

FAMILY CAMP SAMPLE SCHEDULE

This schedule is subject to change, at check in you will receive a more detailed schedule for all our activities and times.

DAY 1 – Check-in

3:00 PM–5:00 PM	Check-in at the Main Parking Area; cabins available to move in
4:00 PM–5:30 PM	Settle in, when ready we'll host rolling Camp Tours from dining hall
6:00 PM	Dinner Pick up (each family will be assigned a time slot)
7:45 PM	S'mores at Cove Bowl (time slot assigned)
9:00 PM–10:30 PM	Recreation Activities offered*/Free Time
10:30 PM	Gates, Rich Lodge and Dining Hall locked for evening

DAY 2

7:00 AM	Dining Hall opens and Gates unlocked
8:00 – 9:00 AM	Breakfast Pick up (each family will be assigned a time slot)
9:00 AM	Recreation Activities offered*/Free Time
12:00– 1:00 PM	Lunch Pick up
1:30 PM	Recreation Activities offered*/Free Time
6:00–7:00 PM	Dinner Pick up (each family will be assigned a time slot)
7:00PM– 10:30PM	Recreation Activities offered*/Free Time
10:30 PM	Gates, Rich Lodge and Dining Hall locked for evening

DAY 3 – Check Out

7:00 AM	Dining Hall opens and Gates unlocked
8:00–9:00 AM	Breakfast Pick up (each family will be assigned a time slot)
9:00 AM	Recreation Activities offered*/Free Time
11:00 AM	Check Out

MEAL TIME INFORMATION: Our dining hall will look different this summer. Each meal will be packed for your family and available for pick up in the Dining Hall. You will receive a survey with meal options before your session starts. Please provide any additional information in the notes section for each meal individually (example, vegetarian, gluten free, etc...)

Though we would love to have everyone in the dining hall it is not possible to share that space together at this time. We ask families to take their meal and enjoy it around camp at one of our picnic tables or at their own cabins.

Meals will be served in single use containers, no need to bring dishes or utensils. Your meals will be prepared and packed by our staff who will wear gloves and masks. All water from any faucet around camp is drinkable. We ask that families use their personal water bottles as much as possible for drinks during meals.

Necessary precautions: Please wash your hands before and after each meal and keep at least 6' distance from other families when picking up your food. Please limit wandering around the dining hall during meals.

Recreational Activity choices for family camp will include:

- Climbing Wall
- Boating—Canoes, kayaks (ages 10+), rowboats, big canoe trips
- Archery
- Arts and Crafts
- Nature Activities
- Basketball
- Bean Bag Boogie
- Touch Tanks
- Marine Life Exploration at Low Tide
- Dippy*
- Farm and Garden
- Zip Line
- Horseshoes

Necessary Precautions: Our pool will be closed until the Health Dept. determines it is safe to swim. We have opened up an afternoon time period (Dippy*) for folks to jump into the Puget Sound if they wish to do so. Please socially distance at each program area so that safety is maintained and please stay with your family group at all times.

PRE-CAMP PRECAUTIONS

Please self-monitor before coming to camp and limit your interaction with riskier situations at least 2 weeks before the start of the session.

If any of the following occurs to you or someone you are in contact with, please notify us and respectfully withdraw your registration from Family Camp. We will reimburse in full.

- Have you been in contact with anyone ill in the last 2 weeks? Y/N
 - Sore throat, fever, chills, shaking, muscle pain, headache, cough, vomiting, diarrhea, flu-like symptoms, loss of taste or smell.
- Have you experienced any of the following symptoms in the last 2 weeks? Y/N
 - Sore throat, fever, chills, shaking, muscle pain, headache, cough, vomiting, diarrhea, flu-like symptoms, loss of taste or smell.
- Have you been around any large crowds or groups in the last 2 weeks? Y/N
- Have you had a body temperature over 100.4 Degrees in the past 2 weeks? Y/N

Please understand that we want everyone to experience camp, but it is important that we make sure camp is safe. Please help us in limiting the potential spread of this sickness and if you have been in a situation where you are at risk, let us work with you and reschedule your family camp week. Please contact Lincoln McLain for any questions you may have: 253-460-8884.

FAMILY ADVENTURES INFORMATION AND GUIDELINES

Read this information to learn all the details for your family's stay at camp. If you have questions or concerns, please contact YMCA Camp Seymour, by telephone at 253-884-3392.

CHECK-IN and CHECK-OUT TIMES

We will be ready to welcome you in the Main (upper) parking area between **3:00 PM and 5:00 PM** during our check-in time. We will not be running luggage delivery for each cabin. Instead we will allow you to pull your vehicle through camp and deliver your luggage directly to your cabin. Please maintain a 5 MPH speed through camp. Little ones follow balls instead of looking where they are going. A welcome meeting for community rules will be held at 5:30 PM in the Amphitheatre. If you need to arrive at camp after 7:00 PM, please park in the Main (upper) parking area and walk down to the dining hall, where our staff will assist you. Call ahead to let us know your arrival time if it is different from the scheduled check-in time and we will make accommodations. Check-out on Sunday is between 9 AM and 11 AM. Families are expected to self-perform health checks. See details on recommended items to be checked above. Prior to coming to camp and throughout camp experience. Daily health checks recommended. Note, staff will be checked daily as well.

SANITIZATION

All cabins are deep cleaned and sprayed with an electrostatic sprayer before each use. This is a powerful and safe way for us to make sure cabins are clean for each new family. We use Q-T as a chemical cleaner on surfaces around camp and Suprox-D on any food surfaces like dining hall tables. Our surfaces are left wet after we sanitize so that the chemical has time to sanitize, please do not be alarmed if you encounter wet surfaces. Additionally, it is important to note that, when used appropriately, these chemicals are acceptably safe around families and will not tarnish, or bleach your clothing. Please ask if you have any questions about our cleaning procedures. We take this very seriously.

PHYSICAL DISTANCING

Please wear a mask anytime you would be closer than 6' to anyone outside your family group. Also, please maintain physical distancing, at least 6' from anyone not in your family group.

BATHROOMS AND SHOWERS

Each cabin has its own shower and bathroom. We ask that guests attempt to use these personal facilities as much as possible. Other restrooms will be cleaned regularly.

HOUSING ASSIGNMENTS

We expect that every family will have their own cabin. If you wish to share a cabin with another family, please let us know ahead of time. We strive to make wise decisions about assignments so that members of your family with special needs and/or limited mobility receive appropriate placements. We currently have 6 ADA accessible cabins. You have indicated your needs on your registration form, but feel free to call Lincoln to discuss any concerns about the location or amenities or your cabin.

FIRST AID and MEDICAL CARE

Families are responsible for their own first aid and medical care. Emergency transportation and major injury care is available from our local fire department. Non-emergency transportation is the responsibility of the affected family. Camp Seymour reserves the right to send a participant home if a physician so advises. Or of any signs or symptoms of Covid-19 are present. Only campers under the age of 18, and **NOT** accompanied by their legal guardian, must complete a health form – you will find it at the end of this information.

REFUND POLICY

Camp registration deposits are not refundable. The balance of the camp fee will be refunded only under exceptional circumstances, and with the approval of the Camp Director. Please understand that we have reserved a place for your family with your registration, and may have turned others away.

SPECIAL NEEDS (mobility, diet, allergies, etc.)

We strive to provide programs and services for everyone at YMCA Camp Seymour. If you or a family member has special needs, please contact Lincoln McLain at 253-460-8884 or by email at lmclain@ymcapkc.org. We will be happy to discuss the weekend's activities with you to make sure they are appropriate for your family. We always provide vegetarian options at most meals and accommodate almost all food allergies. However, our ability to serve many allergies and dietary needs depends on advance notice and might require you to bring your own supply of specialized food.

SPENDING MONEY

There are a variety of items available in our camp store, such as sweatshirts, water bottles, stuffed animals and other non-food items. Hooded sweatshirts cost \$35.00, and Seymour t-shirts cost \$14.00. There is also a small local grocery store and Espresso Stand in Key Center (one mile up the road).

ALCOHOL AND TOBACCO POLICY

As a branch of the YMCA, and in the spirit of Family Camp, our guests must refrain from the possession or use of alcohol or drugs while at camp. If members of your family smoke, we ask that you do not smoke inside any of our facilities or on our property; we will designate an area for you if requested.

NOISE CURFEW

Our neighborhood observes a noise curfew from 10:30 PM - 7:00 AM. Please make an effort to keep noise to a minimum during these times as sound travels easily across our cove.

LOST and FOUND

A common camp issue! There is a box in the Dining Hall for lost or found items. Unclaimed clothing will be laundered and donated to charitable organizations after thirty days of not being claimed. We recommend labeling all items if you or your loved ones are prone to forgetfulness.

LOW-TECH GUIDELINE

At Camp Seymour, children's video games, iPod, and laptops are discouraged. We are an outdoor recreational facility where spending time in nature and building community is the goal. These electronic devices detract from that experience. Cell phones receive poor reception in most areas of camp; we have a telephone in our office and internet access for emergencies. Cameras are welcome to capture camp memories.

COMMITMENT TO HEALTHY CHOICES

Our YMCA is part of a national YMCA initiative to improve wellness through physical activity and healthy nutrition choices. At camp, being active is a part of everyday—from our morning run and walk to our recreational activities and walking the camp trails (we are a "vertical" camp). Our meals are always served with many fruits and vegetables, and we have a traditional camp kitchen that serves buffet meals with a variety of options.

COMMUNICATION

In case of emergency at home or in camp, Lincoln McLain is your weekend host 253-460-8884. There is a telephone available for guests to use if needed and each cabin is equipped with a radio for emergencies.

DRESS CODE

We ask that all of our participant's dress in a manner appropriate to camp and a public setting. Outdoor and modest dress is the most fitting for camp. Closed toed shoes are required for some recreational activities and warm clothing is recommended for outdoor evening programs.

PACKING LIST

WHAT TO BRING

Each member of your family will need these items:

- Sleeping bag or twin bedding and Pillow
- A pen to write with (we cannot share commonly touched items like pens)
- Toiletries (Soap, shampoo, toothbrush, etc.)
- Towel
- Hat and/or Sunglasses (for sun and rain protection)
- Camp appropriate, all weather clothing
- Closed-toe shoes (sneakers, boots, etc.)—*required for climbing wall*
- Warm & Waterproof Outerwear (jacket, coat, poncho, etc.)
- Water bottle
- Sleep wear
- Bathing suit (for the pool and/or “dippy” in the cove)
- Flashlight
- Personal medication and/or vitamins
- Enough face masks for the whole family (recommended three mask per person/one for each day)

Other recommended items:

- Sunscreen
- Hand Sanitizer
- Bug repellent
- Ear plugs (snoring happens)
- White shirts for Tie Dye!
- Musical Instruments
- Cards & Games
- Special equipment for small children (booster chairs, toys, etc.)
- Camera
- Reading Materials
- Personal Camp Gear (fishing pole, binoculars, camp chairs, etc.)
- Extra blanket

Note: LABEL EVERYTHING!

Please clearly label any items that you would like to contribute with your family’s name so they can be sure to be returned to you. We expect guests to use reasonable care when using these resources. If you bring other items only for your family, please do not leave them around camp.

WHAT NOT TO BRING

Please refrain from bringing these items to camp

- Pets
- Drugs or Alcohol
- Weapons
- Irreplaceable items...use discretion

DIRECTIONS TO CAMP SEYMOUR

Camp's Address:

9725 Cramer Rd NW, Gig Harbor, WA 98332

Note: If you use Google or Apple Maps the directions will take you to our Dining Hall. The main (upper) parking area is just around the corner on Thomas Road. Please park in our main (upper) parking area.

Directions from Tacoma:

Take I-5 to Highway 16 west toward Bremerton. Cross the Narrows Bridge and continue past the Gig Harbor exits. Pass the Burnham Drive / Rosedale exit and at the top of the hill take the next exit to Purdy, Key Center and Highway 302.

At the first stoplight in Purdy, turn left and cross the Purdy spit. Camp is approximately 7.5 miles from this intersection. Follow Highway 302 toward Key Center. After approximately 5.5 miles, Highway 302 will veer off to the right. Do NOT follow it. Continue straight ahead for ¼ mile to the next 4-way intersection. There is a YMCA Camp Seymour sign on the right indicating a left turn. Turn left onto 134th Avenue. If you miss the turn, you will see a Shell gas station on the left side of the road.

134th Avenue becomes Cramer Road shortly after the left turn. Follow Cramer Road approximately 2 miles to a "Y" intersection with Thomas Road, where you will see a "YMCA Camp Seymour" sign. Turn left onto Thomas Road and then immediately right into the YMCA Camp Seymour main (upper) parking area.

Alternate route from Olympia

Take Highway 101 northwest toward Shelton. Take the Highway 3 exit toward Shelton/Bremerton. Travel on Highway 3 through Shelton. Shortly after the town of Allyn, turn right off highway 3 and onto Highway 302 going east. Continue on Highway 302 until it comes to a stop at a 'T' intersection with the Key Peninsula Highway. Turn right onto the Key Peninsula Highway and go ¼ mile to a four-way intersection. There is a YMCA Camp Seymour sign on your right, which indicates a left turn. Turn left onto 134th Avenue.

134th Avenue becomes Cramer Road shortly after the left turn. Follow Cramer Road approximately 2 miles to a "Y" intersection with Thomas Road, where you will see a "YMCA Camp Seymour" sign. Turn left onto Thomas Road and then immediately right into the YMCA Camp Seymour main (upper) parking area.

YMCA CAMP SEYMOUR HEALTH AND MEDICAL HISTORY FORM

- The information on this form helps us provide the best care for your child; withholding, misrepresenting, or incomplete information may be grounds for dismissal. Notify camp staff if there are changes to this form.
- A **medical exam** is required only if the camper has had surgery, serious illness, injury that has limited his/her activity, or has been hospitalized in the past year.
- All medications (prescription, over-the-counter, and supplements) brought to camp must be listed on this form and in their original container.
- This form is for Health Center use; information important for your child's cabin leader to know should be repeated on the "Letter to my Child's Leader."

Office use only:

Camper Name _____
Last First Middle Initial

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Gender** M F **Birthdate** _____

Age at start of camp _____ **Grade entering in the fall** _____

Camper lives with (circle one) Mother / Father / Both: together / Both: separately / Other: _____

1st Parent's/Guardian's Name

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Parent's/Guardian's Name

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Additional Contacts - If the above are unreachable these will be contacted in case of camper illness/behavior

1. Name _____ Relationship to camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information - Is the participant covered by family medical/hospital insurance? Yes No

Carrier/plan name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to Participant _____

Insurance ID number _____

Medical treatment at Camp Seymour

The following over-the-counter medications are used at camp under the recommendation of Camp Seymour's overseeing physician and the seasonal Health Care Director. Feel free to cross out any products that you do NOT want your child to have.

I give permission for the following medications to be administered for common ailments:

- | | | | | |
|---------|--------------------------|-------------|-----------------|-------------------------|
| Tums | Claritin | Advil | Bee Sting swabs | 1% hydrocortisone cream |
| Tylenol | Liquid cough suppressant | Cough drops | Aloe Vera gel | Benadryl, 25mg & cream |
| Anbesol | Sudafed decongestant | Sunscreen | Pepto-Bismol | Antibiotic cream |

Authorization to Provide Necessary Treatment or Emergency Care

I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, or other treatment; to release any records necessary for insurance purposes; to release a diagnosis and prescription to camp staff; and to provide or arrange any necessary related transportation for my child. If I cannot be contacted, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization. This completed form may be photocopied for trips out of camp. Both side of this form are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted on this form.

Parent/Guardian's Signature* _____

**If for religious reasons you cannot sign, contact camp for a waiver that must be signed for attendance. (Please complete both sides of this form)*

Please print name _____ **Date** _____

Health History

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems? (e.g. itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought? ...	<input type="checkbox"/>	<input type="checkbox"/>
			29. Have ADD or ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
			30. Had a physical exam in the past year?		
			31. Traveled abroad in the past month?.....		

Explain any "yes" answers, noting the number of the questions.

Allergies (Medication, Food, Other)	Reaction and management of the reaction
_____	_____
_____	_____

Please provide additional information about the participant, such as their general behavior; physical, emotional, or mental health; significant life event that might affect behavior; and dietary or other restrictions.

Immunizations Give month & year of the last immunization/booster, or attach a copy of official record:

_____ Tetanus	_____ Measles/Mumps/Rubella	_____ Hepatitis A	_____ Diphtheria/Pertussis (DtaP/DT)
_____ Chicken Pox	_____ Meningitis	_____ Hepatitis B	_____ Other/specify:

Medications

Identify medications taken during school year that participant is not taking at YMCA Camp Seymour:

List all medications brought to camp. Attach additional paper as necessary. Keep medications in original packaging; prescription original packaging must identify the prescribing physician, medication name, dosage, and frequency of administration. Please call in advance if medications or dosage have changed in the past 3 months.

<input type="checkbox"/> This person takes medications as follows:	<input type="checkbox"/> This person takes NO routine medications.
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Med. #1 _____	Reason for taking _____	Side effects: _____
Time _____ Dosage _____	Time _____ Dosage _____	
Time _____ Dosage _____	Time _____ Dosage _____	

Med. #2 _____	Reason for taking _____	Side effects: _____
Time _____ Dosage _____	Time _____ Dosage _____	
Time _____ Dosage _____	Time _____ Dosage _____	

Family physician's name _____ Phone _____

Family dentist/orthodontist's name _____ Phone _____