety or the group good is reasonable, but the reasons behind limits should be explained.

We believe that the physical environment of Camp Peggy Lake is a limited resource that should be highly valued. We will strive to encourage conservation and respect for our environment. Diversity in ethnic and socio-economic backgrounds provides a fertile ground for learning tolerance and cooperation. Campers and staff are equal citizens with differing responsibilities.

## REGISTRATION POLICIES

### Registration Requirements

The following items are required prior to your child attending camp:

- \*YMCA Camp Peggy Lake Registration Form
- \*Parent Authorization Sheet
- \*Authorization to Administer Sunscreen and/or Insect Repellent Form
- \*Health History Form
- \*Parents Letter to Camper's Counselor
- \*Letter to My Camp Counselor
- \*Current Physical & Shot Records or copy of Legal Exemption

### Cancellation Policy

Once a session begins, there will be no refunds/credits or makeup days for days missed during their session.

If your child is asked to leave camp due to a violation of a camp policy, your program fees will not be refunded. NO EXCEPTIONS.

## YMCA RESIDENT CAMP PEGGY LAKE SCHEDULES and PROCEDURES

All parents, through the Parent Authorization Sheet have agreed to abide by the following policies. Please read and understand all components and ask questions for sections that are unclear to you.

### General Transportation Policies

1. The YMCA provides transportation to and from YMCA Camp Peggy Lake from our main YMCA location.
2. The YMCA uses an insured leased school bus or public transportation.
3. The bus driver has a current CDL license, is at least 21 years of age, and evidence of the driver's good driving record is on file.
4. Each bus will be maintained in good repair, safe and free of hazards.
5. Children will never be left alone in a bus.
6. Parents are notified in advance of all fieldtrips and specific permission will be obtained for all activities of moderate risk.
7. At no time does staff transport campers in a non YMCA vehicle.
8. The YMCA will contact 911 in case of medical emergencies and transport children in a YMCA vehicle when directed by 911 medical personnel.

### **DEPARTURE TO YMCA CAMP PEGGY LAKE SCHEDULE**

The camp bus will depart from the parking lot in the back of the YMCA by 9:00 AM on the scheduled Monday.

### Departure Preparations

Prior to departing to YMCA Camp Peggy Lake all steps must be completed by staff, parents, and campers:

1. **Check-in:** Ensure that all paper work has been submitted and camper is officially signed in. You are to provide a healthy lunch for the ride up to camp. If your camper does not bring a lunch, we will charge five dollars, to provide one.
2. **Medication Check-in:** All medication (including inhalers) must be turned over to the YMCA Camp Peggy Lake Staff in its original container with the camper's name, proper dosage, and instructions clearly labeled on the bottle. It is necessary for the parent(s)/guardian to complete the Medication Information section of the **Authorization & Emergency Information Form**.
3. **Pre-Camp Health Screening:** All campers must meet individually with the YMCA Camp Peggy Lake Staff to ensure the child is in proper health to attend camp. This includes a visual check of arms and legs for bruises and a head check for lice. This is also a good time for you or your camper to talk with staff about any allergies they may have.
4. **Campers say their goodbyes and get on the bus.**
5. **Bus Etiquette:** Prior to pulling out, YMCA Camp Staff will go over bus rules and emergency procedures.
  - a. **Bus rules**
    - Campers will go to the bathroom before getting on the bus.
    - We will make a pit stop at Fred Meyer in Wasilla for bathroom breaks only, purchases will not be allowed
    - No eating or drinking on the bus. If there are exceptions you need to pick up trash.
    - Keep your hands and feet to yourself at all times.
    - Please keep hands and arms inside the bus, do not stick them out of the windows.
    - Please use indoor voices unless you're singing songs.
    - Remember that the bus driver is the CAPTAIN and has the final say while you are on the bus.
6. **Bus Departure and Arrival at YMCA Camp Peggy Lake**
  - a. On Monday the bus will depart the YMCA at 9:00am and arrive at YMCA Camp Peggy Lake at 12:30pm.

## RETURNING FROM YMCA RESIDENT CAMP PEGGY LAKE

The camp bus will depart from YMCA Camp Peggy Lake at 1:00pm Friday and arrive back at the Anchorage Community YMCA parking lot by 4:30pm. **Parents must be there to pick up their camper! Peggy Lake Campers cannot be with the Day Camp Campers.** If we are running late, we will call the Anchorage Community YMCA with our estimated time of arrival. In the event of an emergency, the Anchorage Community YMCA will be notified and parents will be called.

### Sign-out Procedures

1. All campers are required to be signed out by someone listed on the emergency records form. A person needs to be older than 16 years of age to sign a camper out of the program.
2. Do **NOT** be offended if you or someone you have allowed to sign your child out is asked to present a picture I.D. This is for the safety of your child; it will take the staff awhile to get use to faces.
3. We need written and signed permission by the parent/guardian to release a camper to someone not listed on the emergency card.

## YMCA RESIDENT CAMP PEGGY LAKE POLICIES

All parents, through the Parent Authorization Sheet have agreed to abide by the following policies. Please read and understand all components and ask questions for sections that are unclear to you.

### Care Package

As all children enjoy receiving care packages, we encourage parents to send a little something for them. I will pass something out to your campers each day. Attach a list of which items you would like passed out each day at "Mail time" A shoebox is a great size for putting your items in. Here are some suggestions for putting your child's care package together: To keep cabins bear proof we do not allow food to be sent in the care packages. Instead think of things like: stuffed toys, pictures of family members, letters/cards from home to open each day, and paper and pencils for writing about their experiences are all great ideas. **REMEMBER NO WEAPONS (TOY OR REAL).**

### Discipline

Keeping all campers busy, busy, busy and having fun, fun, fun, combined with clear rules and expectations will be our first and foremost way to limit discipline problems. Any discipline problems will be handled on a camper-by-camper basis with common sense and creativity. Positive behavior will be rewarded (extra swim time, extended bed time, etc.) while negative behavior will result in reduced privileges. In the unlikely event that a camper's behavior is dangerous, inappropriate or interfering with the safety and enjoyment of other campers, dismissal may be the result. In the event of a camper's dismissal, it will be the parent(s)/guardian(s) responsibility to come and pick their child up.

At no time will spanking be allowed in any YMCA program. Any employee found to be physically abusing any child is subject to immediate dismissal.

Campers, who are dismissed from camp for disciplinary reasons, will NOT receive a refund for that week of camp.

### **Emergencies**

In the case of emergencies, the staff will make every effort to obtain necessary treatment instructions from the parent/guardian. If parent/guardian or emergency contact cannot be contacted, emergency treatment will be administered and parent/guardian notified as soon as possible. It is important to know that there is an emergency medical center a few miles from camp.

### **Illness**

YMCA Camp Peggy Lake does not carry Accident or Sickness Insurance on summer youth campers. It is the policy of YMCA Camp Peggy Lake not to keep sick campers for more than 12 hours after parent/guardian is notified.

### **Cell Phones**

Campers will NOT be allowed to use cell phones while at camp. Please do not allow your camper to bring one to camp. YMCA Camp Peggy Lake will not be held responsible for lost or stolen phones.

### **Swimming Program**

All campers are required to take a swim test each Monday of camp. Non-swimmers and children who are not strong swimmers will be required to wear a life vest while down at the water front. While boating, ALL children and counselors are required to wear a life vest. Every effort is made to insure your child's safety around the waterfront and boating areas. The waterfront is only open when there is a certified Lifeguard on duty! In addition, all camp staff is trained in CPR and First Aid.

### **Camper Records**

All records will be kept confidential; however, we will make them available to authorized regulatory agencies when required.

### **Meals/Snacks**

On the bus ride up to Peggy Lake we stop in Wasilla and have lunch. Your camper needs to pack a sack lunch to bring with them on the ride to Peggy Lake. Once at Camp all meals and snacks will be provided. If your child has dietary restrictions please note on the **Authorization & Emergency Information Form** and speak with the Camp Director.

### **Releasing Campers**

A camper will be released only to his/her parent(s) or guardian(s) or to those that are designated on the camper's emergency record.

### **Phone Calls**

Campers will not have access to phones unless it is an emergency. If you have questions or concerns about your camper please call the Anchorage Community YMCA at (907) 563-3211. The camp will have cell phones for emergency use and can be contacted only by the Anchorage Community YMCA.

### **Smoking**

1. Smoking is not permitted in any YMCA facilities, parking lot, or up at YMCA Resident Camp Peggy Lake.
2. Campers are not allowed to smoke. Any camper caught smoking will be suspended from the program.
3. Staff is not allowed to smoke on work time and may not smoke in front of the campers or on YMCA Resident Camp Peggy Lake property during their breaks.

### **Sunscreen**

Parent(s)/Guardian(s) must supply a sunscreen product for application to the children. The counselors will supervise the application and remind the campers to apply it throughout the day. There should be an initial application in the morning, and re-application throughout the day after swimming, sweating, or later in the day when the initial application naturally wears off. If your camper refuses to re-apply sunscreen, you will be required to pick up your camper from camp in 3 hours. Campers should wear a minimum of a SPF 30 product, but this may be higher if the child has the characteristics for a greater chance of burning (red hair, fair skin, etc.). The guidelines on the product should be followed.



# YMCA Resident Camp Peggy Lake Packing List

## Clothing

- \_\_\_ 5-6 tee Shirts
- \_\_\_ 1-2 pairs of shorts
- \_\_\_ 5-6 pairs of underwear
- \_\_\_ 5-6 pairs of socks
- \_\_\_ 1 pair of sneakers
- \_\_\_ 1 pair of hiking boots or heavy duty shoes
- \_\_\_ 1 pair flip flops/sandals (shower/waterfront)
- \_\_\_ 1 light jacket/raincoat
- \_\_\_ 1 warm coat (for cold days)
- \_\_\_ 1-2 sweaters or sweatshirts
- \_\_\_ 2 swimsuits
- \_\_\_ 2 sets of pajamas
- \_\_\_ 2-3 pairs of durable long pants (jeans, cargo pants, hiking pants etc)

### Please do not bring:

- Cell phones (there's no reception anyway)
- Valuables (jewelry etc)
- Knives, guns, weapons, bear spray

\*Personal radio/CD players/mp3 players will be allowed for use at bedtime. If their use becomes an issue, they will be confiscated until the end of the week.

\*YMCA staff is not responsible for any lost or stolen property so please label ALL items your child brings to camp

**Dress code: No Halter tops, tube tops, spaghetti strap tops, or string bikinis will be allowed. All sleeveless shirts must have a shoulder strap at least 1 inch in width. The camp staff reserve the right to ask a camper to change any clothing deemed inappropriate.**

## Bedding

- \_\_\_ Sleeping bag
- \_\_\_ Pillow and pillow case
- \_\_\_ Comfort item-Stuffed animal, baby blanket etc. (optional)

## Other Items

- \_\_\_ Shower caddy for shower items
- \_\_\_ Soap or shower gel
- \_\_\_ Shampoo
- \_\_\_ Washcloth
- \_\_\_ Toothbrush and Toothpaste
- \_\_\_ Dental Floss
- \_\_\_ Writing materials/Journal
- \_\_\_ Laundry bag
- \_\_\_ 2-3 bath towels (showering everyday AND swimming)
- \_\_\_ **Sunscreen** (spray is a good choice in case a child needs help applying)
- \_\_\_ **Bug Repellent (more than 30% deet is preferred)**
- \_\_\_ Canteen or water bottle – **Very Important – A MUST**



### Parents!

Don't forget to send a care package with your child's counselor.

Some ideas:

Stuffed animals, photos, cards, letter from family and pets etc

\*Do not send food or candy\*

### Optional items

- \_\_\_ Handkerchiefs
- \_\_\_ Books/Bible
- \_\_\_ Sunglasses
- \_\_\_ Camera and film
- \_\_\_ Hat
- \_\_\_ Flashlight/Headlamp