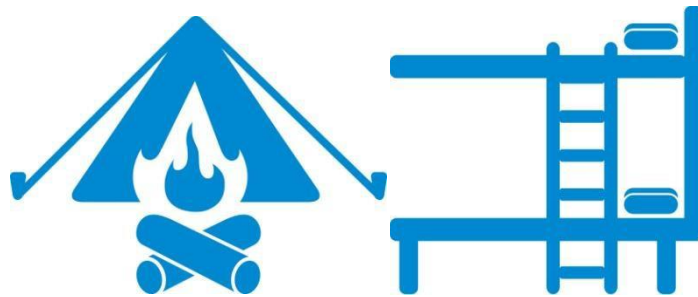




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 2025 DATES AND RATES

Please check all camp sessions you wish to attend.

Week 1 • June 30-July 3

- **Day Camp** (Ages 6-14) (Mon-Thurs, Prorated for no camp July 4th)
 - o Member- \$240
 - o Non-Member- \$292

- ***Counselors-In-Training*** (Ages 16-17 or entering 11th grade)(3 Week Program)
 - o Member- \$700
 - o Non-Member- \$770

Week 2 • July 6th-11th

- **Day Camp** (Ages 6-14) (Mon-Fri, No sleepover)
 - o Member- \$300
 - o Non-Member- \$365
- **Resident Camp** (Ages 8-16) (Sun-Fri)
 - o Member- \$450
 - o Non-Member- \$550

Week 3 • July 14th-18th

- **Day Camp** (Ages 6-14) (Mon-Fri)
 - o Member- \$300
 - o Non-Member- \$365
 - o Sleepover- \$30

- **Construction Camp** (Ages 10-15) (Resident, Mon-Fri)
 - o Member- \$400
 - o Non-Member- \$480

Week 4 • July 20th-25th

- **Day Camp** (Ages 6-14) (Mon-Fri, No sleepover)
 - o Member- \$300
 - o Non-Member- \$365

- **Resident Camp** (Ages 8-16) (Sun-Fri)
 - o Member- \$450
 - o Non-Member- \$550

- ***Leaders-In-Training*** (Ages 15-16 or entering 10th grade)(3 Week Program)
 - o Member- \$825
 - o Non-Member- \$905

Week 5 • July 28th- August 1st

- **Day Camp** (Ages 6-14) (Mon-Fri)
 - o Member- \$300
 - o Non-Member- \$365
 - o Sleepover- \$30

Week 6 • August 3rd-8th

- **Resident Camp** (Ages 8-16) (Sun- Fri)
 - o Member- \$450
 - o Non-Member- \$550
- **Wilderness Camp** (Ages 11-16) (Mon-Fri, Resident)
 - o Member- \$400
 - o Non-Member- \$480

No Day Camp Week 6

Week 7 • August 11th-15th

- **Day Camp** (Ages 6-14) (Mon-Fri)
 - o Member- \$300
 - o Non-Member- \$365
 - o Sleepover- \$30

- ***Junior Leaders*** (Ages 14-15 or entering 9th grade) (2 Week Program)
 - o Member- \$650
 - o Non-Member- \$745

Week 8 • Sunday, August 18th-22nd

- **Day Camp** (Ages 6-14) (Mon-Fri)
 - o Members- \$300
 - o Non-Members- \$365
 - o Sleepover- \$30

Day Camp Sleepovers

- o Week 3, Thursday, July 17th- \$30
- o Week 5, Thursday, July 31st- \$30
- o Week 7, Thursday, August 14th- \$30
- o Week 8, Thursday, August 21st- \$30

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

Grand Total: \$ _____

Camp Y-Owasco 2025 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) (#ofweeks) (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 medial 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 **DO NOT** 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, Rolaids

Cuts & Abrasions: Hydrogen peroxide, Neosporin

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

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.



FOR DAY CAMP ONLY

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DAY CAMP BUS STOPS

Times are approximate. Please arrive 5 minutes earlier than times noted.
Schedules are subject to change according to enrollment.
Please note that Bus 2 is unavailable Week 2 and Week 4.

Stop	Location	AM	PM
BUS 1			
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
BUS 2			
6	Skaneateles- TBD	7:50	5:15
7	Herman Ave School	8:15	4:55
8	Owasco School	8:30	4:30
9	Auburn High School	8:40	4:25

Camper Name: _____

Bus Stop (if using) AM: _____ PM: _____



FOR DAY CAMP ONLY

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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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 Tuesday prior to the sleepover to the Auburn YMCA.

Please feel free to call with any questions 315-253-5304

Sincerely,

Gracie Murphy, Camp and Family Director

2025 Sleepover Dates Day

- Camp 3—Thursday July 17th
- Day Camp 5—Thursday July 28th
- Day Camp 7—Thursday August 11th
- Day Camp 8—Thursday August 18th

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) 253- 5304, call Camp Y-Owasco at 315-784-5481 from June-August, or email the Camp Director at Gracem@auburnymca.net to ask any questions. I have the Camp Y-Owasco brochure for the current year 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 signed and forms returned to the camp office or the Auburn YMCA.



