



PARENT GUIDE TO SCHOOL YEAR WEEKEND CAMPS YMCA CAMP MANITOU-LIN

A branch of the YMCA of Greater Grand Rapids

Toll-free: 1-888-909-2267

Fax: 1-269-795-1629

www.campmanitou-lin.org

WELCOME

Thank you for enrolling your child in one of our School Year Overnight Camp Programs at YMCA Camp Manitou-Lin. During the weekend at camp, they will make new friends, reconnect with old ones and have a great time. Campers will have the opportunity to do many of our great camp activities including archery, arts and crafts, rock climbing, hiking, hay rides, petting farm and much more! Time spent on camp with new friends will leave lasting memories!

Lisa Hamacher

Retreats Director

lhacher@gymca.org

Jaimee Picard

Equestrian Director

jpicard@gymca.org



REQUIRED FORMS

Please take the time to fill out the enclosed forms carefully and send with your camper. They are to ensure that your child has a safe, fun experience at camp. There are a total of 2 pages.

CAMP DROP-OFF AND PICK-UP

Our weekend will begin with check in at 7:00 PM on Friday. We will meet in Cheff Lodge off our Main Entrance. The pickup time will be 1:00 PM on Sunday with the option to join us for a family lunch.

*** Please check specific times if you are registered for a Saturday-Sunday weekend or a weekend that includes bussing transportation.

You must sign out with your camper's counselor. For their safety, campers will be released only to adults on the authorized Parent Release Form. Proper identification is required.

MEDICATIONS

All medications- except asthma inhalers and epi-pens with the Camp Director's knowledge are to be kept secured with the health officer. "Medications" include over the counter items like Tylenol, Sudafed and vitamins, etc. The Camp Director will administer prescribed medications. Medication must be in the original prescription bottle, according to Michigan Law. Medications can only be administered according to the directions on the container. Prescribed medication must be clearly marked with:

1. Child's name
2. Name of medication
3. Directions for administration
4. Name of physician

*Medications must be turned in directly to the camp director or to the bus counselor on Monday morning.

FOOD SERVICE

Beginning with a snack Friday night meals are provided, through lunch on Sunday. If your child has any allergies, please make sure to note that on the Confidentiality, Health and Release form.

CAMP STORE

Parents have the option of depositing money into the Camp Store during check in. Most parents deposit \$10.00-\$15.00 which can be used for t-shirts, hats, juice, snacks and other items. **Please turn in money in an envelope with your child's name.** Campers should not have any money in their possession throughout the day.

Parents will have the opportunity to pick up their refunds at the store during check out. Any unclaimed money will be donated to our annual Strong Kids Campaign, which aids in sending children to camp at a reduced cost.

WHAT TO BRING

- Water Bottle
- Weather appropriate outdoor gear
- Horse overnight campers will need long pants and a solid shoe or boot (flat sole)
- Sleeping Bag
- Pillow
- Wash cloths, towels, soap, shampoo
- Toothbrush, toothpaste
- Pants, jeans
- Gloves
- Sweatshirts
- Underwear, etc
- Boots for hiking
- Hat
- Lots of warm socks



PLEASE DO NOT BRING

- Walkmans/Discmans
- Gameboys
- Personal sports equipment
- Trading cards (Pokemon, etc.)
- Pocket Knife
- Anything of Value

YMCA Camp Manitou-Lin is proud to be a **Tech-free Zone. Please help us make sure that your camper does not have any electronic equipment, electronic games or personal music players in their possession.

ALL ITEMS SHOULD BE CLEARLY MARKED WITH THE CAMPER'S NAME TO PREVENT LOSS.

Please do not bring anything of value as we cannot insure its safety. Children tend to borrow, loan, exchange, forget, and find clothes from others. We will try to get it straight before they return home, but....

LOST AND FOUND/ PERSONAL PROPERTY

YMCA Camp Manitou-Lin will not be responsible for clothing and personal property brought from home. While the staff will help your child, it is considered the responsibility of the camper to keep belongings together. **Unclaimed lost & found property will be kept for one week and then donated to local charities.**

EXPECTATIONS

Campers are expected to behave in a safe, Caring, Honest, Respectful, Inclusive and Responsible manner at all times. This is implemented with great care and respect by all camp staff. Failure to abide by these rules and guidelines can result in dismissal from camp. No refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the Camp Director.

DIRECTIONS TO YMCA CAMP MANITOU-LIN

1095 Briggs Rd N., Middleville, MI 49333

FROM GRAND RAPIDS:

- Take M-37 (East Beltline/Broadmoor) south through Caledonia.
- Approximately 5 miles past Caledonia follow Cherry Valley to the right.
- Approximately another 5 miles, after a sharp right curve, immediately turn left on Briggs Rd.
- Camp is on the right 3/4 of a mile down Briggs Rd.

FROM US-131:

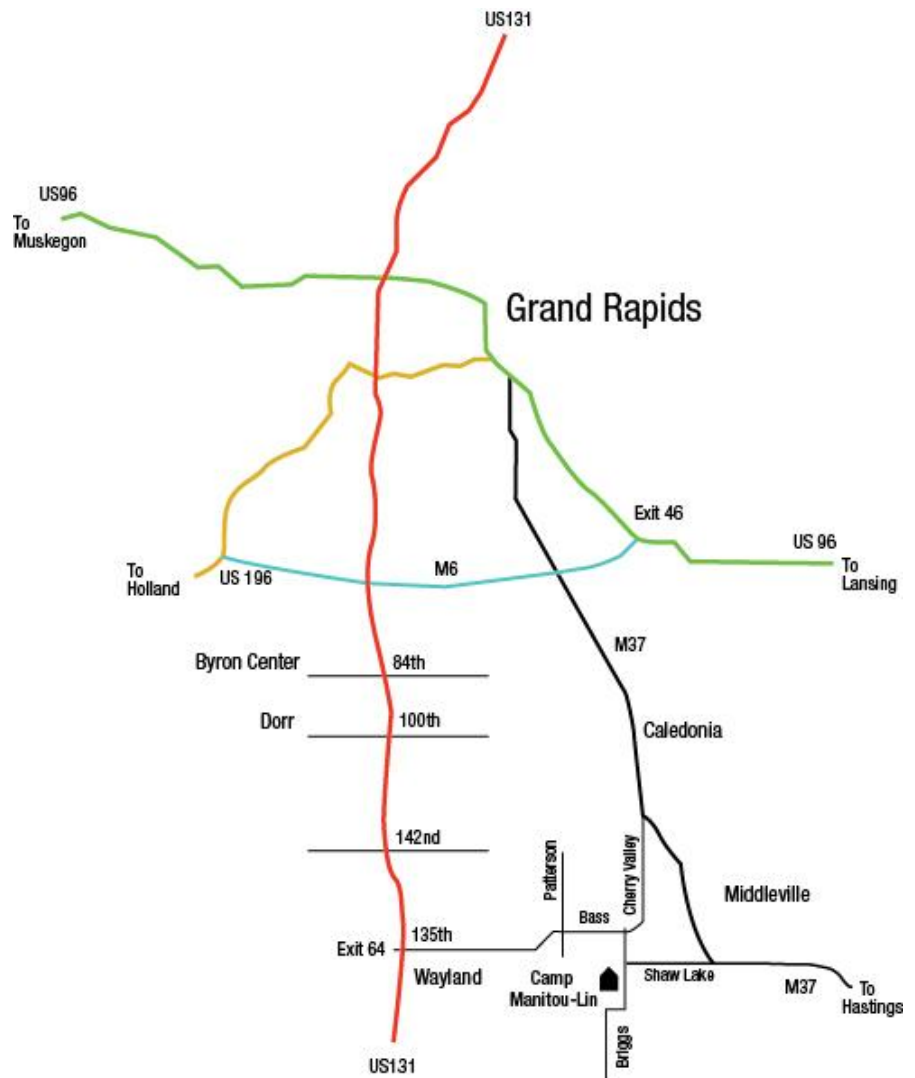
- Take US-131 South to Wayland Exit (exit #64)
- Go left (East) 8 miles and turn right on Briggs Rd.
- Camp is on the right 3/4 of a mile down Briggs Rd.

FROM LANSING:

- Take US-96 West towards Grand Rapids
- Take US-6 West (use exit #46) towards M-37
- Take the Kentwood exit (exit #15) and turn left on M-37 (South)
- Take M-37 South through Caledonia
- Approximately 5 miles past Caledonia follow Cherry Valley to the right
- Approximately another 5 miles, after a sharp right curve, immediately turn left on Briggs Rd.
- Camp is on the right 3/4 of a mile down Briggs Rd.

FROM DETROIT:

- Take I-94 West to Kalamazoo
- Turn right and take US-131 North towards Grand Rapids
- Take exit #64
- Go right (East) 8 miles and turn right on Briggs Rd
- Camp is on the right 3/4 of a mile down Briggs Rd.





SEND WITH CAMPER OR SEND TO:
YMCA Camp Manitou-Lin
1095 Briaas Rd., Middleville, MI 49333

CAMP HEALTH HISTORY FORM – FOR CHILDREN, YOUTH AND ADULTS

The following information must be filled in by the parent/guardian. Please provide complete information so that the camp can be aware of your needs.

Camper's Last Name: _____ First Name: _____ Sex: _____ Age: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Parent or Guardian: _____ Phone: _____
Email Address: _____

EMERGENCY CONTACT INFORMATION

1st Contact Name: _____ Phone: _____ Cell: _____
2nd Contact Name: _____ Phone: _____ Cell: _____
3rd Contact Name: _____ Phone: _____ Cell: _____

HEALTH HISTORY

Operations or serious injuries (dates): _____
Disability or chronic recurring illness: _____
Any specific activities to be encouraged or limited by physician's advice: _____
Other infectious diseases or health concerns: _____
Any camper behavior concerns: _____
Dietary restrictions: _____
Do you carry family medical/hospital insurance? _____ Carrier: _____ Policy or Group # _____

ALLERGIES – List all known! Describe reaction and management of the reaction to Medication, Food or other Allergies (please list):

--	--	--

This person takes NO medication on a routine basis
 This person takes medication as follows:
Med#1 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____
Med#2 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____
Med#3 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

I AUTHORIZE THE FOLLOWING TO BE ADMINISTERED (OR THEIR GENERIC EQUIVALENT) AS NEEDED:

Tylenol Chloreseptic Benadryl Cough Drops Pepto Bismol
 Ibuprofen Neosporin Calamine Lotion Comments: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian _____ Date: _____

PARENT RELEASE AUTHORIZATION

All campers being picked up at Camp Manitou-Lin or at designated bus stops must be signed out with camp staff. Please list all people your child may be released to, **INCLUDING** parents.

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____

GENERAL LIABILITY:

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

PHOTO RELEASE:

We love taking pictures of our guest enjoying their time at Camp Manitou-Lin. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Greater Grand Rapids permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. If you'd prefer your photo not be used, please let us know in writing prior to your camp experience.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

EQUINE LIABILITY RELEASE:

Please read the following agreement and liability release for horseback riding and or horse related activity at YMCA Camp Manitou-Lin before signing:

WARNING: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

▪ Activity Risk And Nature Of Camp Horses

As a guest at YMCA Camp Manitou-Lin, I, the undersigned, recognize that YMCA Camp Manitou-Lin is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on YMCA Camp Manitou-Lin premises.

▪ Rider Responsibility

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine. For the comfort and safety of the horse and rider, a 200 lb weight limitation is in effect and is variable depending upon ambulatory status, range of motion, and the discretion of the Equestrian Director.

▪ Signer Statement Of Awareness

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of YMCA Camp Manitou-Lin/YMCA of Greater Grand Rapids and its staff and volunteers.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person above.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)