

2011 teen girls summer camp

ONE-WEEK CAMP FOR AGES 12 – 17

June 19 – 24

July 9 – 14

July 24 – 29

Registration Handbook



building a
better you

eliminating racism
empowering women **ywca**
greater triangle

554 E. Hargett Street
Raleigh, NC 27601
Phone: (919) 834-7386
Fax: (919) 834-3162
www.ywcatriangle.org

Dear Camp Participant,

We are excited to know you will be joining us for the YWCA Teen Girls Summer Camp this summer! It promises to be an experience of a lifetime, full of new ways to foster your modeling aspirations while also learning appreciation for healthy body image and self-esteem.

Your registration is confirmed for the indicated session:

- Session 1: June 19 – 24
- Session 2: July 9 – 14
- Session 3: July 24 – 29

During your stay, you will reside at Frazier Residence Hall on the campus of Peace College in downtown Raleigh. Your lodging, meals and field trips are included in the camp fee.

In preparation for your participation in YWCA Summer Camp, we are sending you some helpful information as well as a few forms we need for you and your parents/guardians to sign and return to us:

Helpful Information

- Logistical details and important phone numbers
- Sample daily schedule
- Packing list

Forms

- Participant Code of Conduct Form (sign and return)
- General Participation and Photo Consent Form (sign and return)
- Authorization for Camper Pickup Form (sign and return)
- Health History and Examination Form (signed by approved licensed medical personnel)
- Payment Balance and Roommate Request Form
- Financial Assistance Form (if requested)

We appreciate your time and attention to these important documents that will make your stay at YWCA Summer Camp a safe and enjoyable one. Please take time with your parents/guardians to read through the material.

Please complete and sign the required forms, and return them with any remaining camp fee balance 12 days prior to your arrival date.

Thank you for your cooperation, and please know how very excited we are that you will be joining us for YWCA Summer Camp. Contact me if you have any questions or concerns at (919) 345-8912, or sdecoster@ywcatriangle.org.

Sincerely,

Sharon Decoster
Youth Services Coordinator

Our Goals

To promote a sense of self-worth

A positive concept of self is the bedrock of all learning and growth at the YWCA Greater Triangle.

To foster independence and self-discipline

These two ingredients are necessary for problem solving and achievement.

To provide opportunities for success

This encourages healthy risk-taking and decision-making.

To meet each teen's individual needs

This concept is vital in building trust and respect for others.

Youth Care Philosophy Statement

YWCA Youth Programs will provide a warm, caring environment where your child is loved and accepted unconditionally. We are inclusive of all children regardless of race, ethnicity, economic status, religious background or family composition. Staff members strive to create a place of both reliable security and the stimulation that fosters exploration and growth. We believe in praise and positive reinforcement in our dealings with children and young adults. Healthy interactions with adults and peers will help develop good self-concepts, problem-solving abilities and self-discipline.

YWCA Mission

The YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. The YWCA is a women's membership movement founded in 1858 to provide opportunities for women's growth, leadership and power. Through dialogue, action and advocacy, the YWCA brings together diverse groups of concerned citizens to address disparities in our community that still exist in health, education and youth development. Established locally in 1901, the YWCA Greater Triangle provides programs for women, men and youth that span the region to make life-changing differences for thousands of area families.

YWCA Zero Tolerance Policy

The YWCA Greater Triangle, in adherence to its mission, will not tolerate any discriminatory behavior and/or acts, whether on or off the YWCA premises, from staff, members, volunteers, donors or participants. It is the expectation of the YWCA that all people will be treated with dignity and respect and that their actions will reflect sincerity and integrity. Any violation of this policy or actions that are not in adherence to the policy can lead up to and may include termination of employment and/or association with the YWCA.

Introduction to the YWCA Greater Triangle, Inc.

Thank you for choosing the YWCA Greater Triangle, Inc. for your teen's summer camp experience. We look forward to working in partnership with you as we strive to meet the needs of our most important resource -- our community's children. YWCA program staff serve as role models and support systems, in order to create an accepting and inclusive environment that:

- Allows teen girls to develop healthy behaviors.
- Leads to improved academic performance.
- Expands their social and emotional capacities.
- Creates opportunities for appreciation of themselves and others.

Program staff receive training and active supervision for their roles. As the YWCA's mission and values indicate, we do expect all staff and program participants to treat all people with dignity and respect and we will honor that expectation by taking immediate measures to address instances in which this does not occur.

We value your input and insight into our programs and provide opportunities to ensure you have adequate opportunities to provide feedback. We are available, at any time, to talk with you regarding your teen's experience and the program.

Logistical details and important phone numbers

We're here to help you prepare for your arrival at YWCA Summer Camp, where we hope you'll learn more about yourself and your dreams. You'll have the opportunity to meet other young women your age, and have lots of fun, which is what Summer Camp is all about!

YWCA Summer Camp Location

Peace College
15 East Peace Street
Raleigh, N.C. 27604-1194
(919) 508-2000 (regular business hours)
Summer Conference Manager's pager: (919) 310-0227 (5:00 p.m. - 8:00 a.m.)

Check-in and Check-out

Location: Frazier Hall, Peace College

Week of June 19 – 24

Drop off Sunday at 2:30 p.m., pick up at 7 p.m. same day.
Drop off each morning between 8 to 8:30 a.m.

Week of July 9 – 14

Drop off Saturday at 2:30 p.m.
Pick up Thursday at 8 p.m.

Week of July 24 – 29

Drop off Sunday at 2:30 p.m.
Pick up Friday at 8 p.m.

Messages for Campers

To leave a message for your child with the Peace College receptionist during business hours, dial (919) 508-2000. YWCA Summer Camp staff will retrieve messages for campers twice daily.

YWCA On-Site Camp Director

Sharon Decoster
YWCA Hargett: (919) 834-7386
Mobile: (919) 345-8912

On-Site Camp Counselor

Talibah Thomas
Office: (919) 508-2458
Mobile: (301) 672-1824

On-Site Camp Counselor Volunteer

Yvonne Holley
Office: (919) 807-5431
Home: (919) 828-3873
Mobile: (201) 245-8367

In an Emergency

In the event of an emergency, if parents/guardians are unable to reach the On-site Coordinator or Sharon Decoster, call the Peace College Security staff at (919) 833-2277. **This number should only be used in a true emergency, after attempts to reach the On-Site Counselors/Director have been unsuccessful.**

Meals

Meals for Day Campers include dinner Sunday, and breakfast and lunch during the week. For Residential Campers, meals include dinner Saturday (or Sunday), and breakfast, lunch, and dinner during the week, with food and beverage snacks available. Please make note of any dietary restrictions on the Health Form.

Supplies/Bookstore

The campus bookstore on the upper level of Belk Dining Hall sells various supplies, as well as Peace College apparel and gifts. It is open from 9:00 a.m. - Noon and 1:00 - 5:00 p.m. each weekday. Participants have opportunities to visit the bookstore during the week.

Mobile/Cell Phones

Please turn off cell phones and leave them in your rooms during all activities.

Cost Breakdown

Day Camp: \$309

Camp participation, activities, meals
Registration fee
YWCA Membership
Room deposit

Residential Camp: \$499

Camp participation, activities, meals, housing
Registration fee
YWCA Membership
Room deposit

Please keep track of the room key that is given to you at check-in.

Day and Residential Camp optional photoshoot: \$35

Alcohol and Drug Use Policy

Any participant found with alcohol or drugs of any kind will be sent home immediately.

Sample Daily Schedule

Your days' activities will vary depending field trips, guest speakers and activities planned each day. However, we want to give you a general idea of how your day will flow. An actual daily schedule for your camp will be given to you and your parents/guardians upon your arrival.

Day Camp Participants

8:00 – 8:30 a.m.	Drop off
9:00 – 10:00 a.m.	Breakfast
10:00 – 10:30 a.m.	Daily Affirmation
10:30 – 11:30 a.m.	What's the 411 on Modeling?
11:30 – 1 p.m.	Fashion Wardrobe, Group Activity
Break	Freshen up for lunch
1:30 – 2:30 p.m.	Lunch
3:00 – 4:30 p.m.	Self Esteem, Group Activity
4:30 - 5:00 p.m.	Break, Free Time
5:00 – 6:00 p.m.	Intro to Runway
6:00 – 6:30 p.m.	Reflection/Journal
6:30 p.m.	Parent pick-up

Day Campers will have the opportunity to participate in the Miss N.C. Pageant.

Residential Camp Participants

8:00 a.m.	Wake up
9:00 – 10:00 a.m.	Breakfast
10:00 – 10:30 a.m.	Daily Affirmation
10:30 – Noon	Guest Discussions: Body Image/Media Literacy
Noon – 1:30 p.m.	Fashion Wardrobe, Group Activity
1:30 – 2:30 p.m.	Lunch
2:30 – 3:00 p.m.	Group Activity
3:00 - 5:00 p.m.	Budgeting: Financial Literacy
5:00 – 6:00 p.m.	Runway
6:00 – 7:00 p.m.	Dinner
7:30 – 9:30 p.m.	Movie
9:30 – 11:00 p.m.	Shower/Reflection/Journal Time
11:00 p.m.	Bedtime

Residential Campers July 9 – 14 will participate in at least one off-site field trip. Campers July 24 – 29 will attend Hairspray the Musical.

Fashion Show is scheduled for August 13.

Packing list

We know you will have your favorite things you will want to have with you for the week. In addition to those items, we are providing you with a packing list of items we have found to be necessary for your week at camp.

Necessary Items

- Twin sized linens (fitted and flat sheet) or sleeping bag
- Blanket
- Pillow
- Bath towel
- Washcloth
- Alarm clock
- Toiletries
- Workout attire (2 sets)
- Sunscreen
- Sunglasses
- Flip-flops
- Comfortable shoes (sneakers)
- Comfortable casual clothes (shorts, shirts, pants, jeans, etc.)
- Dressy attire (2 sets) and accessories
- Kitten heel runway shoe for Day camp
- Pump runway shoe (min. 1 inch heel) for Residential camp. Closed toe, no thick heels (at least 1 pair).
- Sweater or jacket
- Hat
- Water bottle
- Rain jacket
- Day pack/book bag

Medications

If you are bringing medications, please complete the necessary form by the first day of camp. Staff will dispense medications according to doctor's instructions only. Please bring your medication in its original bottle with the pharmacy label clearly visible.

Additional Suggested Items

- Books, magazines or games
- Spending money for evening outings
- Personal radio, mp3 player, iPod, CD player
- Camera

Do Not Pack

- Short-shorts (fingertip test -- shorter than the tips of your fingers when extended at your side)
- Short skirts (fingertip test)
- Midriff-bearing shirts
- Clothing with profanity, alcohol or tobacco advertising
- The YWCA is not responsible for lost or stolen items.

Participant code of conduct form

I understand that my attitude and behavior are critical to the success of this camp experience. Therefore, for the good of this activity, as well as for my fellow group members, I agree to abide by the following:

- I will try to be sensitive to the needs of each participant by my words and actions.
- I will respect the people and places with whom I come in contact.
- I will participate in all required activities, be on time for all scheduled activities, inform an adult of my whereabouts at all times, and return to/remain in my assigned area after evening activities.
- I understand that the use of alcohol and drugs will not be tolerated.
- I will be responsible for my personal belongings and will not hold the YWCA Greater Triangle, Inc., or adults in charge of this program responsible for loss or damage.
- I will treat equipment provided by the Association and/or outside provider(s) with care. I understand that I will be assessed for damages to such equipment in the event that my use of it is negligent or abusive.
- I will use all safety equipment and observe all safety regulations as required.
- If I am sent home early due to any serious misconduct, it will be at my parents'/guardians' expense. I understand that my misconduct will be discussed by YWCA camp staff with my parents/guardians. Arrangements for being sent home will be agreed upon by the camp director and my parents/guardians.

Signature of participant

Date

I understand and agree with the above responsibilities being fully accepted by my daughter/ward.

Signature of parent/guardian

Date

General participation and photo consent form

I understand and certify that my child's participation in the YWCA Summer Camp program and its activities is completely voluntary, and I have familiarized myself with the camp program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in residential camp programs and I acknowledge that although the YWCA Greater Triangle has taken safety measures to minimize the risk of injury to participants, the YWCA Greater Triangle cannot ensure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the program rules, regulations, and procedures for the safety of participants and give permission for my daughter, _____, to attend and participate in all activities, including any trips off the campus of Peace College. I also agree that pictures or videos of my daughter, _____, taken during this camp session may be used to promote the YWCA and its programs and services.

Signature of parent/guardian

Date

Authorization for camper pickup

Camper's Name: _____

Please list those adults authorized to pick up your daughter during or after camp.
Remember to include yourself.

- | | | |
|----------|-----------|--------------|
| 1. _____ | (_____) | _____ |
| Name | Phone | Relationship |
| 2. _____ | (_____) | _____ |
| Name | Phone | Relationship |
| 3. _____ | (_____) | _____ |
| Name | Phone | Relationship |

To provide a safe and enjoyable camp experience for your camper, are there any custody situations we should be aware of? If yes, please explain.

Staff Use Only

When camper is picked up, a staff member will have the adult sign below (**do not sign now**):

Signature of adult picking up _____ Date _____

.....
For early release (before regularly scheduled pick-up time):

Date of early release _____ Time _____

Reason for leaving _____

Director's signature _____

Room key returned _____

Luggage _____, medications _____, all other personal belongings _____ taken with camper upon departure.

Health history and examination form

The information on this form is not part of the camper acceptance process, but is used to assist the YWCA in identifying appropriate care. The Health History Form must be completed by parents or guardians of minors. The Health Exam Form must be completed by approved a licensed medical personnel at least every two years.

Name _____ Birth date _____ Age at Camp _____
 Last First Middle Initial

Home address _____
 Street Address City State ZIP

Social security number of participant _____

Custodial parent/guardian _____ Phone _____

Home address _____
 (if different from above) Street address City State ZIP

Business address _____
 Street address City State ZIP

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
 Street Address City State ZIP

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
 If so, indicate carrier or plan name _____ Group # _____

IMPORTANT – THE BOX BELOW MUST BE COMPLETE FOR ATTENDANCE

Parent/Guardian Authorizations: 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 provide routine health care, 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 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. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____

Printed name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper _____ Date _____

Health history form

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the form for your records. Any changes should be provided to camp health personnel upon participant's arrival at camp. Provide complete information so that the camp can be aware of your child's needs.

Allergies (List all known)

MEDICATION ALLERGIES

DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

FOOD ALLERGIES

OTHER ALLERGIES (INCLUDE INSECT STINGS, HAY FEVER, ASTHMA, ANIMAL DANDER, ETC.)

Medications to be Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep medications 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.

- My child takes NO medications on a routine basis.
- My child takes medication as follows:

Med #1 _____ Dosage _____

Time(s) taken each day _____ Reason for taking _____

Med #2 _____ Dosage _____

Time(s) taken each day _____ Reason for taking _____

Med #3 _____ Dosage _____

Time(s) 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 summer:

General questions (Explain "yes" answers below.)

- | HAS/DOES THE PARTICIPANT: | YES | NO | HAS/DOES THE PARTICIPANT: | 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? | <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? | <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, or protective eye wear? | <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. 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. Ever had 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 any food restrictions? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Which of the following has the participant had?

- | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> German | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis C |

TB Mantoux Test:

Date of last test _____

Result: Positive Negative

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Please give all dates for immunization for:

VACCINE	DATES					
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
Haemophilus (influenza B)	_____	_____	_____	_____	_____	
Hepatitis B		_____	_____	_____		
MMR						
Or Measles	_____	_____				
Or Mumps	_____	_____				
Or Rubella	_____	_____				
Polio	_____	_____				
Tetanus	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____				

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp staff should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Healthcare recommendations by licensed medical personnel

(must be completed by approved medical personnel)

I examined this individual on _____. (The YWCA Greater Triangle requirements specify exams within 24 months of camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Recommendations and Restrictions at Camp

Treatment to be continued at camp

Medications to be administered at camp (name, dosage, frequency)

Any medically-prescribed meal plan or dietary restrictions

Known allergies

Description of any limitation or restriction on camp activities

Additional information for health care at camp

Signature of Licensed Medical Personnel _____

Printed Name _____ Title _____

Address _____

Phone _____ Date _____

Payment balance and roommate request form

Camper's name: _____

Amount paid to date: _____

Balance due: _____

Please send any remaining balance due at least two weeks prior to camp.

Friend's name: _____

Roommate Request

There will be two girls assigned to each room. There is a bathroom between two rooms, so four girls will be sharing a bathroom. We will make every effort to accommodate roommate requests, but please know that part of the residential camp experience is to meet new friends and build new relationships.

I would like to room with: _____

Summer Camp the YWCA Way

Thank you for choosing to participate with the YWCA Greater Triangle. Our goal is to help young ladies achieve academic and personal success, while developing positive values, a healthy self-esteem, good habits and a sense of purpose. We believe you and your child will find Summer Camp the YWCA Way to be a truly rewarding experience. Be sure to learn about other programs available to your family as members of the YWCA Greater Triangle.