

Camp Pentalouan Day Camp

Hours of Operation

Day Camp Hours: 9:00 a.m. to 5:00 p.m.
Pre Camp Care: 8:00 a.m. to 9:00 a.m. (\$3.00/hour/child)
Post Camp Care: 5:00 p.m. to 6:00 p.m. (\$3.00/hour/child)

Health History Form

We require a completed Health History and Confidential form for every camper to be on file before arriving. ANY PRESCRIBED MEDICATION MUST BE IN THE CAMPER'S NAME AND IN THE ORIGINAL PRESCRIPTION CONTAINER. WE SUGGEST ONLY SENDING ENOUGH MEDICATION FOR THE WEEK. MEDICATION IN THE PARENT'S NAME WILL NOT BE ADMINISTERED TO THE CAMPER.

Cancellations and Refunds

Registration deposits are to hold a place for your child at camp. Staff hiring and program purchases are based on the number of campers expected; therefore, no refunds on registration deposits are made.

Check-in

9:00 am at the pavilion.

Other Information

Parents/Guardians must sign the sign in/sign out sheet when dropping off or picking up their children. Campers will only be released to the adults listed on the Camper Form.

What to Bring

Kids need to dress comfortably for a variety of outdoor activities (tennis shoes, outdoor-wear, etc.). Rain-gear may be necessary for rainy days. A letter explaining any additional or special items to bring (i.e. tie dye, camp store) will be sent home on Monday of your session. **Please do not bring** valuables such as hand-held video games, cell phones, mp3 players, etc.

Trading Post (Camp Store)

Your child will have the opportunity to go to our Trading Post every Friday. Below is a list of items that we carry in the store. More details will come home in our Monday letter.

2010 TRADING POST LIST

<u>ITEM</u>	<u>PRICE</u>
<u>Clothing*</u>	
Hooded sweatshirts	\$30.00
Long sleeved t-shirt	\$15.00
t-shirts	\$15.00
<u>Snacks</u>	
Candy	\$1.00
Drinks	\$1.00
<u>Miscellaneous Souvenirs</u>	
price range	\$1.00-\$8.00



*Youth sizes available in select items.

Transportation

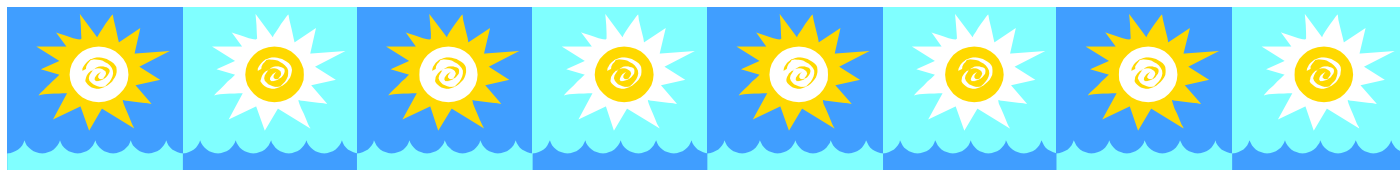
Transportation is available for \$20/person from:

White Lake Area Chamber of Commerce, leaving at 8:30 a.m. and returning by 5:15 p.m.
WLACC parking lot (124 Hanson, Whitehall)

Muskegon Family YMCA, leaving at 8:00 a.m. and returning by 5:45 p.m.
Muskegon Family YMCA parking lot (900 W Western Ave, Muskegon)

Please be at the pick-up site before departure time.

Parents/Guardians must sign the sign-in/sign-out sheet when dropping off or picking up their children.
Campers will only be released to the adults listed on the camper form.



Directions to Camp Pandalouan

For GPS (and Mapquest) directions, type in E Fruitvale Rd & Blue Lake Rd, 49425

From the North

Take U.S. 31 SOUTH to the COLBY ROAD Exit.

Take a left onto Colby Road. Go exactly ½ mile to SILVER CREEK ROAD.

Take a left onto Silver Creek Road. Go 5.1 miles. Silver Creek Road will end at RUSSELL ROAD.

Take a left onto Russell Road. Go 2.4 miles. Russell Road will end at FRUITVALE ROAD.

Take a right on Fruitvale Road. Go 6/10 mile, Camp Pandalouan is on the RIGHT.

OR

37 SOUTH to 20 WEST (approximately 91 miles from Traverse City).

Take a right onto 20 West. Go approximately 13 miles to Hesperia.

In Hesperia, take a left onto M120 WEST.

Follow M120 for several miles to SKEELS ROAD (look for a flashing light).

Take a right onto Skeels Road.

Go 8 miles to FRUITVALE ROAD.

Take a right onto Fruitvale Road.

Go 1.5 miles, Camp Pandalouan is on the LEFT.

From the South

Take U.S. 31 NORTH to the RUSSELL ROAD Exit (approx. 6.5 miles past Apple Ave.)

Turn right onto Russell Road.

Follow Russell Road until it ends (about 10 miles) at FRUITVALE ROAD.

TIP: Near the end of Russell Rd, it begins to twist and turn. At one point, past Owasippe Scout Reservation, the road splits. Be sure to stay to the left.

Turn RIGHT onto Fruitvale Road.

Go approximately ½ mile, Camp Pandalouan is on the RIGHT.

**CAMP PENDALOUAN DAY CAMP
PARENT/GUARDIAN CONFIDENTIAL SHEET**

CAMPER'S NAME _____

BIRTHDAY _____ AGE _____ GENDER M F SCHOOL GRADE _____

Please answer the following questions.

1. Will you child have a birthday at camp? Yes No
2. Is your child on any medications? Yes No
3. Is your child a leader? Yes No
4. Does your child have a marked fear of: water? animals? thunderstorms? other? _____
5. Attitude towards authority? _____

What are your child's interests or hobbies? _____

Does your child have any dietary concerns/food allergies of which we should be aware? _____

Is there a specific activity at Camp that your child is looking forward to doing this Summer? _____

Is there anything else you think we should know about your child? _____

A note about Camper Behavior.

At YMCA Camp Pendalouan, we want every child to have a fun and memorable experience in a safe setting. We ask that all campers conduct themselves based on the four character values of Honesty, Caring, Respect and Responsibility. Campers not able to comply may be asked to not return. Smoking and use or possession of intoxicants or narcotics are strictly forbidden at Pendalouan and offenders will be sent home immediately without refund. No refund of the camp fee will be made if the camper is withdrawn from camp for other than medical reasons, in which case the pro-rated refund will be based on the number of days remaining in the period.

Parent Signature _____ Date _____

Health History Form
YMCA Camp Pandalouan

Camper Name _____ Session _____

Birthdate _____ Age at Camp _____ Gender Male Female

Custodial Parent/Guardian _____ Phone _____

Home Address _____
Street Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone or Pager _____

If not available in an emergency, notify _____ Relationship _____

Home Phone _____ Work, Cell, or Pager _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Insurance Information

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

If yes, indicate carrier or plan name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to Camper _____

Social Security Number of policy holder or Insurance ID Number _____

Medication Information

Please list all over-the-counter, nonprescription and prescription drugs taken regularly by the camper. In the original container, pack enough medication to last the entire stay at camp. Make sure that all prescription drugs are in the original container that includes the physician name, medication name and dosage/administration instructions. Put all medications into a Ziploc bag labeled with camper's name and take it to the check-in point.

The camper takes medications on a regular basis: Yes No

This camper takes the following medications:

Med #1 _____ Reason for taking _____

Dosage/Administration Instructions _____

Med #2 _____ Reason for taking _____

Dosage/Administration Instructions _____

Med #3 _____ Reason for taking _____

Dosage/Administration Instructions _____

Has the camper had any recent illness, injury or infectious disease? Yes No

If yes, please explain _____

Allergies

List all known: (describe reaction and management of the reaction)

Medication allergies (list) (Attach an additional sheet if necessary.)

Food allergies (list) (Attach an additional sheet if necessary.)

Other allergies (list) (Attach an additional sheet if necessary.)

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Camper Name _____

Are immunizations up to date? Yes No
If no, please explain _____

General Questions (Explain "yes" answers below.)

Has/does the participant: (check any that apply)

- 1. have frequent headaches or migraines?
- 2. wear glasses, contacts or protective eye wear?
- 3. ever had frequent ear infections?
- 4. ever had seizures?
- 5. have diabetes?
- 6. have asthma?
- 7. ever been diagnosed with a learning or behavioral disorder? (e.g. ADD, ADHD)
- 8. have a history of bed-wetting?
- 9. ever had an eating disorder?
- 10. have problems with sleepwalking?
- 11. have frequent nosebleeds?
- 12. have braces?
- 13. have problems with dizziness?
- 14. have chronic heart or lung condition?

Please explain any "yes" answers, noting the number of the question.

Restrictions

The following restrictions apply to this individual.

Dietary

- does not eat red meat
- does not eat poultry
- other
- does not eat pork
- does not eat seafood
- does not eat eggs
- does not eat dairy products

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

Use this space to provide any additional information about the participant's behavior, physical, emotional, or mental health that the camp should be aware. (Attach an additional sheet if necessary.)

List the names and phone numbers to whom the camper may be released: (other than the parents/guardians listed on the application)

Name: _____ Phone: _____
Name: _____ Phone: _____

I hereby certify that the above-named camper is in good physical health and subject to the camp rules and regulations.

Parent/Guardian grants full permission to YMCA Camp Pandalouan to use any photograph, video tape, film, or motion picture of camper and/or family in promotional materials.

I understand that there are certain risks involved in camping activities. By signing below, I agree to defend, indemnify and hold harmless YMCA Camp Pandalouan / the Muskegon Family YMCA, it's officers, employees, and representatives from and against any and all liability, loss, damage, injury, or death arising from acts connected with any camp activities, use of facilities and equipment, or interaction with any campers or staff. YMCA Camp Pandalouan reserves the right to cancel any program scheduled or currently in progress at camp.

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian if under age 18 _____

Date _____