



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CAMP Y-OWASCO

## REGISTRATION PACKET



### What needs to be turned in to register?

- Registration Form
- Health History Form
- Bus Stop Form (Day Camp Only)
- Day Camp Sleepover Permission Slip (Day Camp Only)
- Camper History Form
- Parent Handbook Agreement
- Physical Examination within the last 2 years
- Immunization Records

**\*We cannot register you without all documents filled out completely\***





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## CAMP Y-OWASCO 2024 DATES AND RATES

Please check all camp sessions you wish to attend.

### Week 1 • Monday, July 1 - Friday, July 5

- Day Camp 1—No Camp July 4th
  - No Sleepover—
  - Member- \$200- Prorated Rate
  - Non-Member- \$260- Prorated Rate

### Week 2 • Monday, July 8 -Friday, July 12

- Day Camp 2—Sleepover Option
  - Member- \$255
  - Non-Member- \$320
  - Sleepover- \$30
- \*Leaders-In-Training\* (Ages 15-16)  
(3 Week Program)
  - Member- \$645
  - Non-Member- \$730

### Week 3 • Monday, July 15 - Friday, July 19

- Day Camp 3—Sleepover Option
  - Member- \$255
  - Non-Member- \$320
  - Sleepover- \$30

### Week 4 • Sunday, July 21 - Friday, July 26

- Resident Camp 1
  - Member- \$400
  - Non-Member- \$500
- Day Camp 4—No Sleepover (Mon-Fri)  
\*Limited Space Available\*
  - Member- \$255
  - Non-Member- \$320
- \*Counselors-In-Training\*  
(3 Week Program)
  - Member-\$615
  - Non-Member- \$695

### Week 5 • Monday, July 29 - Friday, August 2

- Day Camp 5—Sleepover Option
  - Member- \$255
  - Non-Member- \$320
  - Sleepover- \$30

### Week 6 • Sunday, August 4 - Friday, August 9

- Resident Camp 2
  - Member- \$400
  - Non-Member- \$500
- Day Camp 6—No Sleepover (Mon-Fri)  
\*Limited Space Available\*
  - Member- \$255
  - Non-Member- \$320

### Week 7 • Monday, August 12 - Friday, August 16

- Day Camp 7—Sleepover Option
  - Member- \$255
  - Non-Member- \$320
  - Sleepover- \$30

### Week 8 • Monday, August 19 - Friday, August 23

- Day Camp 8—Sleepover Option  
\*Limited Space Available\*
  - Members- \$255
  - Non-Members- \$320
  - Sleepover- \$30

#### Day Camp Sleepovers

- Day Camp 2, Thursday, July 11- \$30
- Day Camp 3, Thursday, July 18- \$30
- Day Camp 5, Thursday, August 1- \$30
- Day Camp 7, Thursday, August 15- \$30
- Day Camp 8, Thursday, August 22- \$30

Sleep Over Fee: \$30 x # \_\_\_ week(s) = \_\_\_\_\_

- Day Camp:
  - Ages 6-13 (Going into First Grade)
  - Monday- Friday
- Resident Camp:
  - Ages 8-16
  - Sunday- Friday
- Leaders-In-Training:
  - Ages 15-16 or Going into 10th Grade
  - 2 Weeks of Day Camp
  - Followed by 1 Week of Resident Camp
- Counselors-In-Training:
  - Ages 16-17 or Going into 11th Grade
  - Separate Application for Program
  - 2 Weeks of Resident Camp
  - Split by 1 Week of Day Camp

Please Complete Both Sides Of This Form

# Camp Y-Owasco 2024 Summer Camps Registration Form

**Admission as a Camp Y-Owasco camper carries many privileges and responsibilities.**

## At Camp Y-Owasco....

we expect campers to participate in the total life of camp; to work, play, sing, and live together. We do not allow the possession or use of tobacco, alcohol, illegal drugs or weapons on Camp Y-Owasco property at any time without notice. If enough suspicion arises that a weapon or illegal substance is present on camp, law enforcement will be notified. This application signifies the camper and parents' understanding and acceptance of these responsibilities. Violators will be dismissed without refund. In addition, should behavior, discipline problems or extreme homesickness affect our work with other campers, or the enjoyment of and safety at Camp Y-Owasco, we reserve the right to dismiss, without refund, those campers responsible. Transportation to and from camp is the responsibility of the parent(s) or guardian(s).

## I do hereby request...

that my child be accepted to attend Camp Y-Owasco. I understand and am aware that my child will be participating in many physical activities and the potential for accidents does occur. In consideration of acceptance to Camp Y-Owasco, I indemnify and hold harmless Camp Y-Owasco and/or its staff from any and all liability, claims, damage, injury or illness sustained by my child. I grant permission for Camp Y-Owasco to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included in camp fees. Should a camper require medical treatment, prescription, or hospital care during the camp session, parents shall bear all expenses. Furthermore, I give Camp Y-Owasco my permission to photograph or film my child during camp activities for use in promotional materials.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Camper Signature

Please complete both sides of this form and return to:

AUBURN YMCA-WEIU  
27 William Street  
Auburn, NY 13021



Tel: 315-253-5304

## Camper Information

First Name of Camper \_\_\_\_\_

Last Name of Camper \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Camper E-Mail

Male  Female Birthdate \_\_\_\_\_

Grade (Fall 2024) \_\_\_\_\_ Age at Camp \_\_\_\_\_

School \_\_\_\_\_

This is my \_\_\_\_\_ year at Camp Y-Owasco.

## Primary Contact Information

Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Email (required) \_\_\_\_\_

## Secondary Contact Information

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Email (required) \_\_\_\_\_

Is parent/relative a Camp Y-Owasco Alumni?  
 Yes  
 No

Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_



## Cabin Request

Only first-time campers are guaranteed one requested person as a cabin-mate. They must be within two years of age. Both campers must request each other in order for the request to be honored.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

## Financial assistance available.

Scholarship forms must be turned in prior to registration. For more information visit the Auburn YMCA-WEIU or call 315-253-5304.

## Payment Information

Your first week of camp is due at time of registration. The total remaining balance of your camp fee is due 3 weeks prior to your camp session start date. A registration made less than 2 weeks prior to the beginning of your requested camp session must be paid in full at the time of registration. Payment arrangements can be made with the Camp Director.

**No refund will be made for cancellations within a week of the start of a session the camper is scheduled to attend or after the session has begun, regardless of whether the camper attended the session.**

Payment may be made by cash, check, moneyorder, MasterCard, Discover, American Express or Visa.

## Registration Payment

\_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (#of campers) (#of weeks) (fee of camps) (total due)

Enclosed is a check for: \$ \_\_\_\_\_  
 An insufficient fund fee of \$30.00 will be added to all returned checks

Bill my:  Visa  Discover  MasterCard  
 American Express

For \$ \_\_\_\_\_

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date CVV Number

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Billing address if different than primary contact info at left.

# Camp Y-Owasco Health History Form

Please fill out completely and return with registration form. Mail to: Auburn YMCA, 27 William St. Auburn, NY 13021

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. History form must be filled out by parents/guardians of minors or by adults themselves. Update is required annually.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Middle

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

Custodial parent/guardian \_\_\_\_\_ DOB \_\_\_\_\_ PrimaryPhone \_\_\_\_\_

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

Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Second parent/guardian or emergency contact \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Other than the participants' parents, the following people have my permission to pick up my child from Camp Y-Owasco  
1) \_\_\_\_\_  
2) \_\_\_\_\_

ALLERGIES List all known medication, food or other allergies including insect stings, hay fever, asthma, animal dander, etc. Describe reaction and management of the reaction.

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

Dietary Restrictions: Please list any dietary restrictions. (not eat red meat, pork, eggs, poultry, seafood, dairy products, wheat or milk allergies, etc.)

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

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which camp should be aware. \_\_\_\_\_

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

Please list and explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_

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

Treatment to be continued at camp \_\_\_\_\_

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

Bed-wetting, Sleep-walking, Fears, Phobias \_\_\_\_\_

\_\_\_\_\_

**Physical Exam and Immunization Record: Each camper is required to have had a health examination within 24 months of camp attendance, as evidenced by a form signed by a licensed physician. Immunization Record including date of last Tetanus Shot, is due with Physical Exam.**

**Doctor's Statement:** I have examined the camp applicant within the past two years. In addition, the medical history and immunization record have been reviewed. In my opinion, this camper's condition doesn't preclude his/her participation in an active camp program.

**Licensed Physician's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Form Expires

Session Attending

(First Name)

(Last Name)

Name

**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. **No medication will be given without a Doctor's order. This order must include the camper's name, name of medication, dosage, time and dates.**

This person takes NO medications on a routine basis.

This person takes medications as follows:

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

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

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

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Med #5 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Med #6 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Attach additional pages for more medications  
Identify any medications taken during the school year that participant does / may not take during the summer: \_\_\_\_\_

Over the Counter Medication Use- Please review the following over the counter medications and circle any options listed you **DONOT** want your child to receive. Camp Y-Owasco typically uses the generic form of the name brand medications listed below.

**Sunburn** Solarcaine, Aloe Vera gel

**Diarrhea** Kaopectate, Immodium

**Constipation** Milk of Magnesia, Dulcolax

**Sore Throat** Chloraseptic Spray Lozenges

**Discomfort from water in ear** Swim Ear

**Cough/Cold** Cough Syrup Nasal Decongestant

**Insect Bites** Benadryl Chiggerex Caladryl Lotion

**Allergies** Claritin, Benadryl

**Red Irritated Eyes** Clear Eyes Visine

**Poison Ivy** Ivy Rest, Calamine Lotion, Caladryl Lotion, Hydrocortisone Cream

**Headache / General Discomfort / Fever** Tylenol (Acetaminophen), Advil(Ibuprofen)

**Upset Stomach** Pepto Bismol, Mylanta or other antacid, Roloids

**Cuts & Abrasions:** Hydrogen peroxide, Neosporin

- |  |  |  |
|--|--|--|
| 1. Recent injury, illness or infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | 15. Ever had problems with joints (e.g., knees, ankles)? ... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 27. Ever had high blood pressure? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Chronic or recurring illness/condition? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | 16. Have an orthodontic appliance being brought to camp? . <input type="checkbox"/> Yes <input type="checkbox"/> No    | 28. Ever had back problems? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 3. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 17. Have any skin problems (e.g., itching, rash, acne)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Hayfever..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 4. Surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 18. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 30. Poison Ivy Allergy..... <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| 5. Frequent headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 19. Have asthma? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 31. Insect sting allergy..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 6. Ever had a head injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 20. Had mononucleosis ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | 32. Frequent sore throats..... <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| 7. Ever been knocked unconscious? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 21. Had problems with diarrhea/constipation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            | 33. Heart Disease..... <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| 8. Wear eye wear? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 22. Sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | 34. Clotting disorder..... <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| 9. Ever had frequent ear infections? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 23. If female: (a) have you begun menstruating? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 35. Fears/Phobias..... <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| 10. Ever pass out during or after exercise? .... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | (b) have an abnormal menstrual history? <input type="checkbox"/> Yes <input type="checkbox"/> No                       | 36. Behavior Problem..... <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 11. Ever been dizzy during or after exercise? .... <input type="checkbox"/> Yes <input type="checkbox"/> No                                | 24. Ever had high blood pressure? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       | 37. ADD/ADHD..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 12. Ever had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 25. bed-wetting? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  | 38. Speech problems..... <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| 13. Ever had chest pain during or after exercise?. <input type="checkbox"/> Yes <input type="checkbox"/> No                                | 26. Ever have an eating disorder? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       | 39. Hearing problems..... <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 14. Ever had emotional difficulties for which professional help was sought? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 40. Vision problems..... <input type="checkbox"/> Yes <input type="checkbox"/> No                |

Please explain any "yes" answers, noting the number of the questions. \_\_\_\_\_

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representative of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representative related to the person's ability to participate in camp activities; and (ii) in case of minors, to provide relevant information to the camp representative to keep me informed of my child's health status. 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 or guardian or adult camper/staffer \_\_\_\_\_

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

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



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# DAY CAMP BUS STOPS

**Times are approximate. Please arrive 5 minutes earlier than the times noted.  
Schedules are subject to change according to enrollment.**

STOP	LOCATION	AM	PM
<b>Bus 1</b>			
1	Auburn YMCA	8:00	5:00
2	Genesee St. School	8:10	4:50
3	Casey Park School	8:20	4:40
4	Lincoln Park (near courts)	8:30	4:30
5	Seward School	8:45	4:20
<b>Bus 2</b>			
1	Skaneateles Upper Austin Park	7:50	5:05
2	Herman Ave School	8:15	4:45
3	Owasco Elementary School	8:30	4:30
4	Auburn High School	8:40	4:25

**Camper Name:** \_\_\_\_\_

**Bus Stop ( If using) AM:** \_\_\_\_\_ **PM:** \_\_\_\_\_



# FOR DAY CAMP ONLY

FOR YOUTH DEVELOPMENT  
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FOR SOCIAL RESPONSIBILITY

Dear Day Camp Parents:

An optional sleepover will be offered on Thursdays of specific Day Camp sessions at Camp Y-Owasco. The sleepover includes special events such as Smorgasbord, all-camp events, and a campfire. Campers will need: **2 lunches—one for Thursday and one for Friday, two blankets or a sleeping bag, raincoat or poncho, long pants, sweater or sweatshirt, toiletry articles, change of clothes, and a flashlight**, in addition to regular camp items (waterbottle, swimsuit, towel, etc.). **Each camper will need a signed permission slip** and \$30.00 **prior to attendance**. Just a reminder – **no medications will be given in camp without a doctor’s order**. This order must include the camper’s name, name of medication, dosage, time(s) and date(s) to be given. The label on the medication bottle is **not** sufficient. A written request from the parent for the camp nurse to administer the medication must also be provided. For those not sleeping over, the bus transportation will be provided.

**Please turn in permission slips with campers name and sleepover date filled in no later than 6 p.m. on the Wednesday prior to the sleepover to the Auburn YMCA.**

**Please feel free to call with any questions  
315-990-0695.**

**Sincerely,**

**Kim Cuipyo, Director of Youth Development**

**2024 Sleepover Dates**

- Day Camp 2-Thursday July 11th**
- Day Camp 3—Thursday July 18th**
- Day Camp 5—Thursday August 1st**
- Day Camp 7—Thursday August 15th**
- Day Camp 8—Thur sday August 22nd**

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**Camp Y-Owasco**  
**DAY CAMP Sleepover Permission Slip**

I give permission for (name of camper) \_\_\_\_\_

to participate in the overnight at Camp Y-Owasco on \_\_\_\_\_ 2024.

I am sending \$30.00 **(All payments must be made at the Auburn YMCA.)**

\_\_\_\_\_  
**DATE**

**X**  
\_\_\_\_\_  
**SIGNATURE--PARENT OR GUARDIAN**



# CAMPER HISTORY FORM

**Dear Parents/Guardians:** At Camp Y-Owasco, we promise to protect and guide your child physically, mentally, socially, and emotionally. To help us in this effort, we ask you to please fill out this form. These forms are seen ONLY by camp personnel who may need to know the information in order to best facilitate your child's camp experience (Camp Director, Program Director, your child's counselors, possibly the Camp Medical Director, etc). **The first side of this form should be filled out by the parent/guardian only, and the second side should be filled out by the parent/guardian AND the child together.** Thanks for helping us get to know your child better!

**PLEASE TURN THIS FORM IN WITH COMPLETED REGISTRATION PACKET!**

**Camper's name:** \_\_\_\_\_ **Camper's Nickname:** \_\_\_\_\_

**Has the camper ever been away from home more than 2 days? (Please circle)**      YES              NO

**Has the camper ever slept overnight at camp before? (Please circle)**      YES              NO

**What fears does the camper have? (Please circle)**

The Dark      Heights      Deep Water      Embarrassment      Monsters  
Bugs/Spiders      Snakes      Thunderstorms      Failure      Social Isolation

Other: \_\_\_\_\_

**Generally, the child's disposition is: (Please circle)**

Happy      Energetic      Pleasant      Moody      Anxious      Angry      Easily Upset      Sad

**The camper makes friends: (Please circle)**      Very Easily      Somewhat easily      With Difficulty

**How does the child feel about going to camp? (Please circle)**

Very Excited      Excited      Confident      Anxious      Very Nervous

**What goals do you want your child to attain at camp?** \_\_\_\_\_

**What goal(s) does THE CHILD have for his/her time at camp?** \_\_\_\_\_

**Are there any concerns that should be brought to the attention of the staff?** \_\_\_\_\_

Please turn the sheet over for the camper-parent side

## CAMPER HISTORY FORM CONTINUED

The parent/guardian and child should complete this side TOGETHER. Thanks for helping us get to know your child better!

**What activities does the child most like to do?** \_\_\_\_\_

\_\_\_\_\_

**What is the child's favorite subject in school?** \_\_\_\_\_

**What hobbies/interests does the child have? (Can include hobbies or TV shows, movies, books, etc)**

\_\_\_\_\_

\_\_\_\_\_

**What kind of stories does the child enjoy?** \_\_\_\_\_

**Is there anything that the child *REEEAALLY* wants to do while at camp??** \_\_\_\_\_

\_\_\_\_\_

**Camper Letter to Counselors:** The rest of the space on this sheet is for **the camper** to write a letter **in his/her own words** to his/her counselors! (Parents of younger children—you are more than welcome to help your child write!)

**Campers:** Tell your counselors about what you really like, your school, what you are excited about, what you're nervous about, something you really wish your counselors would do, or anything else you want to tell your counselors! Feel free to attach extra paper if you need to.

Dear Counselors, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Parent Handbook Agreement

Camper's Name \_\_\_\_\_

I have read the entire *PARENT HANDBOOK*, I understand its contents, and I have asked any questions I may have. I am also aware that I may call the Auburn YMCA during operational hours at (315) 990-0695, call Camp Y-Owasco at 315-784-5481 July-August, or email Kim Cuipylo, Director of Youth Development at [kimc@auburnymca.net](mailto:kimc@auburnymca.net) to ask any questions. I have the current year Camp Y-Owasco brochure available for additional information, and I know of the camp website for yet more information and forms.

X  
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return this with your completed registration.

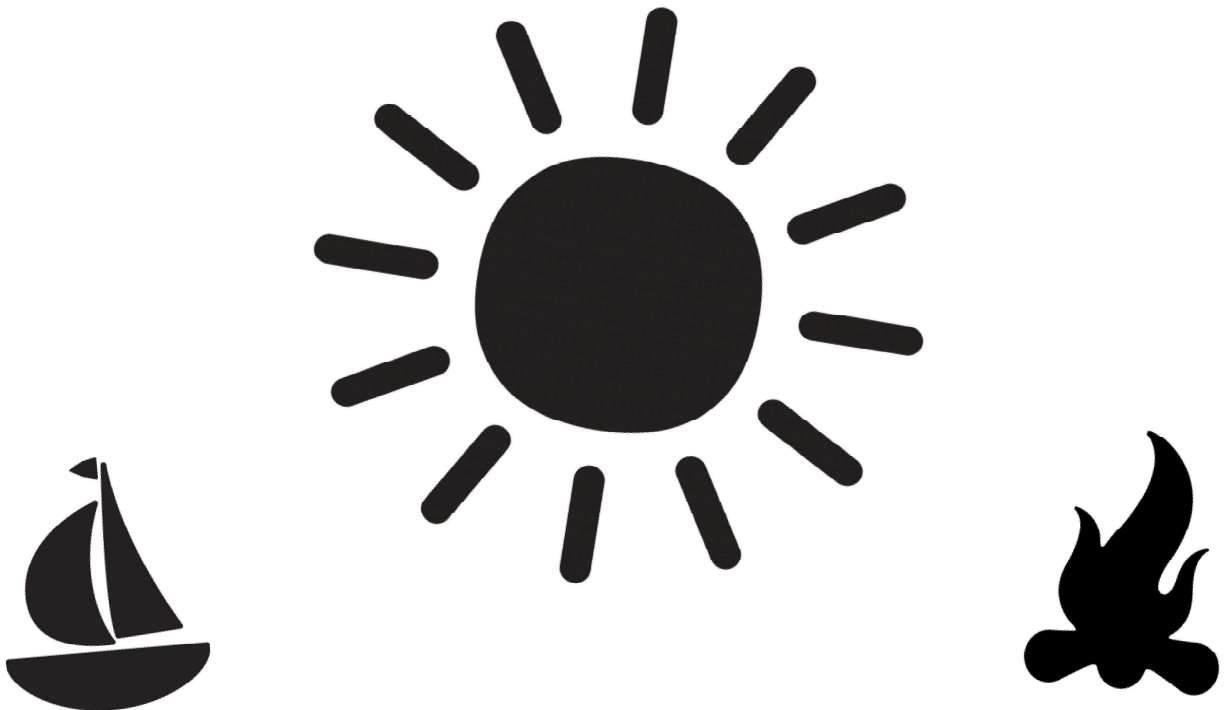
*Your child may not be allowed into camp without all releases being signed and forms returned to the camp office or the Auburn YMCA.*





**FOR YOUTH DEVELOPMENT  
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FOR SOCIAL RESPONSIBILITY**

# **CAMP Y-OWASCO PARENT HANDBOOK**



**Preparing your children for a successful  
camp experience**

## **A letter from the Camp Director...**

**Dear Camper and Families,**

**Welcome to Camp Y-Owasco! I am so excited to meet you and see you experience adventure every day at camp this summer! Regardless of whether this is your first time or your tenth time at camp, it promises to be an exciting, one-of-kind experience that I think you won't ever forget!**

**If it's your first time, welcome to the family! The staff and I are looking forward to meeting you and showing you around. You will be placed in a cabin with other campers close to your age, with two counselors to help you and keep you safe. This cabin or tribe will be your camp family. If it's not your first time then I can't wait to see you again!! We have lots of new and exciting stuff at camp for you to explore this year.**

**We have some of the best staff around and our camp counselors are here to help you have fun, make friends, and enjoy camp life; so rest assured that you will never be lonely at camp. I think that Camp Y-Owasco is the greatest place on Earth because, at camp, you can be the person you want to be, and no one will ever judge you or think you're crazy. Camp works a little differently than the outside world because we sometimes do crazy things just for fun. That said, I hope you remember to push your comfort zone and try something new, make at least one new friend, and keep an open mind about doing some things you may have never thought about doing before, all while having an amazing time with the other campers and staff who will be in your extended family here at camp.**

**If you or your parents have any questions or concerns, you can always call: 315-990-0695 or email: kimc@auburnymca.net, or stop by my office at the Auburn YMCA, if camp hasn't started yet. Or you can stop by just to say "hi", if you want.**

**In the spirit of camp,**

**Kim Cuipyllo  
Director of Youth Development  
Auburn YMCA-WEIU**

**PS: You can see pictures and get updates about camp on our Facebook page! Just search for "Camp Y-Owasco" on Facebook and "like" us!**

## Mission Statement

Camp Y-Owasco will put Christian principles into practice through the use of its programs, facilities, and natural surroundings to strengthen family life, provide for positive value development, foster health and personal growth in an outdoor setting, promote friendship and intercultural understanding, and explore principles of environmental stewardship and conservation.

## Staff

Prior to camp, all Camp Y-Owasco staff spends a few days updating their certifications and child abuse prevention training. One week is spent in "Prep Time" polishing their skills and preparing their program areas. All waterfront staff receive required aquatic and waterfront training, certifications, as well as participate in ongoing summer training. Program staff receive training specific to their program area and certifications, where applicable. Our staff training curriculum includes topics such as teaching, childcare, camp policies, group dynamics, conflict prevention and mediation, leadership skills, friendship facilitation, YMCA values, and child abuse prevention, just to name a few subjects. A criminal background check and sex offender registry check are conducted on all staff. We take child abuse prevention and safety very seriously here at Camp Y-Owasco.

## Camp Tuition & Cancellations

The total balance of the camp fee is due 3 weeks prior to your camp session start date. A registration made less than 2 weeks prior to the beginning of your requested camp session must be paid in full at the time of registration. Payment arrangements can be made with the Camp Director.

**No refund will be made for cancellations within a week of the start of a session the camper is scheduled to attend or after the session has begun, regardless of whether the camper attended the session.** Homesickness is not a condition for refund. Should behavior, discipline problems or homesickness affect our work with other campers, or the enjoyment of and safety at Camp Y-Owasco, we reserve the right to dismiss, without refund, those campers responsible.

## Forms

It is important for the safety of your camper that all forms are filled out accurately and completely. The forms are a valuable tool for our staff and they are required by the New York State Department of Health. **All forms are required at the time of registration, with no exceptions!**

**If you arrive at Camp and all mandatory forms are not turned in (or with you when you arrive), your child will not be allowed to stay at camp until all necessary paperwork is in the camp's possession.**

## Medical Policy

**All medical information on the medical form is required by NYS Law, prior to attendance at camp. All campers are required to have a complete physical within 24 months of the time your child attends camp. Campers will not be allowed to attend camp if their immunization records are missing or incomplete.**

**\*\*IF your camper has been exposed to infectious or communicable diseases (i.e. chicken pox, scabies, etc.) in the two weeks prior to attendance, please don't send your child to camp. Call the camp office and we will be happy to work something out.\*\***

A well-stocked infirmary is maintained at camp. A written record is kept of all incidents requiring first aid. The Camp Medical Director will contact parents if there is evidence of serious injury or illness.

If a camper sustains an injury or comes down with an illness that is untreatable at camp, requires follow up with a doctor, or has lasting effects after the camp session, the Camp Medical Director will call the parent or guardian and inform them of the situation.

**Examples of injuries and illnesses we will inform you of:** 2nd degree burns and higher, severe bleeding, sprained/twisted ankle, fractures, fever, vomiting, etc.

**Examples of things we will not inform you of:**

Minor scrapes, cuts, and bruises, minor stomach aches (unless they continue for a long period of time), minor burns (unless it is in a sensitive area such as the face), minor headaches, etc.

## Medications

If your child is taking medication or has a medical situation that must be dealt with, it is imperative that the Medical Director be informed. The policy for campers receiving medications at camp is as follows:

**No medication will be given without a Doctor's order.** This order must include the camper's name, name of medication, dosage, time and dates. The medicine bottle label is not sufficient.

Along with the Doctor's order, a **written request from the parent** for the Medical Director to administer **each** medicine must be provided.

Medication must be in the original prescription container.

The Medication must be given to the Medical Director or Camp Director at check-in.

**All medications—including over-the-counter medication will be kept in the Infirmary.**

## Swim Tests & Bands

All campers must take a swim test during which our certified waterfront staff assess their swimming abilities. Campers are placed into 3 categories—red, yellow, and blue—and are given a wristband that corresponds to that color. Please allow your camper to wear the swim band for the entire session as they must have it on every day at camp. (They are fastened loose enough to allow for plenty of wiggle room and circulation while not slipping over their hands.) If you do not wish your camper to take Swimming, a signed note from the parent needs to be turned into the Camp Director.

**Campers are placed into swim levels for safety at the discretion of our trained lifeguards. Please respect their assessment even if you do not agree with it. We take dark water swim protocols very seriously for the protection and safety of your camper. Thank you for understanding.**

## Discipline

Even in a place as wonderful as camp, there must be discipline. The camp staff spends a significant portion of their training learning about "Positive Reinforcement", but at times we do encounter behavioral problems. A camper who exhibits consistent behavioral problems will spend some time away chatting with the Program and/or Camp Director. A phone call will also be made to the parent/guardian, so that we can work together to solve the problem. If the problems persists, the child will be suspended from camp for a day or longer (determined by the Camp Director). **We encourage parents to keep open communication with the camp staff.** Our staff is here to work with you and your child to provide a great camp experience. Should the problems persist, the child may be sent home from camp and not allowed to return for the rest of the session, or possibly summer. The Camp Director reserves the right to make that call at any moment she feels necessary.

## Camp Attire & Dress Code

**Please label all belongings** to increase the likelihood of their return. The Camp is not responsible for lost clothing and equipment. **A clothing list is enclosed** for your assistance. We strongly recommend you double check upon departure to be sure your camper goes home with everything they came with.

**Keeping Clothing Camp Appropriate:** One of our goals at Camp Y-Owasco is to develop character and respect for oneself and others. To help foster this objective, we have the following rules of dress to keep clothing camp appropriate.



**\* Female Dress Code:** Shirts, pants/shorts, and shoes must be worn at all times. The only places campers and staff are allowed to be shoeless are at the waterfront, *inside* the bathhouse, and *inside* the cabin. Low-cut shirts are prohibited. Shirts that show any part of a person's midsection are prohibited—shirts must meet the pants/shorts. Shorts must have at least a 3 inch inseam. Please no very short shorts. Female campers are not allowed to wear string bikinis as swimwear. Please pack and dress accordingly.

**\* Male Dress Code:** Shirts, pants/shorts, and shoes must be worn at all times. The only places a male camper or staff is allowed to be shirtless or shoeless is on the waterfront, *inside* the bathhouse, or *inside* the cabin (unless it is a special event approved by the camp director). Shirts must come low enough to meet or exceed the pants/shorts. Shorts, pants, and swimwear should be worn high enough so that they are secure and do not fall off or show an excessive amount of underwear and/or anatomy. Shorts and swimwear must have at least a 3 inch inseam. Please pack and dress accordingly.

**References to Drugs, Sex, or Alcohol:** Clothing with references to drugs, sex, or alcohol is prohibited at camp. Please do not allow your child to include it in his or her luggage, or allow them to wear it to day camp.

**If a camper fails to meet dress code,** he or she will be asked to change clothing immediately or he/she may be given something more appropriate to wear instead.

## Physical Address & Directions

If you plan on using a GPS device to find your way to Camp Y-Owasco, enter our physical address below. However, please do NOT send mail to this address—it will only delay the delivery, as all mail for Camp Y-Owasco is sent to the Auburn YMCA.

### Our physical address (for navigational purposes only)

4187 Sam Adams Lane  
Auburn, NY 13021

Just look for our directional sign with the YMCA logo at Fire Lane 19!

#### Directions from points north & west (Auburn, Geneva, etc):

- From Auburn, head south on 38A/Owasco Road/East Lake Road (via Routes 5 & 20 from Geneva or via NY-34 B & 34 & Sand Beach Road from Union Springs)
- Turn right on Rockefeller Road
- Turn right on Sam Adams Lane
- Turn right on Fire Lane 19.

#### Directions from points east (Syracuse, Skaneateles, etc):

- From Syracuse, head west on I-690.
- Exit to NY-695 south toward Auburn.
- Turn right on NY-5 (west) toward Auburn
- Turn left on NY-321.
- Turn right (west) on US-20 (In Skaneateles)
- Turn left on NY-41A/West Lake Road/Kane Ave
- Turn right on Benson Road
- Turn right on NY-38A
- Turn LEFT on Rockefeller Road
- Turn right on Sam Adams Lane
- Turn right on Fire Lane 19.

#### Directions from points south (Cortland, Moravia, etc):

- Take NY-38 into Moravia (via NY-90 & NY-54 from Cortland)
- Go straight through the 4-way stop sign in Moravia to follow Rockefeller Road.
- Turn left onto Sam Adams Lane
- Turn left on Fire Lane 19.

# RESIDENT CAMP

## Check-In & Check-Out

**Check-in time is between 2:00 p.m. & 4:00 p.m.** on Sunday afternoon for Resident Camps. Prior to 2:00 you will find the entrance gate locked and the staff prepping for the week. At 2:00 pm, we will have staff monitoring traffic flow up and down the hill, so please be patient upon arrival. *Safety first!*

**Parents and campers are required to check-in together.** Please report to the Lodge for check-in. Staff will be available at stations inside to check your camper on the roster, confirm that all forms are in and your balance is paid, check-in medication with the Medical Director, set up a camp store account, and perform a head lice check on your camper. Head lice checks are required for the safety of all campers and staff. We appreciate your understanding and cooperation.

**Check-out time is between 4:30 p.m. and 6:00 p.m. on FRIDAY EVENING for RESIDENT CAMPS.** All parents/guardians must sign their child out with their child's cabin counselor at the cabin, and pick up any medication at the Infirmary.

Should a camper be arriving late or departing early, please notify the Camp Director **in writing** what time your camper will be arriving or departing.

**Should something occur that would force us to change the times above,** either Camp Y-Owasco or the Auburn YMCA will make every effort to contact you to inform you of the change in plans.

## Camper Placement

Campers are placed in cabin groups during their stay at camp. Each cabin group consists of 6 - 12 campers of the same gender, and supervision ratios are kept to a minimum of 8 campers to one staff and at night two staff living in the cabins with the campers. Boys occupy one side of camp, and girls occupy the other side of camp. These groups allow for positive relationships to develop between campers and staff.

For placement in program areas, campers participate in a process called "Arena" during which they choose their own program areas and when they'd like to take them.

Almost every day, all campers get to choose something different that is offered during Smorgasbord, which can literally be almost anything, providing more time to try new things and meet new people, or hang out with old friends while doing something they know they enjoy.

**Please do not request specific cabin or program assignments.**

## Cell Phones, Calls, & Visits

With over 90 years of experience behind us, we have found that visits and phone calls by families and friends can be disruptive to a child's camping experience.

If there is an emergency, or if you want to check on your camper's progress, call the Camp Director or Medical Director. We would be happy to pass along a message, fill you in on your camper's progress, or allow your child to speak on the phone if an emergency arises.

**Cell phones are NOT allowed at camp.** Cabins are not equipped with electrical outlets suitable for charging, and most cell phones do not receive a signal. PLEASE, PLEASE, PLEASE do not send your child to camp with a cell phone—even if they are at camp the whole week! Camp is a time to unplug from electronics and reconnect with nature and friends.

## Snacks & Drinks

If you must send a snack and/or drink in your camper's care package, **please** send enough to share with your child's whole cabin group. Food typically attracts bug and/or mice, which in turn attracts other less than desirable critters. **Please keep in mind the possible food allergies or diet limitations of other campers. Please, do not send items that contain or were processed in a facility with nuts!!!** This policy is in place because, at camp, we learn to live with a group of other people, some of whom

may have severe food allergies, and we learn to live with nature at (or sometimes inside) our doorstep, which means the chipmunks and skunks aren't far off. We very much appreciate your cooperation. If there are any questions or concerns, please feel free to call the Camp Director.

## Homesickness

Homesickness is very common and occurs in some form in people of all ages at camp—even the staff! Rest assured that our caring staff is trained in reliable, comforting homesickness-curing methods. To help us facilitate our efforts to keep homesickness at a minimum, we ask that you refrain from writing about certain topics in your letters to your campers. Topics to stay away from include:

- Death of pets
- Family gatherings
- Vacations while the child is away at camp
- Relationship separations
- Serious illness of family, friends, or pets.

## Water Bottles

**EVERY CHILD IS GIVEN A WATERBOTTLE AT CHECK-IN AND SHOULD HAVE IT WITH THEM EVERYWHERE THEY GO!** Your child is going to be very active at camp—probably more active than usual—and, being summer, it can get pretty hot out here sometimes. There is no air conditioning at Camp Y-Owasco, so it is VITAL that your child's natural cooling system stay in top condition. (That means they have to be able to sweat to stay healthy!) Even on rainy days, we need them to stay hydrated and healthy. Camp will always provide clean, drinkable water. Please help us help your child stay happy and healthy.

## Camp Store

At some point in time during the week, each cabin will have an opportunity to visit the camp store. Camp mementos (t-shirts, hats, etc.) will be for sale and possibly food items. The recommended amount for camp store purchases is \$30 maximum for the week. Parents/guardians may deposit money into the camp store account on Sunday at check-in. **Campers are not allowed to keep money in their bags or on their person throughout the week.**

Any money left in a camper's account that is \$5 or less will not be refunded. Anything over \$5 can be refunded at the end of the summer, OR donated to the end-of-summer Camp Staff Appreciation fund.

## Mailings & Care Packages

All children enjoy receiving letters in the mail, and camp is no exception, so we encourage parents and family members to write often! All letters and care packages can be dropped off at the Auburn YMCA service desk. At 7:00 am each morning, all mail will be brought out to camp and distributed at a meal time. There is time set aside each day for campers to write home and read mail. If you want to send something with the "authentic mail touch," our mailing address is:

Camper's Name  
Camp Y-Owasco  
C/O Auburn YMCA  
27 William Street  
Auburn, NY 13021

## What NOT to Bring List

Below is a list of items we do NOT allow at camp. PLEASE do not pack or allow your camper to bring these items! Some of these items may sound ridiculous, but we wouldn't have them on this list if we haven't seen them brought before!

- Firearms
- Ammunition (even if already used!)
- Knives of ANY sort (including pocket knives)
- Swords
- Razor blades
- CELLPHONES
- PIDs (Personal Isolation Devices) this includes Tablets, Personal Gaming Devices, Headsets, Etc.
- Axes, hatchets, etc.
- Condoms
- Drugs
- Alcohol

# **Resident Camp Typical Daily Schedule**

**7:00: Early Morning Electives (Optional)**

**7:30: Wake-up/Morning Prep**

**8:00: Flagpole**

**8:15: Breakfast**

**9:00: Cabin & Camp Clean-up**

**9:30: First Activity Period**

**10:30: Second Activity Period**

**11:30: Cabin Activity**

**12:30: Lunch**

**1:30: Third Activity Period**

**2:30: Fourth Activity Period**

**3:30: Siesta (Camp Store Optional)**

**4:30: Smorgasbord & Free Swim**

**5:30: Flagpole**

**5:45: Dinner**

**7:00: All Camp Event**

**8:30: Unit Activity ages 12-16/Showers ages 8-11**

**9:30: Showers ages 12-16/Lights out ages 8-11**

**10:30:Lights out ages 12-16**

# Day Camp

## Camper Placement

Campers are placed in groups, sometimes co-ed groups, called tribes, during their stay at camp. Each tribe consists of 12 – 14 campers of the same age, and each tribe is supervised by at least 2 counselors. These groups allow for positive relationships to develop between campers and staff.

For placement in program areas, campers ages 8 and up participate in a process called “Arena” during which they choose their own program areas and when they’d like to take them. Campers age 6–7, also known as our Rollie Pollies, rotate through a wide variety of program areas throughout the session so they experience as much of camp as possible!

Almost every day, all campers get to choose something different that is offered during Smorgasbord, which can literally be almost anything, providing more time to try new things and meet new people, or hang out with old friends while doing something they know they enjoy.

**Please do not request specific tribe or program assignments.**

## Transportation

Camp Y-Owasco charts 2 buses to and from camp during Day Camp. A bus counselor will be available each day to check campers on and off the bus and ensure safety. The times on the brochure represent the time the bus will leave that stop. Should your camper miss the bus, you can go to the last stop on the list (Auburn High School or Seward Elementary School) or call the YMCA for directions to camp.

No camper will be dropped off at a stop other than the one specified on the registration form, unless written permission from a parent is received by the Camp Director stating a bus stop change. We will also not let a child off the bus if his/her parent or guardian is not at the stop to pick up the child. To remain on time for the other stops, we must keep the bus moving. If your child is kept on the bus for any reason, you may pick your child up after 5 pm at the Auburn YMCA. Attempts will be made to notify the parent/guardian of the situation first, then the person(s) designated on the Medical Form. If the bus is more than 10 minutes late, please call camp or the Auburn YMCA.

### **BUS SAFETY RULES:**

- 1.) Remain seated while bus is in motion.
- 2.) Keep arms and belongings inside the bus at all times.
- 3.) Please follow the four core values.
- 4.) The throwing of any items is prohibited.
- 5.) Please give any medications, fishing poles, or archery equipment to the bus counselor.
- 5.) Obey the bus counselors and driver at all times.

### **BUS STOP SAFETY GUIDELINES:**

- 1.) Please stay out of the street!
- 2.) Parents should remain with their camper until the bus arrives.
- 3.) Stay off private property.

**Parents who wish to bring their child to camp** may do so, but please call the camp to let us know if your camper usually rides the bus. We ask that you arrive at camp before the buses arrive at 9:00am and leave after the buses leave. You may also arrive just after the buses leave at 9:10am.

**In the event of an emergency or bus schedule change**, Camp Y-Owasco and the Auburn YMCA will make every effort to contact you by phone. Camp will also change the message on our voicemail. Please feel free to call camp at 315-784-5481 if you are concerned about the bus being severely off schedule and haven’t heard from us.

## Cell Phones, Calls, & Visits

With 100 years of experience behind us, we have found that visits and phone calls by families and friends can be disruptive to a child’s camping experience. If there is an emergency, or if you want to check on your camper’s progress, call the Camp Director or Medical Director. We would be happy to pass along a message, fill you in on your camper’s progress, or allow your child to speak on the phone if an emergency arises.

**Cell phones are NOT allowed at camp. PLEASE, PLEASE, PLEASE do not send your child to camp with a cellphone—even for the sleepover! Camp is a place to unplug from electronics and reconnect with nature and friends.**

## **Sleepover**

Sleepovers are available for specific day camp session on Thursdays. Each sleepover is an additional \$30 charge that must be paid no later than 6 p.m. on the Wednesday prior to the sleepover. Make sure to Pack 2 lunches and have a signed permission slip. Dinner Thursday and Breakfast Friday morning will be provided by camp.

## **Absences**

The camp policy is to take attendance of all campers and staff daily. If a camper will be absent, please call the camp office by 8:45 am. If we don't hear from you, the Medical Director may contact the parent/guardian to determine the reason for the absence. Camp Office Phone: 315-784-5481

## **Lunches**

During Day Camp, campers bring their lunch every day, clearly marked with their name on it. Water is available every day for lunch. There is a refrigerator on site for camper use. On sleepover night, please send 2 lunches with your camper.

## **Homesickness**

Homesickness is very common—even at day camp—and occurs in some form in people of all ages at camp—even the staff! Rest assured that our caring staff is trained in reliable, comforting homesickness-curing methods.

## **Water bottles**

**EVERY CHILD MUST HAVE A WATER BOTTLE, AND SHOULD HAVE IT WITH THEM EVERYWHERE THEY GO, EVERYDAY!** Your child is going to be very active at camp—probably more active than usual—and, being summer, it can get pretty hot out here sometimes. There is no air conditioning at Camp Y-Owasco, so it is VITAL that your child's natural cooling system stay in top condition. (That means they have to be able to sweat to stay healthy!) Even on rainy days, we need them to stay hydrated

and healthy. Camp will always provide clean, drinkable water. Please help us help your child stay happy and healthy. Especially for the sleepover!

## **What NOT to Bring List**

Below is a list of items we do NOT allow at camp. PLEASE do not pack or allow your camper to bring these items! Some of these items may sound ridiculous, but we wouldn't have them on this list if we haven't seen them brought before!

- Firearms
- Ammunition (even if already used!)
- Knives of ANY sort (including pocket knives)
- Swords
- Razor blades
- CELLPHONES
- PIDs (Personal Isolation Devices) this includes Tablets, Personal Gaming Devices, Headsets, Etc.
- Axes, hatchets, etc.
- Condoms
- Drugs
- Alcohol

### **Day Camp Typical Daily Schedule**

**9:00: Campers Arrive**

**9:10: Flagpole**

**9:30: First Activity Period**

**10:30: Second Activity Period**

**11:30: Lunch**

**12:30: Cabin Activity**

**1:30: Third Activity Period**

**2:30: Smorgasbord & Free Swim or All Camp Event**

**3:45: Flagpole**

**4:00: Load Buses**

## L.I.T. & C.I.T. PROGRAM

### What is a Leader-In-Training (L.I.T.)?

A Leader-In-Training (LIT) is more than just a participant in the LIT program. An LIT is a camper who desires more than the traditional camp experience. They yearn to learn leadership and group work skills in a supportive, fun, outdoor environment conducive to self-discovery. They are excited by more than just experiencing the adventure of camp and wants to be a part of creating that adventure for others while still experiencing it themselves. They want something unique and is willing to work a little to get it. They are inclined to make new friends and try new things while learning new skills to facilitate a new adventure. While learning about leading others, perhaps they wish to learn a little more about leading themselves and becoming the person they desire to be. Most importantly, though, LITs are ready and willing to give back to camp. They will participate in a service project and design and lead some camp activities.

**NOTE: LIT consists of 2 weeks of Day Camp followed by 1 week of Resident Camp.**

### What is a Counselor-In-Training (C.I.T.)?

A Counselor-In-Training (CIT) is not the same thing as an LIT, and is also more than just a participant in our CIT program. A CIT is still a CAMPER, but they are a camper who is transitioning to being staff. **A CIT should very much want to be a Camp Y-Owasco Counselor.** In fact, CIT can also stand for "Camper-In-Transition." There arguably is a point in the 3-week CIT experience at which our CITs switch from Campers-In-Transition to Counselors-In-Training. A CIT is a role model—whether they want to be or not—for the rest of the camp—including some staff! They desire an intense learning and social experience in which they build friendships, childcare and camp skills, and confidence. Most importantly, they want to give back to camp in the form of program design and management (with guidance) and creativity. Finally, they look forward to the day when they can give a child the golden camp experience that they received when they were younger, and camp will provide that opportunity during their three weeks here along with incredible memories, friendships, and skills that can be carried beyond summer and into the "outside world."

**NOTE: CIT consists of 2 weeks of resident camp and 1 week of day camp.**

### Evaluations of Campers

LIT and CIT are both progressive learning programs. That means that we expect them to come out of the programs better than when they came in! To measure their progress, the Leadership Director(s) will be giving our teen leaders mid-session and final evaluations. The mid-session evaluations will point out the things they are doing well and some things they can continue to work on while giving them an opportunity to gauge their own success and inform the counselor how he/she could best help them. The final evaluations will be a complete diagnostic of their progress in the program and how well they met their goals set at the beginning of the program. They will be given a copy of the final evaluation form at the start of the session so they know ahead of time what to shoot for. Finally, for LIT, they can be recommended for CIT next year. For CIT, they can be recommended for hire next year. The camp administration takes the final recommendation for hire seriously when considering applications from former CITs and LITs. CITs will also get interview practice and can be considered for a volunteer position for the remainder of the summer and *potentially* can be hired when they are 17—one year sooner than applicants who do not take CIT.

**Cell Phones** LIT/CIT cellular phones are not allowed. Please do not send a cell phone with your child. The camp environment features many of the cell phone's natural enemies (water, heat, dirt, and children). In addition, the LIT/CIT experience is about independence and learning to thrive in new environments while leading by example. We want your child to feel comfortable coming to camp staff to address any wants or needs he/she may have while in our care. Should a camper NEED to call home we will arrange for that to happen using the camp phone. Should a camper WANT to call home due to homesickness, we will work with that camper and be in touch with you on the best way to proceed in making sure your child's experience at camp is a successful one.

## Discipline

Because of their age and motivation to participate in our leadership programs, LITs and CITs are given more opportunities for independence and self-reliance than our traditional campers. They are, of course, still subject to all the camp rules and will be expected to MODEL those rules for the younger campers! Their inclination to be role models is vital to success in the programs. Naturally, even in a place as wonderful as camp, and even for our oldest campers, there must be discipline. The camp staff spends a significant portion of their training learning about "Positive Reinforcement", but at times we do encounter behavioral problems—even in LIT and CIT. A camper who exhibits consistent behavioral problems will spend some time away chatting with the Program and/or Camp Director. A phone call will also be made to the parent/guardian, so that we can work together to solve the problem. If the problems persists, the child will be suspended from camp for a day or longer (determined by the Camp Director). We encourage parents to keep open communication with the camp staff. Our staff is here to work with you and your child to provide a great camp experience. Should the problems persist, the child may be sent home from camp and not allowed to return for the rest of the session or possibly summer. The Camp Director reserves the right to make that call at any moment he feels necessary.

**\*Because of the intimate social and educational nature of our leadership programs, LIT and CIT campers who consistently exhibit behaviors that are disruptive to the learning of the other campers may be removed from the program or from camp altogether, even if their behaviors would be tolerated in traditional camp programs. Furthermore, because our teen leadership programs are co-ed, maintaining camp-appropriate social relationships is paramount for success in the program and is taken extremely seriously by camp staff. There is no refund if a camper is expelled from the program.**

## What NOT to Bring List

Below is a list of items we do NOT allow at camp. PLEASE do not pack or allow your camper to bring these items! Some of these items may sound ridiculous, but we wouldn't have them on this list if we haven't seen them brought before!

- Firearms
- Ammunition (even if already used!)
- Knives of ANY sort (including pocket knives)
- Swords
- Razor blades
- CELLPHONES
- PIDs (Personal Isolation Devices) this includes Tablets, Personal Gaming Devices, Headsets, Etc.
- Axes, hatchets, etc.
- Condoms
- Drugs
- Alcohol





## Resident Camp, LIT, & CIT Packing List

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Sleeping Bag/ 3 Blankets                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pillow                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pajamas                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toothbrush/toothpaste                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Washcloth/towels                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Outdoor footwear                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shower Shoes (flip-flops, sandals etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Changes of underwear                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shorts & shirts                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Poncho or raingear                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Jacket or heavy sweater                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Water shoes or old sneakers             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Swimsuit                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Socks                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Jeans or long pants                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Flashlight & batteries                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Soap                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toiletry articles                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>Pre-stamped</b> envelopes            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Paper for Letters Home                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> WATERBOTTLE or CANTEEN                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Book for recreational reading           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Positive Attitude! ☺                    | <input type="checkbox"/> | <input type="checkbox"/> |

### Optional Items

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Medications         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Camera              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Books               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fishing gear        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Musical instruments | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Paper, journals     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Archery bows        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Mask, fins, snorkel | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dance attire        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Soccer pads, shoes  | <input type="checkbox"/> | <input type="checkbox"/> |

## Day Camp Packing List

- |  |       |       |
|--|-------|-------|
| _____ Sunscreen & hat                      | _____ | _____ |
| _____ Outdoor footwear                     | _____ | _____ |
| _____ Extra Socks                          | _____ | _____ |
| _____ Swimsuit & towel                     | _____ | _____ |
| _____ Water shoes or old sneakers          | _____ | _____ |
| _____ Jacket or heavy sweater              | _____ | _____ |
| _____ Changes of shirt, shorts & underwear | _____ | _____ |
| _____ WATERBOTTLE or CANTEEN               | _____ | _____ |
| _____ Positive Attitude! ☺                 | _____ | _____ |

### Sleepover:

- |                                |       |       |
|--------------------------------|-------|-------|
| _____ Sleeping Bag/ 3 Blankets | _____ | _____ |
| _____ Pillow                   | _____ | _____ |
| _____ Pajamas                  | _____ | _____ |
| _____ Toothbrush/toothpaste    | _____ | _____ |
| _____ Washcloth/towels         | _____ | _____ |
| _____ Underwear                | _____ | _____ |
| _____ Shorts & shirts          | _____ | _____ |
| _____ Jeans or long pants      | _____ | _____ |
| _____ Flashlight & batteries   | _____ | _____ |
| _____ Soap                     | _____ | _____ |
| _____ Toiletry articles        | _____ | _____ |

### Optional Items:

- |                           |       |       |
|---------------------------|-------|-------|
| _____ Medications         | _____ | _____ |
| _____ Camera              | _____ | _____ |
| _____ Books               | _____ | _____ |
| _____ Fishing gear        | _____ | _____ |
| _____ Musical instruments | _____ | _____ |
| _____ Paper, journals     | _____ | _____ |
| _____ Archery bows        | _____ | _____ |
| _____ Mask, fins, snorkel | _____ | _____ |
| _____ Soccer pads, shoes  | _____ | _____ |
| _____ Poncho or Raingear  | _____ | _____ |