

# CAMPER HISTORY FORM

**Dear Parents/Guardians:** At Camp Y-Owasco, we promise to protect and guide your child physically, mentally, socially, and emotionally. To help us in this effort, we ask you to please fill out this form. These forms are seen ONLY by camp personnel who may need to know the information in order to best facilitate your child's camp experience (Camp Director, Program Director, your child's counselors, possibly the Camp Medical Director, etc). **The first side of this form should be filled out by the parent/guardian only, and the second side should be filled out by the parent/guardian AND the child together.** Thanks for helping us get to know your child better!

**PLEASE TURN THIS FORM IN BY THE TIME THE CAMPER ARRIVES AT CAMP!**

Camper's name: \_\_\_\_\_ Camper's Nickname: \_\_\_\_\_

Age at camp: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Camper is entering \_\_\_\_\_ grade in the fall.

Hometown: \_\_\_\_\_ This is camper's \_\_\_\_\_ year at camp.

School Name: \_\_\_\_\_

Camp Y-Owasco places campers in tribes with peers similar in age. We do not accept cabin mate requests except for FIRST YEAR campers ONLY. If this is your child's FIRST YEAR at camp, is there another camper you would like him/her placed with? \_\_\_\_\_

Has the camper ever been away from home more than 2 days? (Please circle) YES NO

Has the camper ever slept overnight at camp before? (Please circle) YES NO

What fears does the camper have? (Please circle)

The Dark      Heights      Deep Water      Embarrassment      Monsters  
Bugs/Spiders      Snakes      Thunderstorms      Failure      Social Isolation

Other: \_\_\_\_\_

Generally, the child's disposition is: (Please circle)

Happy      Energetic      Pleasant      Moody      Anxious      Angry      Easily Upset      Sad

The camper makes friends: (Please circle)      Very Easily      Somewhat easily      With Difficulty

How does the child feel about going to camp? (Please circle)

Very Excited      Excited      Confident      Anxious      Very Nervous

What goals do you want your child to attain at camp? \_\_\_\_\_

What goal(s) does THE CHILD have for his/her time at camp? \_\_\_\_\_

Are there any concerns that should be brought to the attention of the staff? \_\_\_\_\_

## CAMPER HISTORY FORM CONTINUED

The parent/guardian and child should complete this side TOGETHER. Thanks for helping us get to know your child better!

**What activities does the child most like to do?** \_\_\_\_\_

\_\_\_\_\_

**What is the child's favorite subject in school?** \_\_\_\_\_

**What hobbies/interests does the child have? (Can include hobbies or TV shows, movies, books, etc)**

\_\_\_\_\_

\_\_\_\_\_

**What kind of stories does the child enjoy?** \_\_\_\_\_

**Is there anything that the child *REEEAALLY* wants to do while at camp??** \_\_\_\_\_

\_\_\_\_\_

**Camper Letter to Counselors:** The rest of the space on this sheet is for **the camper** to write a letter **in his/her own words** to his/her counselors! (Parents of younger children—you are more than welcome to help your child write!)

**Campers:** Tell your counselors about what you really like, your school, what you are excited about, what you're nervous about, something you really wish your counselors would do, or anything else you want to tell your counselors! Feel free to attach extra paper if you need to.

Dear Counselors, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_