CAMPER CODE OF CONDUCT

Camp is meant to be a fun place to be for EVERYONE. The best way to ensure this mission is to make sure that all campers follow the camp policies. These rules are meant to keep each camper safe and happy.

PLEASE REVIEW THE FOLLOWING CONDUCT CODE WITH YOUR CHILD AND ASK HIM/HER TO SIGN IT

To stay safe, have fun, and ensure a good experience for all other campers, I will….

- Always follow directions of the YMCA Camp Winona Staff
- Stay with my counselor or activity group at all times
- Respect other campers, and their belongings at all times (This includes not verbally, emotionally, or physically hurting other people)
- Respect my environment by refraining from littering and abusing equipment/furnishings
- Demonstrate the four core values at all times; caring, honesty, respect, and responsibility
- Treat others how I would want to be treated
- Maintain a positive attitude
- Make an effort to try and participate in my scheduled activities
- Not engage in pillow fights or towel flicking (rat tails)
- Not enter any cabin or bathhouse except my own
- Remain in my cabin after lights out, unless asking to use the bathroom or see the nurse

OTHER CAMP POLICIES THAT MUST BE FOLLOWED:

- No camper is allowed to have or use any form of weapon, tobacco product, controlled substance, illegal substance, or alcoholic substance
- Electronic items (phones, tablets, etc) are not allowed at Camp; any found will be confiscated until check out
- Shoes must be worn at all times. Exceptions will be approved by the counselor

SHOULD YOU CHOOSE TO VIOLATE THIS CODE OF CONDUCT, THERE WILL BE CONSEQUENCES:

1. Camp Staff will first verbally warn campers for breaking these policies
2. If behavior or action persists, camper will not participate in that given activity
3. If behavior still persists, camper will be sent to the camp office with the Camp Executive Director and parents will be notified at this time
4. Camper will be put on a 24 hour contract. If behavior or actions do not improve, child will be sent home at parents' expense
5. The camp director will discuss all decisions thoroughly with the parent before any child is sent home
6. The camp director reserves the right to send home any camper if it is decided that it is in the best interest of the YMCA Camp Winona program and campers. Immediate dismissal of a camper may result from severe infractions

I AGREE TO FOLLOW THESE POLICIES AND ACCEPT THE CONSEQUENCES IF I DO NOT

_____ _____

CAMPER'S SIGNATURE **DATE**

I HAVE REVIEWED THESE POLICIES AND CONSEQUENCES WITH MY CHILD

_____ _____

PARENT/GUARDIAN'S SIGNATURE **DATE**

LETTER FROM CAMPER

This is a letter from you, the camper, to your counselors so that they know something about you before you arrive!

Today's Date:_____

Full Name:_____ Nickname:_____

Age:_____ School:_____ Grade Next Year:_____

Your Preferred Pronouns: She/Her He/Him They/Them Other:_____

What would you like to do/get out of camp this year?_____

_____

What do you want to learn?_____

_____

What worries/concerns do you have about camp?_____

_____

What do you like to do for fun?_____

_____

What are your likes?_____

_____

What are your dislikes?_____

_____

Is there anything else you want your counselors to know about you?_____

_____

_____

_____

Finish this statement:

This year, I think camp is going to be _____!

Sincerely,

_____

PARENT/GUARDIAN'S CONFIDENTIAL QUESTIONNAIRE

The following information is confidential and will only be shared with relevant staff to ensure your child acclimates to camp and has a safe, meaningful, and fun camp experience. Your child will not see this form at camp.

CAMPER NAME_____ PREFERRED NAME_____

BIRTH DATE_____ AGE AT CAMP_____ MALE FEMALE

1ST PARENT/GUARDIAN NAME_____ RELATIONSHIP TO CAMPER_____

RESIDES WITH CHILD Yes No ACTIVE IN CHILD'S LIFE Yes No

2ND PARENT/GUARDIAN NAME_____ RELATIONSHIP TO CAMPER_____

RESIDES WITH CHILD Yes No ACTIVE IN CHILD'S LIFE Yes No

OTHER ADULTS ACTIVE IN CHILD'S LIFE_____

NUMBER OF BROTHERS_____ AGES_____ NUMBER OF SISTERS_____ AGES_____

OVERNIGHT EXPERIENCE; Has your child stayed overnight anywhere but home? Yes No

DETAILS _____

PLEASE DESCRIBE ANY IMPORTANT DETAILS ABOUT YOUR CHILD THAT WILL HELP THE COUNSELORS PROVIDE THE BEST CARE POSSIBLE

CAMPER'S INTERESTS, TALENTS, AND HOBBIES_____

_____

EXPECTATION: What do you expect your child to gain from Camp?_____

_____

ACTIVITES: What does your child want to do most at Camp?_____

_____

BEHAVIORS/HEALTH ISSUES: Please describe anything the counselor should be aware of (i.e. bedwetting, aggression, etc) _____

_____

_____

MAJOR EVENTS/ACCOMPLISHMENTS: Please detail any highs or lows in the last year that have affected your child

_____

PERSONALITY TRAITS: Please mark all that apply to your child

☐ ADVENTUROUS	☐ BOSSY	☐ CONFIDENT	☐ DEPENDABLE	☐ ENCOURAGING
☐ FAIR	☐ FEARLESS	☐ FINICKY	☐ HELPFUL	☐ IMAGINATIVE
☐ IMPULSIVE	☐ INDEPENDENT	☐ LAZY	☐ METICULOUS	☐ OPTIMISTIC
☐ QUARRELSOME	☐ QUICK LEARNER	☐ RELIABLE	☐ SARCASTIC	☐ TRUSTING

ARE THERE ANY OTHER ISSUES, CONCERNS, FEARS OR QUIRKS WE SHOULD KNOW ABOUT_____

_____

_____

SIGNATURE_____ RELATIONSHIP_____ DATE_____