



2018 CAMP Y-OWASCO REGISTRATION FORM

Please complete the information below, one for each camper. You may also register online at www.y-owasco.org. This form can be mailed at the address below, brought to the Auburn YMCA or Skaneateles YMCA, or emailed to Joshua@auburnymca.net

GENERAL INFORMATION (please print)

Camper's First name: _____ Last name: _____

Gender: male female Date of birth: _____ Age: _____ Grade (as of 2017/2018 school year) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____ Email: _____

Parent/Guardian First name: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____ Email: _____

Parent/Guardian First name: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____ Email: _____

Is any parent/relative a Camp Y-Owasco Alumnus? Yes No Alumnus Name: _____

With whom does the camper live? Mother Father Both Other _____

Does the camper have a specific allergy to (circle): nuts, seafood, soy, dairy, other: _____

Does the camper have any specific learning, behavioral, emotional, or psychological differences: yes no

Please explain or state for camp director when to contact parent: (We will keep this information confidential)

Emergency Contact: _____ Relationship: _____

Phone: _____

**Should be other than parent(s) already listed*

REFUND AND PAYMENT POLICY:

Registration after May 18, 2018 requires payment in full. Scholarship Application deadline is June 1, 2018 and requires all supporting documents. Refunds will be considered only after a written request submitted to camp director.

Ages are listed in parenthesis for each program

Session	Resident Camp (7-16)	LIT (15-16) (3 weeks)	Specialty Camp (10-13)	Mini Camps (5-9)	Holdover Weekends (7-16)	Day Camp (6-13)
1	July 8-14 Y member \$335 General Public \$395	July 8-28 Y member \$535 General Public \$610	Aqua Splash & Dash (10-15) June 26-30 Y member \$260 General Public \$320	Mini Camp June 27-30 Y member \$195 General Public \$235	July 7-8 Y member \$90 General Public \$100	June 25-29 Y member \$195- General Public \$235
2	July 15-21 Y member \$335 General Public \$395		Middle Magic June 27-30 Y member \$195 General Public \$235	Mini- Camp July 5-7 Y member \$130 General Public \$160	July 14-15 Y member \$90 General Public \$100	July 2-6 Y member \$195- General Public \$235
3	July 22-28 Y member \$335 General Public \$395		Middle Magic July 5-7 Y member \$130 General Public \$160		July 21-22 Y member \$90 General Public \$100	July 9-13 Y member \$195- General Public \$235
4	July 29-August 4 Y member \$335 General Public \$395	July 29-August 18 Y member \$535 General Public \$610	Middle School Madness July 5-7 Y member \$130 General Public \$160		July 28-29 Y member \$90 General Public \$100	July 16-20 Y member \$195- General Public \$235
5	August 5-11 Y member \$335 General Public \$395				August 4-5 Y member \$90 General Public \$100	July 23-27 Y member \$195- General Public \$235
6	August 12-18 Y member \$335 General Public \$395				August 11-12 Y member \$90 General Public \$100	July 30-August 3 Y member \$195- General Public \$235
7						August 6-10 Y member \$195- General Public \$235
8						August 13-17 Y member \$195- General Public \$235
9						August 20-24 Y member \$195- General Public \$235
						Day camp Sleepover \$15 each June 28, July 5, July 12, July 19, July 26, August 2, August 9, August 16, August 23

Family & Spring Programs		CIT Sessions- Must apply via Separate application, references, and interview. Includes cost of lifeguard, CPR/AED, First Aid, & Oxygen certification	CIT 1 June 24- July 14 Y member \$530 General Public \$605
	Spring Fling Camp June 1-3 Y member \$95 General Public \$135		CIT 2 July 15-August 11 Y member \$530 General Public \$605
	Father/Child Weekend June 15-17 Y members only		

Discounts and Credits

Auburn YMCA & Skaneateles YMCA Family credit: \$75

Y Member Discount: Members of the following YMCA's receive the YMCA member rate for resident camp, LIT, CIT, Minicamp and Specialty camps: Auburn YMCA, Skaneateles YMCA, YMCA of Ithaca & Tompkins County, YMCA of Greater Syracuse, Clifton Springs Area YMCA, Oswego YMCA, YMCA of the Greater Tri-Valley, Watertown Family YMCA, Cortland County Family YMCA, Fulton Family YMCA, YMCA of Broome County, Norwich Family YMCA, Little Falls YMCA, Mohawk Valley YMCA.

Only Auburn YMCA & Skaneateles YMCA members receive the member rate off day camp

Early Bird Discount: Register before March 31st and receive \$10 off per session.

CAMPER PREFERENCES:

Cabin Mate Request: _____

Cabin mate requests are only granted if both campers of similar age request each other.

This will be my _____ year at Camp Y-Owasco.

Camper T-Shirt Size: Youth sizes: YS YM YL Adult sizes: S M L XL XXL

(T-shirts are available for an additional fee and may be pre-ordered online, or purchased at camp.)

Camper's Commitment: I want to become a camper at Camp Y-Owasco. If accepted I agree to abide by the camper's code of conduct and camp rules. I will do my best to make this a good experience for myself and my fellow campers.

Camper's name: _____ Date: _____

Parent/Guardian Agreement:

I approve this application, and certify that the proposed camper is capable of such an experience. I agree to have a health form signed by a physician or his designee that includes current medication orders and physical exam. This exam must have been given within 24 months of the camper's arrival date and submitted to camp at least 2 weeks prior to check-in day or May 18, 2018 (whichever is sooner).

I agree to pay the balance at least 2 weeks prior to check-in day or May 18, 2018 (whichever is sooner). Refunds will be considered only after a written request. Only in case of illness, not homesickness, will any refund be made and then only on a pro-rated basis.

I hereby grant permission for the applicant to participate in all planned camp activities and programs including out-of-camp trips by camp vehicle, biking, or hiking, understanding that competent leadership will be provided.

I authorize the Camp Director and medical staff to seek emergency medical attention for my child in the case of accident or illness if I cannot be reached by phone.

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the YMCA, its legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use, and publish video and photographs in any and all media, of or concerning my child's participation in YMCA programs and events, in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

I agree that photography and video becomes the exclusive property of the YMCA and I waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

2018 Camp Parent Release Form

Camper's Name _____

I, _____, do hereby request that my child be accepted (Parent or legal guardian) to attend the Camp Y-Owasco Camp program. I understand and am aware that my child will be participating in many physical, possibly outdoor activities and the potential for accidents does exist. In consideration of acceptance to the Camp program, I indemnify and hold harmless the Auburn YMCA-WEIU and/or its staff from any and all liability, claims, damage, injury, or illness sustained by my child. I grant permission for the Auburn YMCA-WEIU to provide or obtain medical attention for my child in the event of sickness or injury and I understand that the accident insurance the Auburn YMCA-WEIU carries on its camp program participants is an excess policy and any policy carried by the parent(s) is to be accessed first should my child require medical treatment, prescriptions, or hospital care during the camp session. Furthermore, I give the Auburn YMCA-WEIU my permission to photograph or videotape my child for use in promotional materials and media. I will read the entire PARENT HANDBOOK, I understand I am responsible for its contents, and I will ask any questions I may have. I am also aware that I may call the Auburn YMCA during operational hours at (315) 253-5304 or Camp at: (315) 784-5481, or email the Camp Director at joshua@auburnymca.net to ask questions, I have the Camp brochure available for additional information, and I know of the camp website: www.y-owasco.org for yet more information.

Please mail this to: Camp Y-Owasco
Auburn YMCA-WEIU
27 William Street
Auburn, NY 13021

You may fax this to: (315) 253-6153
You may email this to: Joshua@auburnymca.net
You also may hand this form in at the Auburn YMCA or Skaneateles YMCA Front Desk.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Day Camp Transportation Form

Camper Name: _____

Bus stop: AM _____

Bus stop: PM _____

Day Camp Sessions:

- June 25-29, 2018
- July 2-6, 2018
- July 9-13, 2018
- July 16-20, 2018
- July 23-27, 2018
- July 30-August 3, 2018
- August 6-10, 2018
- August 13-17, 2018
- August 20-24, 2018

2018 Day Camp Bus stops

Times are approximate. Please arrive 5 minutes earlier than times noted. Schedules subject to change according to enrollment. Please select one AM and one PM bus stop, they may be different locations.

STOP	LOCATION	AM	PM
BUS 1			
1	Auburn YMCA	8:05	4:55
2	Genesee St. School	8:10	4:50
3	Casey Park School	8:20	4:45
4	Lincoln Park (near courts)	8:25	4:35
5	Seward School	8:30	4:25
BUS 2			
6	Skaneateles YMCA	7:55	5:15
7	Herman Ave School	8:10	4:55
8	Franklin St & N. Seward	8:15	4:50
9	Standart Ave & Grant Ave	8:20	4:45
10	Owasco St & Genesee St	8:25	4:40
11	Owasco School	8:40	4:30
12	Auburn High School	8:45	4:25



Camper Health Form Camp Y-Owasco

Health History Forms must be filled out by a parent/guardian. Please complete all pages. Incomplete or unsigned forms will be returned to you. Please return the completed forms and other documentation via email: joshua@auburnymca.net, fax: 315-253-6153 or mail to: Auburn YMCA-WEIU 27 William St. Auburn, NY 13021, Attn: Camp Y-Owasco

In addition to this completed form, the following must be submitted in order to complete your camper's health record – any missing pieces will delay processing.

- This health history form (including required signature on page 3)
- Copy of child's most recent physical exam within the past 12 months OR page 4 of this form filled out by a Licensed health care provider
- Certificate of immunizations (diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus, and varicella) signed by a licensed health care provider
- Photocopy of front and back of insurance card
- Please keep a copy of the completed form for your records

Camper's Name: _____

Camper's Home Address: _____

Birth Date: _____/_____/_____ Weight: _____ Age: _____

Who has legal custody of the camper? Circle: Both Parent/Guardian 1 Parent/Guardian 2
 Parent / Guardian #1 information Parent / Guardian #2 information

First Name Last Name

Street Address

City State Zip

Home Phone

Work Phone

Cell Phone

Email

First Name Last Name

Street Address (if different from Parent/Guardian1)

City State Zip

Home Phone

Work Phone

Cell Phone

Email

I give permission for my child to carry FDA-approved sunscreen and apply it him/herself. Yes No

I give permission for the unlicensed camp staff to apply FDA-approved sunscreen for my child if my child asks for assistance:

Yes No

AUBURN YMCA-WEIU- CAMP Y-OWASCO

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Please list additional contacts, other than parent/guardian, that we may contact in the event of an emergency and that are authorized to pick up the camper. **A photo I.D. is required at pick up.**

Name _____

Name _____

Relationship to Camper _____

Relationship to Camper _____

Contact phone number: _____

Contact phone number: _____

Email _____

Email _____

Camper's Physician information:

Name: _____

Phone: _____

Address: _____

Camper's Dentist/Orthodontist information:

Name: _____

Phone: _____

Address: _____

Insurance information:

Is the camper covered by family medical/hospital insurance?

NO

YES

Carrier/Plan Name: _____ Group/Policy Number: _____

Camper's Medical History:

The following information must be filled in by the parent/guardian. This information is intended to provide camp health care personnel with the background to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided to the camp health personnel upon arrival. Complete information must be provided to ensure camp is aware of your camper's needs. **If "NONE" please indicate that clearly below - do not leave blank.**

Allergies – list all known:

Medication Allergies: None

Describe reaction and management of the reaction

Food Allergies: None

Describe reaction and management of the reaction

Other Allergies: None

Describe reaction and management of the reaction

Restrictions:

Explain any limitations to activity (i.e. what cannot be done at all or what adaptations are necessary for participation) None

Camper does not eat: red meat pork poultry seafood eggs dairy products nuts & nut products

other: _____

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Mental, Emotional and Social health:

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
 Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
 During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
 Had a significant life event that continues to affect the camper's life?(history of abuse, family change, etc.) Yes No

Please explain any YES answers and describe any current physical, mental or psychological conditions requiring medication, treatment or special considerations at camp. Please specify circumstances that you would like to be contacted (i.e. a diabetic who has blood sugar less than 70 or greater than 250) and briefly describe anything we should know about your child such as disabilities, IEP, etc. Feel free to attach another sheet of paper if more room is needed.

Medications:

Please list ALL medications, including over-the-counter or non-prescription drugs taken routinely. Bring enough medication to last the entire time at camp. Medication must be 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. All medications must be given to the health care supervisor on the first day at check-in. **NYS regulations require a copy of physician's order.**

- None
 As of ____/____/2018, this person takes the following medications: Identify any medication taken during the school year that the participant does/may not take during the summer:

name of medication	date started	reason for taking	when given	amount /dose	how is it given

Questionnaire:

Has/does the camper:

- | | | | |
|--|--|---|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis during the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have problems with menstruation/periods? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/short breath | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bed-wetting/urine or bowel accidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses/contacts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside USA the past 9 mos.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. History of allergies/allergy shots | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. history of heart problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain any YES answers in the following space, noting the number of the question:

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Parent/Guardian Authorization

This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities, except noted. I hereby give permission to the camp to provide routine health care, administer prescribed and over-the-counter 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 understand that I and/or my insurance company are responsible for the expenses incurred. I give permission to the camp to arrange necessary related transportation for my child. In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied as needed.

Signature of Parent/Guardian _____

Printed Name _____ **Date Signed** _____

The following non-prescription medications are commonly stocked in the health center office and used on an **as needed basis** to manage illness and injury. **These medications will be given only by the medical staff present at camp by weight based dose or package directions. Cross out items that should NOT be given to the camper.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Aloe	Hydrocortisone 1%
Dextromethorphan (Tussin)	Diphenhydramine (Benadryl)	Alum-Mag Hydroxide-Simethicone (Maalox)	
Calamine lotion	Chloraseptic (sore throat spray)	Generic cough drops	
Bismuth subsalicylate (Pepto)	Topical antibiotic cream	Laxatives for constipation (Ex-Lax)	
Dextrometh/Guaifenesin (Tussin)	Lice shampoo/Scabies Cream (Nix or Elimite)		

Please Note: All campers must submit this page filled out by a licensed physician. It is acceptable to attach a doctor's form here and write "see attached" for this page if you do not have this form with you at the time of your doctor's appointment.

Remember to attach a copy of your child's immunization record and the front and back of your health insurance card.

Physical examination by a licensed health care provider.

I examined this individual on ____/____/20. BP ____ Weight ____ Height ____ Temperature ____

In my opinion, this individual is is not able to participate in an active camp program. The applicant is under the care of a physician for the following condition(s):

Recommendations and Restrictions at Camp:

Treatment to be continued at camp:

Known allergies:

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

Description of any limitations or restrictions on camp activities:

Any medically-prescribed meal plan or dietary restrictions:

Additional information for health care staff at camp:

Signature of Licensed Health Care Provider:

Printed Name & Title _____ Today's Date _____

Address _____

Phone _____ Emergency Number _____

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For Camp Use Only:

Session _____ Time _____ am/pm

Medication received _____

Updates/additions to health history noted:

Screened by: _____ Date: _____

MENINGITIS VACCINATION
RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

Check one box and sign below.

My child has had the meningococcal conjugate vaccine (MCV4), for example Menactra or Menveo.

Date received: _____

[Note: The Centers for Disease Control and Prevention (CDC) recommend two doses of MCV4 for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.]

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail address (optional): _____

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**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Camp Y-Owasco Camper Confidential

Camper's Name: _____ Nickname: _____

Gender Male Female Age at camp: _____ Grade 2017-2018 school year: _____

Describe your child (i.e. disposition, special interests, strengths, weaknesses): _____

Makes friends: Easily Fairly Easily With difficulty

Comments: _____

Personality Traits: Please check the characteristics below that describe your child

- | | | | | |
|---|-----------------------------------|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Tense | <input type="checkbox"/> Shy | <input type="checkbox"/> Helpful | <input type="checkbox"/> Happy | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Selfish | <input type="checkbox"/> Follower | <input type="checkbox"/> Leader | <input type="checkbox"/> Easy going | |
| <input type="checkbox"/> easily excited | <input type="checkbox"/> Nervous | <input type="checkbox"/> Moody | <input type="checkbox"/> Quick learner | |

Has your child been away from home for more than 2 days? Yes No

How long? _____ Has your child ever been to camp before? Yes No

Where? _____ What years? _____

How was the experience? _____

Do you feel your child is likely to get homesick? Yes No

Please list all siblings attending camp: _____

Describe your child's eating habits _____

Does s/he have any strong dislikes for certain foods? Which ones? _____

Has your child ever been treated or hospitalized for an eating disorder? Yes No

Explain _____

How would you best describe your child's sleeping habits?

- Normal Light Sleepwalker Sleep talker Nightmares

Has your child wet the bed or had a wetting or bowel accident in the last 12 months? Yes No

Explain: _____

Have there been any recent losses/changes (i.e. a move, friend moving away, pet dying, parent's job changing)? Yes No

Explain: _____

What activities does the child most like? _____

What kind of books does the child like to read? _____

Does your child have any illness/physical, or learning disabilities that may affect your child's stay?

Yes No

Explain: _____

Does your child have any allergies? (please be sure to list these same allergies on the Health Form)

Has your child been seen by a therapist? Yes No Reason for treatment or therapy:

Has your child been on any prescription medication influencing behavior or mood? Yes No

Explain: _____

Please list all possible side effects of medication that your child is on: _____

How does your child respond to suggestions/criticism? _____

What methods work to motivate your child? _____

What languages are spoken at home? _____

Please list all hobbies or interests that your child has _____

What goals do you have for your child at camp? _____

What goals does your child have for his or her time at camp? _____

What other specific information would be helpful for the counselor to know about your child:

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**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

LETTER TO MY COUNSELOR

DEAR COUNSELOR:

My Name is _____

My friends call me _____

In June, my age will be _____

In June, I will have finished _____ grade in school.

I am coming to YMCA Camp Y-Owasco because

I hope to be able to do the following things at camp this summer

What I do not want to do at camp

During my free time at camp I would like to

I am most excited about or looking forward to at camp is

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**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

I am a little nervous/concerned about

My best friends are those who

Other information I would like you to know is

Camper's Signature _____

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