FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Kennebec Valley YMCA

Spring Fling

Family Fun Dance

COME MEET AND RECONNECT WITH FRIENDS YOU MADE AT CAMP!

WHEN:

Friday April 8, 2016

6:30pm - 9:00pm

WHERE:

Harold Alfond Gymnasium

at the Kennebec Valley YMCA

31 Union Street, Augusta

Come enjoy a fun evening with friends and family as we cele-brate the upcoming summer camp season!

Event will include dancing, fun photos, raffles for camp and concessions.

***** All children under the age of 13 need to be accompanied by an adult.

This event is FREE and open to the public!

Pre-registration is required and space is limited!

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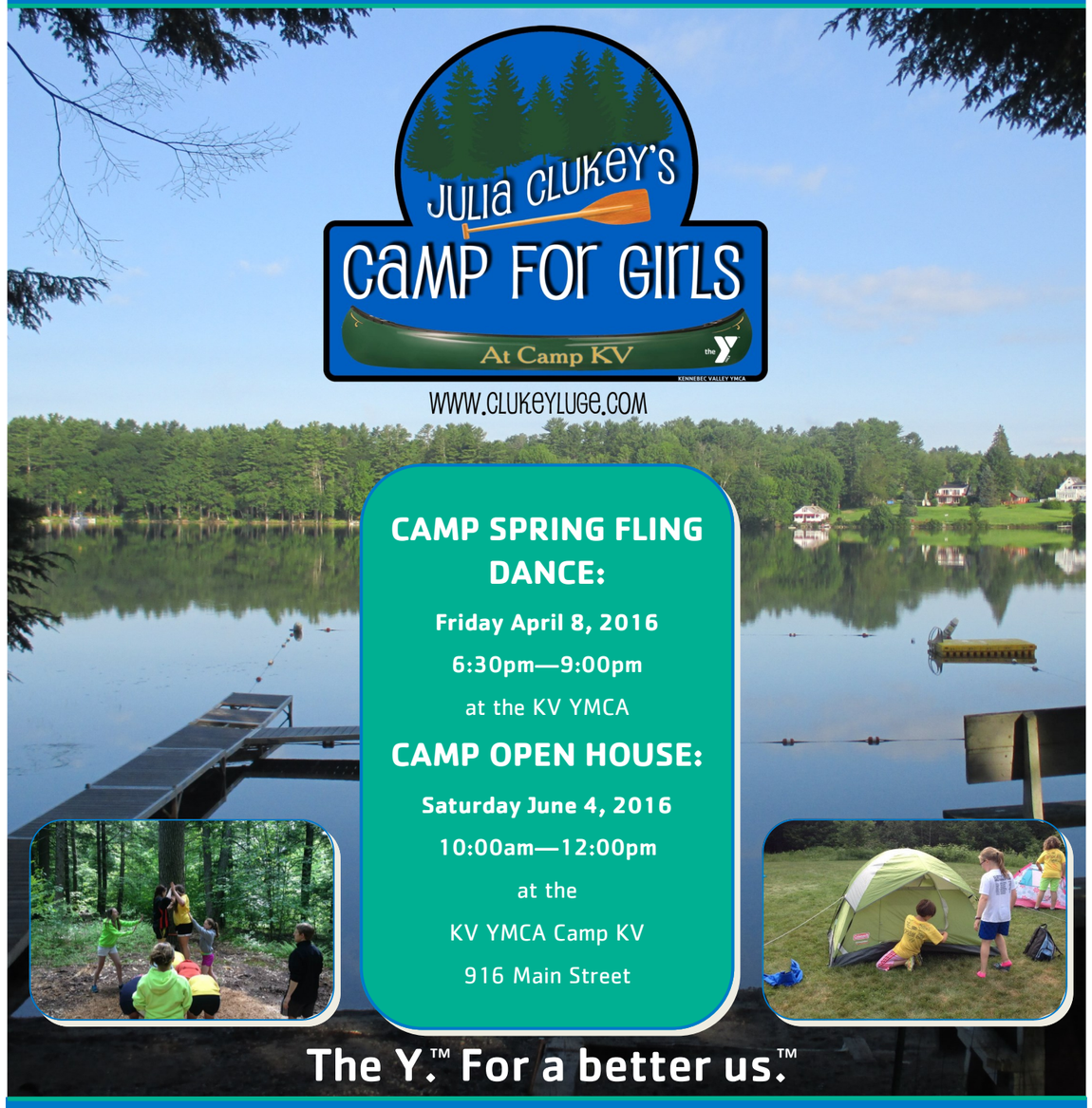


Kennebec Valley YMCA at CAMP KV
Summer 2016 Program

P: 207 622 9622
P: 207 685 4644 (CAMP)

www.kvymca.org

JULIA CLUKEY'S CAMP FOR GIRLS

A Message from Julia

The 5th year of camp is right around the corner. I am excited for another year of camp and the opportunity to connect with the girls in our community. I look forward to sharing new experiences, activities, and discussions with the girls. Having the opportunity to encourage each and every camper to be proud of themselves, to believe in themselves, and to be leaders in their own lives has been one of the most joyful experiences in my life. This year will be no different; we will have two weeks filled with kayaking, swimming, sports, arts and crafts, and spending valuable time with each other learning the importance of gaining self-confidence, setting goals, and keeping our minds and bodies in good health. In luge and in life I am always looking for ways to make things better and I hope to make this year's camp the best yet. I'm already counting down the days to both seeing the familiar faces of returning campers, and meeting the new campers that are joining us for the first time!

See you soon!

Julia Clukey

ENROLLMENT

In order to reserve a slot for your child/children, a $100 non-refundable deposit, and a complete registration packet for each child must be submitted by June 13th. The Kennebec Valley YMCA requires all campers to submit all required medical forms AND immunization record (s) completed by a Physician. Please see our parent handbook for more information which can be found at our website at kvymca.org

www.kvymca.org **(207) 622-YMCA**

ABOUT JULIA CLUKEY

Olympian Julia Clukey is from Augusta, Maine and is a member of the U.S. National Luge Team. She competed in the 2010 Olympics in Vancouver. She loves living in Maine and enjoys giving back to the community. As a spokesperson for the Maine Beer & Wine Distributors Association, she has shared her Olympic story and message about good decision-making and responsibility to more than 5,000 Maine high school students.

Julia is a life-long member of the KV YMCA. She became interested in luge when she was just 12 years old. Julia has always wanted to find a way to reach out and inspire the younger generation and teach them to work hard and stay focused on their dreams.

To learn more about Julia, visit her website: www.clukeyluge.com.

TRANSPORTATION

We offer transportation to Camp KV from our two KV YMCA locations:

AUGUSTA CAMPUS
DEPART TIME: 7:40 AM
(Please arrive at 7:30 AM)
RETURN TIME: 4:30 PM

MANCHESTER CAMPUS
DEPART TIME: 7:50 AM
(Please arrive at 7:40 AM)
RETURN TIME: 4:15 PM

*An adult **must** wait for the bus with their child(ren). Parents may also transport their child(ren) directly to and from camp. Please drop off by 8:00 AM and pick up by 4:00 PM. We do not offer before or after care. Please be considerate of our staff, and ensure that children are dropped off and picked up promptly at the times listed.

GENERAL INFORMATION

Julia Clukey's Camp for Girls at Camp KV is a state-licensed day camp for girls entering grades 4-8 located on 70 acres of beautiful, naturally preserved land on Maranacook Lake in Readfield. Our camp day begins at 8:00 a.m. and ends promptly at 4:00 p.m.

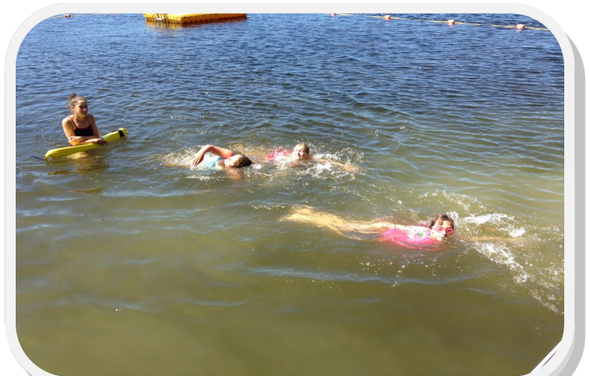
Olympian Julia Clukey and the Kennebec Valley YMCA offer traditional camp activities, such as swimming, boating, arts and crafts, nature hikes, field sports, archery and valuable time with Olympian Julia Clukey. The girls will be part of a noncompetitive, nurturing environment that focuses on character development. Julia will work daily with the girls to build self-confidence and build positive friendships and experiences based on our core camp values of caring, honesty, respect, and responsibility. In addition, camp will also include a diverse list of guest speakers who will be invited to camp to share their experiences with the girls and encourage them to dream big.

2016 CAMP RATES

Dates: June 20th – June 24th, June 27th – July 1st
(Overnight on Jun. 30th; 1/2 day on July 1st)

Members:	**$300**
Program Members:	**$325**
Non-Members:	**$350**

Camp pricing includes a nutritious lunch, as well as drinks and snacks, water bottle, and a T-shirt!
(Space is limited and registration will fill up quickly).
Become a member of the KV YMCA!
Let your child enjoy all the benefits of our facilities and recreational opportunities. Sign up today to be a member.



SPEND THE NIGHT AT CAMP

Julia and our staff from the YMCA invite all campers to be part of the one-night overnight experience on Thursday, June 30th. Campers will enjoy their final night with a dinner BBQ celebration and special campfire. Parents are invited to attend the camp fire. The following morning - Friday, July 1st - parents are invited to join the campers for the closing ceremonies, starting at 10:00AM and ending at 12:00PM This is an opportunity for families to come pick up their child(ren) from the overnight experience and to meet Julia and the camp's counselors.

WHAT TO BRING

Campers should bring a backpack, sunscreen, sweatshirt, a one piece bathing suit, towel, and water bottle. Campers' names should be clearly marked on all belongings including clothing. Open–toed sandals or shoes are NOT permitted at any time.

Campers should not bring cell phones or electronic devices. A camp phone is available for emergencies.

FINANCIAL ASSISTANCE

Julia Clukey's Camp for Girls and the Kennebec Valley YMCA are proud to offer need based scholarships for qualifying children to attend camp. Scholarship applications are available at either of our Membership Services Desks and must be submitted by May 6, 2016. All scholarship recipients will be notified by June 6, 2016.

NEW Literacy Program!

We are very excited to announce that we will be featuring a new literacy program at camp this summer! In this program, campers will engage in daily creative reading and writing activities. These activities will capture campers' experiences in the great outdoors!

HAS/DOES THE CAMPER: CHECK YES/NO

1) Had any recent injury or illness?	❑ YES	❑ NO
2) Problem with joints?	❑ YES	❑ NO
3) Chronic or recurring illness/condition?	❑ YES	❑ NO
3) Ever been hospitalized?	❑ YES	❑ NO
4) Ever had surgery?	❑ YES	❑ NO
5) Have frequent headaches?	❑ YES	❑ NO
6) Ever had a head injury?	❑ YES	❑ NO
7) Have any skin problems?	❑ YES	❑ NO
8) Ever had frequent ear infections?	❑ YES	❑ NO
9) Ever passed out during or after exercise?	❑ YES	❑ NO
10) Ever been dizzy during or after exercise?	❑ YES	❑ NO
11) Ever had chest pain during or after exercise?	❑ YES	❑ NO
12) Ever had seizures?	❑ YES	❑ NO
13) Ever had high blood pressure?	❑ YES	❑ NO
14) Ever been diagnosed with a heart murmur?	❑ YES	❑ NO
15) Ever had back problems?	❑ YES	❑ NO
16) Ever had problems with joints?	❑ YES	❑ NO
17) Have asthma?	❑ YES	❑ NO
18) Have diabetes?	❑ YES	❑ NO
19) History of sleep walking?	❑ YES	❑ NO
20) History of bed wetting?	❑ YES	❑ NO
21) Had mononucleosis in the past 12 months?	❑ YES	❑ NO
22) Ever had an eating disorder?	❑ YES	❑ NO
23) Ever had emotional difficulties for which professional help was sought?	❑ YES	❑ NO
24) Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder?	❑ YES	❑ NO
25) Heart Trouble	❑ YES	❑ NO
26) Cancer/leukemia	❑ YES	❑ NO
27) Hemophilia	❑ YES	❑ NO
28) Had a significant life even that continues to affect the camper's life?	❑ YES	❑ NO

Please explain any "yes" answers or any chronic issues not listed here and explain what kind of support will be needed

_____

_____

_____

_____

PARENT/ GUARDIAN AUTHORIZATION

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. 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.

Signature of parent/guardian of camper_____ Date _____

BUSSING & EMERGENCY FORM

Name of Camper: _____ Age: _____ Grade: (Entering Fall 2016) _____

Parent/Guardian Name: _____ Work Phone Number: _____

Cell Phone Number: _____ Home Phone Number: _____

Parent/Guardian Name: _____ Work Phone Number: _____

Cell Phone Number: _____ Home Phone Number: _____

WILL YOUR CHILD BE RIDING THE BUS? ❑ YES ❑ NO

PLEASE INDICATE WHERE YOU WILL BE DROPPING OFF YOUR CHILD:

❑ Augusta Campus (Bus Stop) ❑ Manchester Campus (Bus Stop) ❑ Camp KV

Please list the names and phone numbers of any additional people that would be picking up your child from camp. Anyone that picks up your child will be asked to show a photo ID for safety purposes. Also list anyone who will assume temporary care of your child if you cannot be reached in case of any emergency.

ACCEPTABLE ALTERNATIVE PICK UP FOR MY CHILD:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

LIST ANYONE WHO WILL ASSUME TEMPORARY CARE OF YOUR CAMPER IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

DOES YOUR CHILD HAVE ANY CURRENT HEALTH CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESRICTIONS WHILE AT CAMP?

_____

_____

HOW WELL DOES YOUR CHILD SWIM?

❑ non-swimmer ❑ beginner ❑ intermediate ❑ advanced

I authorize the KV YMCA to take and use photos and video for KV YMCA marketing purposes:

❑ YES ❑ NO

PLEASE LIST ANY ADDITIONAL INFORMATION CAMP STAFF SHOULD BE AWARE OF: (CUSTODY, LEGAL ORDERS, BEHAVORIAL, ETC.) _____

_____

_____

CAMPER HEALTH FORM

This form is to be completed by the parent/guardian. This form needs to be completed at the time of registration. We also require an up to date immunization record which can be submitted in person or by faxing it to us at 207-621-6212

Name of Camper: _____ ❑ Male ❑ Female
Date of Birth: _____ Age at Camp: _____ Grade Entering Fall 2016:____

Family Physician: _____ Phone: _____
Dentist: _____ Phone: _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? ❑ Yes ❑ No
If so, indicate carrier or plan name_____ Group # _____
I, _____ hereby give authorization to the KV YMCA to obtain emergency medical treatment for my child in case of sudden illness of accident.

PHYSICAL DESCRIPTION OF CAMPER

Body Build: _____ Hair Color: _____
Eye Color: _____ Height: _____ Weight: _____
Special identifying marks (birthmarks, scars, etc.) _____

ALLERGIES List all known. Describe reaction and management of the reaction.
Medication allergies: _____
Food allergies: _____
Other allergies: —include insect stings, hay fever, asthma, animal dander, etc. _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription 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.

❑ This person takes NO medications on a routine basis.

❑This person takes medications as follows:
PLEASE NOTE: Any medications are to self-administered by a camper, a note signed a medical professional is required.

Med # 1 _____ Dosage _____ Specific times taken each day_____
Reason for taking_____
Med # 2 _____ Dosage _____ Specific times taken each day_____
Reason for taking_____
Med # 3 _____ Dosage _____ Specific times taken each day_____
Reason for taking_____
Attach additional pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer

_____
_____
Describe any behavioral issues that your child's counselor should be aware of. (aggressive behaviors, sensory issues, etc.) Also, please list any of the aforementioned medications that may affect your child's behavior/mood.

_____
_____

JULIA CLUKEY'S CAMP FOR GIRLS

REGISTRATION FORM

Please complete one registration form per child.
Return registration form(s) along with emergency form(s), medical form(s), immunization record(s) and $100.00 non-refundable deposit to the Kennebec Valley YMCA's Membership Services Desk
(PLEASE PRINT)

CAMPER'S NAME: _____ _____ _____ **HOME PHONE: (** **)**___ ___
Last **First** **M.I.**

ADDRESS: _____ _____ _____ _____
Street **City** **State** **Zip**

FATHER/GAURDIAN'S NAME:_____ **HOME PHONE:(** **)**_____ **CELL PHONE: (** **)**_____

HOME PHONE:(**)**_____ **PLACE OF EMPLOYMENT:** _____ **EMAIL:** _____

ADDRESS: _____ _____ _____ _____
Street **City** **State** **Zip**

MOTHER/GAURDIAN'S NAME:_____ **HOME PHONE:(** **)**_____ **CELL PHONE: (** **)**_____

HOME PHONE:(**)**_____ **PLACE OF EMPLOYMENT:** _____ **EMAIL:** _____

ADDRESS: _____ _____ _____ _____
Street **City** **State** **Zip**

Our Parent Handbook can found and printed from our website at www.kvymca.org

PLEASE SELECT CAMPER'S SHIRT SIZE:

YOUTH: **S** **M** **L** **-or-** **ADULT:** **S** **M** **L** **XL**

My signature below signifies that I agree with all information on this application. **I understand the KV YMCA prohibits my child from attending camp if all required medical forms and immunization records are not submitted prior to the beginning of camp.** Permission is also granted for the YMCA to take and use photographs/video of the person named on this application and use it for marketing purposes. I authorize YMCA officials to secure medical/emergency attention and treatment for the camper listed above. I have enclosed a $100.00 non-refundable deposit per child/per camp session. **I also agree to pay the balance of camp fees the Monday prior to the beginning of the camp session(s)**. I have read and understand the parent handbook. Permission is granted for the camper to participate in all planned camp activities including field trips and walking trips. THE UNDERSIGNED VOLUNTARILY AGREES TO HOLD THE YMCA HARMLESS FOR INJURIES OR ACCIDENTS RESULTING IN BODILY OR PROPERTY DAMAGE DURING MY CHILD'S PARTICIPATION IN PROGRAMS AT THE KV YMCA CAMP KV. I FURTHER WAIVE, RELEASE, ABSOLVE, AND INDEMNIFY THE KENNEBEC VALLEY YMCA, YMCA CAMP KV, ITS DIRECTORS, VOLUNTEERS, OFFICERS, OR EMPLOYEES FOR INJURIES OR ACCIDENTS OCCURRING WHILE PARTICIPATING IN THE PROGRAMS OF KV YMCA Julia Clukey Camp for Girls at Camp KV.

Parent/Guardian Signature: _____ Date Signed: _____

31 Union Street • Augusta **40 Granite Hill Road • Manchester**
(207) 622-YMCA (9622) **www.kvymca.org**