



YMCA OF SAN DIEGO COUNTY  
**COMMUNITY  
WELL-BEING  
& BELONGING**

## YMCA RAINTREE RANCH PARENT GUIDE

Mailing PO Box 2440, Julian CA 92036

Physical 2315 Frisius Dr, Julian CA 92036

T 760.765.0642 F 760.765.0183

sneale@ymcasd.org | ymcasd.org/camps

# WELCOME RAINTREE CAMPERS

We are thrilled that you've chosen YMCA Raintree Ranch for your child this summer. In this Parent Guide many of your questions will be answered. For additional info visit [ymcasd.org/camps](http://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



### HORSE SHOW FRIDAYS

On Friday, our horse show starts at 2:30, and we will transition to our bolo and awards ceremony at 3:30pm. Afterwards, please stick around for the BBQ at 4:00pm! If you are not attending the horse show, bolo ceremony, or BBQ, we ask that you pick up your camper anytime between 3:30pm-4:30 pm. Photo ID is required for pickup, and any authorized pickups must be listed on your camper's admission form.

### DIRECTIONS TO CAMP

Our physical address is 2315 Frisius Dr. Julian CA 92036. From Ramona (north and east of San Diego), continue on Rte. 78 East. After 16 miles, you'll pass through the small town of Santa Ysabel. Continue on Rte. 78 for 6 more miles and, one mile before Julian, turn right on Pine Hills Road (it is well marked). Follow our camp signs, turn left on Frisius Dr. and continue for about 3/4 mile until you see YMCA Raintree Ranch on the right.

### BUS TRANSPORTATION

You must register for bus transportation online for each bus trip separately (ie "to camp" and "from camp"). For the bus ride to camp, please arrive at Mission Valley Family YMCA (5505 Friars Rd) at 1:00pm, as the bus departs at 1:30pm. On Fridays, the bus departs camp at 5:00pm, which will place the bus at Mission Valley Family YMCA between 6:00pm-6:30pm.

### 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. If you have any questions please contact us: 760.765.0642 or email Sharnaye Neale – [sneale@ymcasd.org](mailto:sneale@ymcasd.org).

### 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

Please send healthy kids to camp. Upon arrival, we require each family complete a detailed health check verifying your child is healthy and symptom free. If your child is sick and therefore unable to attend camp, we are always willing to transfer them to another session based on availability. Camp staff will facilitate a daily symptom check with each camper. If a child exhibits symptoms, they will be isolated and must be picked up ASAP.

All campers must arrive with proof of a negative COVID-19 rapid at-home antigen test taken within the previous 24 hours. The test must show camper name, date, and time such as a time-stamped picture. If unable to take at home we will have a limited supply available at check-in.

## 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

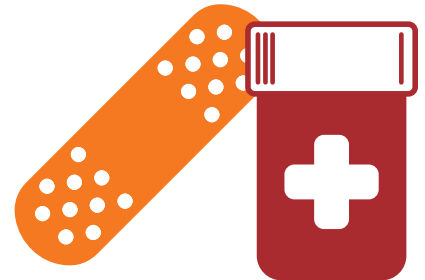
You, as parent or guardian, are responsible for any medical costs incurred while at camp. Be sure to provide accurate information regarding your insurance carrier on the Health History Form.

## 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 homesick 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 will do our best to accommodate the needs of severe allergies. Please contact our Program Director, Tami Tharp at least two weeks in advance with questions/concerns: [ttharp@ymcasd.org](mailto:ttharp@ymcasd.org).

**Illness:** If your child is sick, please do not send them to camp. Please contact the office and we will try to reschedule their camp session in cases of documented illness. 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

Our policy is to not allow campers to phone home during the week. Experience has shown that these calls are extremely disruptive, both programmatically and personal growth-wise. One of the valued outcomes of camp is a camper learning independence! Phoning home detracts from that important goal. In rare circumstances due to behavior or severe homesickness, our staff will initiate calls with your camper.

## VISITING DAYS

We do not normally permit visiting days during your camper's sessions. This can be disruptive to your camper's experience, as well as distracting for other campers. We find that campers benefit greatly from a fully immersive and uninterrupted experience! If for any reason you must check out your camper during their session, please let staff know upon check in so we may have them ready on the day you plan to pick up.

## MAIL

Campers love receiving mail from home while at camp. To guarantee delivery, you may also drop off letters during check in that you would like to be distributed to your camper throughout the week! For all other mail, please note that it does take a few days to deliver.

### SAMPLE ADDRESS

Camper's Name, Session # \_\_\_\_\_  
YMCA Raintree Ranch Cabin # \_\_\_\_\_  
PO Box 2440  
Julian, CA 92036

## ONLINE PHOTO GALLERY & PARENT TO CAMPER EMAILS

We offer online pictures of our campers for parents 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. Cash and credit card are accepted. The camp store will not be open during the week for campers to go in. We do provide snack every afternoon from our kitchen.

## 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, tablets, electronic games, digital readers 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.

## REQUIRED ITEMS:

- Sleeping bag - needed for campout
- Pillow
- HEELED BOOTS\*** for riding 
- 1 pair of sturdy sneakers for hiking
- 2-3 pairs of long pants
  - Must be jeans or pants specifically made for riding.
  - Yoga pants, leggings, or athletic warm-up pants won't work.
- 1 camp appropriate swim suit
- 2 pairs of shorts
- 1-2 sweatshirts or jackets
- 6 T-shirts\*
  - Must be appropriate for being around horses.
  - Low-cut or midriff showing shirts are unacceptable.
- 6 pairs of underwear, sports bras
- 6 pairs of socks
- Thin/cool pajamas, or t-shirt/tank top/shorts
- 1 hat or cap with brim
- 2 towels
- Toiletries: soap, toothbrush, toothpaste, deodorant
  - A shampoo/conditioner 2-in-1 is best with limited shower time.
  - A small bottle of body wash is easier to manage than a bar of soap.
- Comb/brush
- Lip balm, chapstick
- Sunscreen lotion
- 2 Large water bottles labeled with camper's name
- Laundry bag, or trash bag for dirty/wet laundry

**\*HEELED RIDING BOOTS:** For safety concerns and overall comfort while on horseback, a riding boot is an important piece of attire. Riding boots need to have at least a 1/2 inch straight heel and fit up over the ankles; this is to help keep feet securely in the stirrups. Used boots can be found at second hand/thrift stores. New boots can be purchased from retailers that carry western/ranch apparel such as Boot Barn or Tractor Supply Co.

We have a boot collection and are always looking to expand. Please help us out and donate any boots that your camper may have outgrown. We would love to give them a good home at YMCA Raintree Ranch.

**\*T-SHIRTS:** Due to safety concerns, campers will be asked to wear T-Shirts during their daily time at the barn, while riding, and anytime they are around horses. Mounting and dismounting a horse creates a situation where clothing can get wrapped on the horn of the saddle; T-shirts help to eliminate this issue. While tank tops are more appropriate during other camp activities we ask that campers **please refrain from wearing shirts that are low cut, midriff showing, or have dropped arm holes.**

## OPTIONAL ITEMS:

- Book, reading materials
- Stationary, stamped envelopes
- Camera
- Sunglasses
- Bandana/neckerchief
- Insect repellent
- Day pack
- Guitar/musical instrument
- Flip flops for showertime
- Blankets/sheets (twin)
- 1 pair old sneakers
  - Sandals only allowed for shower time.

## RIDING HELMETS:

We require that all participants wear a ASTM/SEI approved helmet while on or around horses. **We provide certified helmets for participant use that are disinfected daily.** If you choose to bring your own helmet it must be staff approved and meet the following conditions: less than 5 years old based on manufacturing date, ASTM/SEI certified for horseback riding, has never sustained a fall/impact.

## NOT PERMITTED

- Video games
- iPods/iPads
- Digital Readers
- Laptops/Tablets
- Cell Phones
- Food
- Candy/Gum
- Alcohol
- Drugs
- Tobacco
- Weapons
- Fireworks
- Aerosol sprays
- Pets
- Offensive materials
- **Makeup**  
Our "no make-up" policy complements the outdoor experience. Please leave all cosmetics at home.

## JEWELRY

Due to safety concerns we will not allow necklaces to be worn while riding horses. We recommend leaving them at home.

# “THE BOLO PROGRAM”

## Raintree Ranch Horsemanship Achievement Level System

On the first day campers can join the Bolo Program. Although it's voluntary, just about everyone participates. Study packets are given on Monday of camp. Skills tests occur throughout the camp week and written tests are available Friday after Breakfast.

**Note for Returning Campers:** Bolo requirements have changed slightly from previous years, but you will NOT have to repeat levels that you have already achieved.

- Campers may only attain one bolo level per week.
- All new campers must begin at the Filly level but riding lessons will be separated by ability not bolo level.
- Most levels can be attained during one week of camp. The Trail Master is the hardest and most difficult to achieve. Not everyone completes this level, and most campers need more than 1 week to achieve Trail Master.
- The requirements for each level are as follows:

### 1 | FILLY

- Demonstrate proper approach, lead, mount, dismount.
- Identify 5 parts of horse.
- Identify 5 grooming tools and their use.
- Give 3 horse safety rules.
- Identify 3 parts of bridle and 3 parts of a saddle.
- Ride a walk in proper equitation.

### 2 | COLT

- Identify 10 parts of a horse.
- Identify 5 horse colors & describe or provide example.
- Identify 6 parts of a bridle.
- Describe 6 horse safety rules.
- Demonstrate safe behavior around horses.
- Assist with cleaning manure.
- Ride a walk while standing in stirrups.

### 3 | STALLION

- Identify 15 parts of a horse.
- Identify 10 parts of the saddle.
- Identify 5 common face markings.
- Describe 3 horses and their common uses.
- Demonstrate thorough grooming of a horse.
- Demonstrate proper tying of quick-release knot.
- Assist with morning chores (min. 1x).
- Ride a sitting trot in proper equitation.

### 4 | RANCH HAND

- Identify 25 parts of a horse.
- Describe the parts of the horse hoof.
- Describe the differences between feed and forage.
- Describe proper use of riding aids: 4 natural, 2 artificial.
- Demonstrate proper saddling of a horse.
- Demonstrate thorough cleaning of horse's hooves.
- Assist with morning chores (min 2x).
- Ride a posting trot in proper equitation.

### 5 | JR. WRANGLER

- Identify 30 parts of a horse.
- Identify 5 common leg markings.
- Identify 3 common western riding bits and their appropriate usage.
- Describe 5 common horse diseases, including prevention and treatment.
- Demonstrate thorough cleaning and conditioning of a saddle.
- Assist another camper with saddling.
- Assist with morning chores (min 3x).
- Ride a 7x7x7 (sitting, posting, and standing trot for 7 beats each) equitation.

### 6 | WRANGLER

- Describe effective strategies for internal parasite management.
- Describe at least 3 components of good hoof care.
- Describe how to safely lunge a horse in a round pen.
- Demonstrate how to bridle a horse and adjust for correct fit.
- Demonstrate how to take a horse's pulse and respiration rate.
- Assist with teaching trail etiquette.
- Assist with morning chores (min 4x).
- Compose an essay that details 5 equine industry careers that you find attractive/interesting.
- Ride a posting trot on the correct diagonal and begin a canter/lope.

### 7 | RAIN TREE RANCHER

- Describe the normal ranges of 6 equine vital signs.
- Discuss the proper reactions to 3 different trail hazards.
- Demonstrate disassembly of a bridle and proper reassembly.
- Demonstrate the steps of a thorough lameness evaluation.
- Assist with feedings (1x day with a min. 2 mornings)
- Assist with the horse show.
- Assist with morning chores (min. 4x)
- Compose an essay on the meaning of horsemanship and include thoughts on the Y's four core values.
- Ride a controlled canter/lope.

### 8 | TRAIL MASTER

- Minimum age 13.
- Assist in the instruction of one trail ride.
- Assist with feeding twice daily.
- Assist with morning and evening chores daily.
- Describe the process of equine digestion using proper anatomical vocabulary.
- Demonstrate how to safely administer equine oral medication/ de-wormer.
- Demonstrate how to apply a hoof pack and bandage.
- Demonstrate how to ground drive a horse through/over an obstacle.
- Compose an essay detailing your bolo experience.
- Ride balanced transitions between walk, trot, canter/lope.
- BE A CAMP ROLE MODEL!



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 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: \_\_\_\_\_

|   |   |   |  |
|---|---|---|--|
| <b>Allergies:</b> Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No<br>require Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>List _____   | Any airborne allergies <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List _____ | Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No      | Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Metamucil <input type="checkbox"/> Yes <input type="checkbox"/> No | Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No      | Cough Syrup <input type="checkbox"/> Yes <input type="checkbox"/> No    | Loratadine Yes No |
| Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No  | Ibuprofen (Advil) <input type="checkbox"/> Yes <input type="checkbox"/> No | Hydrocortisone <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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. 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. If you would like to opt out of photos of your camper please mark the box NO. No on photos

**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@ymcasd.org W ymcasd.org/camp



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

BOXES FOR STAFF USE ONLY PLEASE

|         |       |      |     |           |
|---------|-------|------|-----|-----------|
| SESSION | CABIN | MEDS | BUS | HOLDOVERS |
|---------|-------|------|-----|-----------|

**YMCA RAINTREE RANCH ADMISSION FORM**  
**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:
- Cell Phone
  - Medicine packed in my luggage
  - Make-up
  - Electronics

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

\_\_\_\_\_

**CAMPER SIGNATURE**

**FOR CHECK-OUT DAY ONLY**

\_\_\_\_\_

**AUTHORIZED PICK UP SIGNATURE**

\_\_\_\_\_

**STAFF SIGNATURE**