



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

YMCA CAMP MARSTON PARENT GUIDE

Mailing PO Box 2440, Julian CA 92036
Physical 4761 Pine Hills Rd, Julian CA 92036
T 760.765.0642
camp@ymcasd.org | www.ymcasd.org/camps

WELCOME EXPLORERS, CHALLENGERS, NAVIGATORS, LIT'S

We are thrilled that you've chosen **YMCA Camp Marston** for your child this summer. In this Parent Guide many of your questions will be answered. For additional info visit www.ymcasd.org/camps or call the camp office at 760.765.0642

ARRIVAL SUNDAY

Please arrive on opening Sunday between 1:00 and 2:30 p.m.

Remember to bring your:

- Admission Form
- Health History Form
- Medications



DIRECTIONS TO CAMP

For your mapping program, Camp Marston is at 4761 Pine Hills Road, Julian. We recommend traveling through Ramona on Highways 78 & 67. If you'd like the scenic, windy mountain drive, travel out the 8 Freeway to Highway 79 through Alpine and Descanso.

BUS TRANSPORTATION

Bus service is available from the Mission Valley YMCA, 5505 Friars Road at 1:30 on Sundays at 1:30, traveling to Marston. On closing Fridays, the bus will arrive back at that Y at 6:00 p.m. Cost is \$35 each way. Space is limited

Bus Rules: Stay seated. Keep arms and hands inside, no throwing articles out of the window. Make at least one new friend! Any problems - please alert the Bus Supervisor.

DEPARTURE FRIDAY Photo ID is required.

We invite families to our closing activities. Check out is between 3:00 and 4:30 on Fridays. Throughout that time, you can drop into our dining hall to enjoy an afternoon meal. We will open several camp activities so your camper can show you what they've learned (campers only participating please). Enjoy a family afternoon touring Marston and celebrating a successful week.



CABIN MATE REQUESTS

Please know that cabin mate requests must be mutual (other parents must request your child too) with campers in the same program and within 1 year of age and grade of one another. We will do our best to honor these requests provided they are made at least one week prior to the start of camp. Note: Most campers come alone. Making new friends is a big part of the camp experience! We will honor mutual requests, however our ability to accommodate multiple requests is dependent on overall registration.

BEHAVIOR AT CAMP

At camp, we foster an environment filled with friendship, respect and character development. Campers that cannot live within the rules of camp, or are adversely affecting the experience of other children will be dismissed without a refund. Parents are then responsible to come to camp and pick up their child.

HEALTH & SAFETY

HEALTH HISTORY

This form is required to be handed in on check-in day, complete with parent's signature and medical information. State Health Codes also require Immunizations are up to date. If a child has any severe health conditions, has recently stopped taking a behavioral medication or has recently been under a doctor's care, a physician's authorization is required for camp attendance. If none of these conditions apply, a doctor's physical is **NOT** required.

PRE-CAMP HEALTH SCREENING

Before departure for camp, we ask parents to conduct a day-of health screening, which we will also do at camp. We conduct health-screenings and temperature checks of everyone upon arrival. If any flu-like symptoms or a temperature higher than 100.7 are noted, participation will not be permitted. We'll work with you to reschedule the week in case of illness.

MEDICATIONS

All medications, including over the counter medications are submitted to health care staff at check in (State Law). Prescription drugs must be in the original container with physician's instructions. If there is more than one kind of medication please place the original containers into a Ziploc bag labeled with camper's name. You will be asked to provide complete written directions on dosage and frequency and verify instructions for dispensing your child's medications during check-in.

INSURANCE

You, as parent or guardian, are responsible for any medical costs incurred while at camp. Be sure to provide accurate information regarding your insurance carrier on the Health History Form.

MISSING HOME

Going away to camp can sometimes be a challenging event for children. We understand parent concerns and will work with you to ensure that your child has a positive experience. Our first practice is very simple - **PREVENTION**. We find that keeping campers busy, is the best anti-homesickness strategy around. Sometimes, however, children still experience varying degrees of anxiety. We work to help missing home children overcome their difficulty. Most of the time we are successful.

If your child is not adjusting well, we will phone you to report and discuss possible courses of action.

PLEASE BE SURE TO PROVIDE US WITH COMPLETE EMERGENCY CONTACT INFORMATION. ESPECIALLY IF YOU ARE TRAVELING OR GOING ON VACATION!



Our practice is to call you if a camper is out of program for more than two hours.

Allergies: We are familiar with managing allergies, whether environmental or food-borne. Please note all allergies clearly on the Health History Form and discuss with camp health staff upon arrival.

Illness: If your child is sick, please do not send them to camp. Please contact the call center and we will try to reschedule their camp session in cases of documented illness. For illness during camp, unfortunately we must enforce a zero-symptom policy this summer. For all other health matters, we will call you if your child is out of program for more than two hours (sometimes they are just tired and need to rest!) We will also call you to report any accidents more severe than a simple scratch or splinter.

MAIL CALL & MORE

PHONE CALLS HOME

There is not an opportunity for campers to call home during the week. However, if a child is feeling anxious and asks to call home, we will make it happen! We want all campers and parents to feel comfortable with their experience. If a phone call helps, then we will find a time in between activities to work that out. Our staff may also contact you to discuss information about goals, behavior, homesickness, or even a special achievement.

VISITING DAYS

Due to COVID restrictions, we will only allow parents/family to visit on opening and closing days of each session. With that, we'd like to ask that you a) minimize the number of families accompanying the trip to camp and b) remain in camp only as much as necessary to pick up luggage and share good-bye's.

MAIL

Campers love receiving letters from home while at camp.

SAMPLE ADDRESS

Camper's Name, Session # _____
YMCA CAMP MARSTON Cabin # _____
PO Box 2440
Julian, CA 92036

ONLINE PHOTO GALLERY & PARENT TO CAMPER EMAILS

We offer online pictures for the parents of our campers to view. This service allows you a "one-way window" into camp life. You can also send emails to your child. Please limit emails to 1 per day. Emails (1-page of text) are delivered by dinner Monday-Thursday. You will receive a pre-approved registration code and instructions at check-in. Our photographer tries to include all children in the photo gallery, but due to timing, camera shyness, and off-site excursions, not all campers will be in a photo every day.

CAMP STORE

Good news! The Camp Store will be open on Check-in and Check-out days. Please come prepared with a credit card as cash and checks will not be accepted.

ELECTRONICS AT CAMP

Camp provides children a chance to live without electronic devices and daily social media. For security, safety, and a number of other reasons, we do not permit cell phones, iPods, computers, netbooks, electronic games or similar devices. If these items are brought to camp, they will be stored in a secure place and returned to parents at the conclusion of the session.

We are not responsible for damage or loss of any electronics brought to camp.

LOST AND FOUND

We manage lost and found items through the camp session. On check out Friday, be sure to check our display of any unclaimed items. If you discover something is missing upon your return home, call the camp office as soon as possible. After 2 weeks, we will donate any unclaimed items to a local charity.

EQUIPMENT LIST

Please mark camper's name on each item. The YMCA is not responsible for lost or damaged personal articles. Please leave valuables at home. **Pack old stuff!** There's lots of dust and red clay soil at camp. New clothes/shoes will need a good wash when camp ends.

EXPLORERS, CHALLENGERS, NAVIGATORS, LITs, & CAs

REQUIRED ITEMS:

- Sleeping bag
- Pillow
- 2 or more face coverings
- 2 pairs of long pants
- 5 pairs of shorts
- 1-2 sweatshirts or jackets
- 5 T-shirts
- 1-2 swim suits
- 6 pairs of underwear
- 6 pairs of socks
- Pajamas
- 2 pairs of sturdy sneakers
- 1 hat or cap with brim
- 2 towels
- Toiletries: soap, toothbrush, toothpaste, shampoo
- Comb/brush
- Lip balm, chapstick
- Sunscreen lotion
- Water bottle or canteen
- Flashlight

OPTIONAL ITEMS:

- Book, reading materials
- Stationary, stamped envelopes
- Camera
- Sunglasses
- Insect repellent
- Day Pack

ASK YOUR CAMPER!

Research shows that intentional questions can produce significant learning and performance benefits.

PRE CAMP ???'s

- What's one new thing you want to try while you are away at camp?
- What's one thing you are most nervous about? How will you handle that situation once you're at camp?

POST CAMP ???'s

- What's something new you tried at camp?
- What's the most surprising thing you learned (about yourself) while you were away at camp?
- What's the one thing that makes you want to go back to camp?
- Tell me about your new camp buddy? Favorite camp counselor?



NOT PERMITTED

- Video games
- iPods/iPads
- Laptops/Tablets
- Cell Phones
- Food
- Candy
- Alcohol
- Drugs
- Tobacco
- Weapons
- Fireworks
- Aerosol sprays
- Makeup
- Pets
- Offensive materials



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YMCA CAMPER HEALTH HISTORY FORM

DO NOT MAIL
Please return form to camp
on the day of check-in

Camper Name: _____ Birth Date: ____/____/____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Parent/Guardian 1 Name: _____ Work: _____ Cell: _____

Parent/Guardian 2 Name: _____ Work: _____ Cell: _____

Family Email Address: _____

Emergency Contact Name: _____ Phone: _____ Cell: _____

Immunization History Are all immunizations up to date? Yes No Date of last tetanus shot (if known): ____/____/____

Medical Information

Family Physician: _____ Phone: _____ Date of last physical exam: ____/____/____

Medical Insurance Carrier: _____ Policy and/or group #: _____

Past or Present (please check). If YES for asterisk * items, must have a Doctor's Authorization completed (reverse side)

| | | |
|--|--|--|
| Currently under Dr. care* <input type="checkbox"/> Yes <input type="checkbox"/> No | ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart defect/disease* <input type="checkbox"/> Yes <input type="checkbox"/> No | Autism <input type="checkbox"/> Yes <input type="checkbox"/> No | Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recent hospitalization* <input type="checkbox"/> Yes <input type="checkbox"/> No | Asperger's Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No | Measles <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma* <input type="checkbox"/> Yes <input type="checkbox"/> No | Bedwetting <input type="checkbox"/> Yes <input type="checkbox"/> No | German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seizures* <input type="checkbox"/> Yes <input type="checkbox"/> No | Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No | Other diseases/conditions <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes* <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No | |

For each Yes, please explain: _____

| | | | |
|---|---|---|--|
| Allergies: Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No require Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____ | Poison Oak/Ivy <input type="checkbox"/> Yes <input type="checkbox"/> No | Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other insect/animals <input type="checkbox"/> Yes <input type="checkbox"/> No List _____ | Any airborne allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____ | Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No List _____ |

Dietary Restrictions? Yes No

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

Any current mental, or psychological conditions requiring special consideration or restrictions? Yes No

For each Yes, please explain: _____

Current medications: to be continued at camp: *(use additional pages if necessary)*

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Inhalers or Epipens brought to camp? List what for and instructions _____

Other Medication Instructions for Health Care Staff: _____

Non-Prescription Medications I authorize the following medications or generic equivalent to be administered as needed:

Cough/Sore Throat Drops Yes No | Metamucil Yes No | Pepto Bismol Yes No | Cough Syrup Yes No

Acetaminophen (Tylenol) Yes No | Benadryl Yes No | Ibuprofen (Advil) Yes No | Hydrocortisone Yes No

Waiver of Liability: 1. I acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document. 2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified. 4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. 5. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of any groups of people other than in your own household. YMCA of San Diego County ("YMCA") has put in place preventative measures suggested by the Centers for Disease Control and Federal, State, and Local Government to reduce the spread of COVID-19; however, YMCA cannot guarantee that you or your child will not become infected with COVID-19. Further, attending YMCA facilities, programs or childcare could increase your family's risk, your risk, and your child's risk of contracting COVID-19. By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child and I along with my family may be exposed to or infected by COVID-19 by attending YMCA facilities, programs or childcare and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA facilities, programs or childcare may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child or my family may experience or incur in connection with my child's attendance at YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my family and children, I hereby release, covenant not to sue, discharge, and hold harmless YMCA, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, suits, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Photographic Waiver/consent: I give my permission to the YMCA of San Diego County to use my picture or other likeness, or a picture or other likeness of any of my children in the YMCA's general publicity and campaign materials.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

THIS SECTION TO BE COMPLETED IF CURRENTLY UNDER DOCTOR'S CARE OR *ASTERISK-HEALTH CONDITION IS CHECKED ON FRONT OF THIS FORM.

Note: A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, has been recently hospitalized, or is currently under a Doctor's care. If so, complete this section.

Health Examination by Licensed Physician

Child's Name: _____ Birth Date: ____/____/____ Sex: _____

Parent's name: _____

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp. Please realize that camp is held at either mountain (4300 feet elevation) or oceanfront settings. The programs are very active with strenuous hiking, games, swimming, surfing, and camp activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past two years. Date examined: ____/____/____

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Height: _____ Weight: _____ Blood pressure: _____

Is the applicant under the care of a physician for any conditions? Yes No Please explain: _____

Any specific activities to be encouraged or limited by physician's advice? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any treatment or medications to be continued at camp (please give specific dosages)? _____

Any allergies? (Food, drugs, plants, insects, etc): _____

Additional health information: _____

Licensed physician signature: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of form completion: ____/____/____ By: _____

YMCA Overnight Camps - Marston | Surf | Raintree
PO Box 2440 Julian, CA 92036
T 760 765 0642
E camp@ymca.org W <http://www.ymcasd.org/camp>



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**DO NOT MAIL
PLEASE BRING FORM TO
CAMP ON CHECK-IN DAY**

YMCA CAMP MARSTON ADMISSION FORM

| | | | |
|---------|-------|------|-------------|
| SESSION | CABIN | MEDS | OTHER ITEMS |
|---------|-------|------|-------------|

BOXES FOR STAFF USE ONLY PLEASE

CAMPER NAME

Last **First**

PARENT INFORMATION

Please provide the **Names** and **Phone Numbers** of **ALL** adults authorized to pick up your child, including Parents/Guardians:

| | |
|-------------------|--------|
| YOUR NAME - PRINT | PHONE# |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

_____ / ____ / ____

Parent/Guardian Signature (required for camp admission) **Date** mm/dd/yy

THE YMCA CAMPER CODE OF CONDUCT

Campers, please read! I understand that I am responsible for my behavior while I am at camp. I will follow COVID rules and wear my face-covering when required. I have reviewed the list of things that are not allowed and have not packed any of them. I am excited about my camp experience and I am coming because I want to. If I do not follow the camp rules, I understand that I may be sent home, without a refund of camp fees to my parents. I will do my best to make this a good experience for me and for the other kids at camp.

* I did not bring: a cell phone make-up electronics

_____ **CAMPER SIGNATURE**

REMINDERS ABOUT CHECK-OUT ON FRIDAY:

- ⇒ You will receive this form upon arrival, **please keep it until you leave**
- ⇒ Check the **lost and found area by the pool** for any of your Camper's items
- ⇒ Collect **luggage** from your **Camper's Cabin**
- ⇒ Have one of your **Camper's Counselors sign this form**
- ⇒ When you are ready exit out the Back Gate, staff will collect this form there

**PICK-UP IS FROM
3:00-4:30PM ON FRIDAY**

_____ **AUTHORIZED PICK UP SIGNATURE**

_____ **STAFF SIGNATURE**