



2010 Parent Guidebook and Forms

Camp WaWa Segowea
Capital District YMCA
408 Foley Hill Rd
Southfield, MA 01259

Year-round office:
1872 Pilot Knob Rd
Kattskill Bay, NY 12844
518-656-9462
segowea@cdymca.org

Mailing address:
P.O. Box 14
Southfield, MA 01259

Stuart Schultz, Camp Director
413-229-9110
sschultz@cdymca.org

Overview of Summer Camp Program

WaWa Segowea provides campers the opportunity to become involved in a wide range of activities, programs, and educational skill classes. Every morning, the cabin group plans an activity such as nature hikes, canoeing, swimming, crafts, and team or individual sports. Mornings and afternoons feature a free swim supervised by the waterfront director and camp lifeguards. Campers select three skill classes for the session, which form the backbone of their experience at WaWa Segowea. The entire camp enjoys special activities that may include carnivals, Olympics, canoe races, international festivals, scavenger hunts, and other special events.

All campers must take a swim test on Opening Day. A camper must successfully pass the stroke test to be excused from the required swimming skill class. The distance swim determines eligibility to participate in certain waterfront skill classes (sailing, canoeing, etc.).

Campers have quad time three times a day, when they may attend supervised activities. This is also the time for building friendships, playing games, and just hanging out. They also enjoy evening programs each night, including talent shows, song nights, musical and drama productions, campfires, sporting events, international festivals, chapel, beach parties, dances, and more.

General Information about Fees

We are unable to guarantee a place for your child if full payments are not received on time. In fairness to everyone, we will make substitutions from the waiting list if fees are not received by the due date. Full payments are due May 15. There is a \$25 processing fee to change, cancel, or drop any session after the initial registration. Deposits are NOT refunded after February 1. There is an additional \$35 YMCA membership fee if the camper or family is not a member of a YMCA.

Refund Policy

- The \$150 deposit is not refundable after Feb 1.
- In the case of homesickness, dismissal, or voluntary withdrawal, there is NO refund of any fees.
- One-half of any advanced payment (excluding deposit) is refundable if written cancellation is received at least one month prior to the start of the session.
- If it is deemed advisable to send a camper home for medical reasons, the unexpired portion of the session's fee is refunded.
- Remaining store account balances are refunded upon request and must be claimed by October 15. Unclaimed remaining balances are donated to the camper scholarship fund.

Trading Post

The Trading Post is open on Opening and Closing Days. Parents and campers can purchase WaWa Segowea T-shirts, baseball caps, sweatshirts, and water bottles. You may open a store account when you make your final camp payment, any time online, or on Opening Day. We suggest a store account of \$30 per camper per session.

Spending Money

There is no need for spending money at camp and we strongly request that campers do not bring any. On Opening and Closing days, parents may use cash to purchase Trading Post items for their camper.

Laundry

There are no laundry services at camp. Please plan accordingly by packing the appropriate amount of clothing for the length of time your child will be at Camp.

Graffiti and Property Damage

Campers are responsible for their actions and are financially liable for any property damage. This policy will be strictly enforced with a minimum charge of \$25 per incident.

Gifts to Counselors

We insist that monetary or other gifts not be given to counselors. The camp will gratefully receive any gifts for the camp as a whole. The director would be pleased to discuss WaWa Segowea's needs with you.

YMCA World Service

Camp WaWa Segowea has a very strong international emphasis. One of our major goals is to educate children about other cultures, to build friendships around the globe, and to work toward world peace and understanding. In pursuit of this goal, WaWa Segowea hires international staff and accepts campers from around the world. This program is made possible through WaWa Segowea's YMCA World Service Fund. Your tax-deductible donation to this fund helps us continue and expand our international emphasis.

Reach Out for Youth Scholarships

The YMCA campaigns annually to raise money for scholarships to help families send children to WaWa Segowea, regardless of their ability to pay. We appreciate your tax-deductible donations and your referrals of children to this program.

WaWa Segowea's History

Past: Established in 1913 by the Poughkeepsie YMCA, Camp WaWa Segowea is a legacy of the Smith family who developed the Smith Brothers cough drop industry in Poughkeepsie, NY. The family's generous support and involvement with the YMCA in the early 20th century helped create Camp WaWa Segowea, named in honor of, and with the same initials as, W.W. Smith. Since the summer camp's beginning, more than 50,000 children from Dutchess, Columbia, and Albany counties have attended Segowea.

Present: YMCA Camp WaWa Segowea welcomes children ages 7 – 16 with one-week sessions under the management of the Capital District YMCA. The camp is owned by Smith Park, Inc. Nestled on 500 acres in the Berkshire Mountains near Great Barrington, MA; Camp WaWa Segowea features a private lake, with renovated facilities including the main dining hall, 11 camper cabins, a shower house, health/first aid lodge, a 5-acre athletic field, and a trail system that surrounds the lake. The camp presently serves up to 80 children per session with flexible fees and financial aid available.

Future: The Capital District YMCA, Friends of Segowea Alumni Association, and Smith Park, Inc. have exciting plans for continued facility and program development at Camp WaWa Segowea. Our summer program will grow as we work to complete a new dining hall, welcome center, and cabins. For more information about our Next Century of Service capital campaign, please contact the director.

Department of Health

WaWa Segowea is licensed and inspected by the MA Department of Health. Inspection reports are filed at WaWa Segowea.

Health Insurance

Camp WaWa Segowea carries liability insurance only and does not provide health insurance for campers. If a camper requires medical care by a doctor or hospital, the parent is financially responsible. This includes prescription drugs, dental/orthodontic services, and eye glass repair.

Medication

All prescription medicines that campers must take while at camp must be in the original container labeled by the pharmacy. The prescription must also be listed on the camper's Medication Administration form. According to MA Health Dept.'s guidelines, campers self-administer their medication under the supervision of the health staff. By law, campers may not be at Camp without a completed Health Form on file (Form 4) and all medications must be given to the nurse on Opening Day. The law forbids campers to have any prescription or over-the-counter medications (except asthma inhalers or EpiPens) on their person, in their belongings, or in their cabin. All medications should be picked up at the health lodge on Closing Day by the parent or guardian. We dispose of all medications remaining 48 hours after the end of Closing Day.

Please do not send any over-the-counter medication with your child. WaWa Segowea's health lodge stocks the following: Advil, Tylenol, throat lozenges, antacid tablets, Pepto-Bismol, Robitussin, Suda-Fed, Benadryl, and a variety of first-aid creams and ointments. The nurse may administer these medications to treat minor illness according to the instructions on the label. If the illness is not resolved or symptoms intensify, the parents are notified and, if necessary, the child is taken to the hospital emergency room or a local health care facility.

Health Lodge

A resident nurse or emergency medical technician is on duty at all times in Hart Lodge. Health calls are held four times a day: after meals and after the evening program. The health lodge staff maintain a file of campers' health forms and a current medical log recording all visits.

Emergencies

Emergency medical care is provided by Fairview Hospital, 29 Lewis Ave, Great Barrington, MA (413-528-0790). Non emergency care is provided by Macony Pediatrics or the Community Health Center at Fairview Hospital on a fee-for-service basis. The parent is financially responsible for any medical costs incurred by the child while at WaWa Segowea. Costs are charged to the family insurance plan or billed to the parent.

Meningococcal Disease: meningococcal disease is a serious infection that can cause meningitis and take the life of a child in just a single day. While meningitis is rare, conditions at camps – living in close quarters, as well as sharing water bottles, drinking glasses – can put even healthy kids at risk for getting the disease. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Cases of meningitis among teens and young adults 15 to 24 years old have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States—types A, C, T, and W-135. These types account for nearly two thirds of meningitis cases among this group.

You can help protect your children against meningitis by getting them vaccinated.

Anyone can get meningitis, but preteens and teens are at greater risk of infection. In fact, the Centers for Disease Control and Prevention, and other public health officials recommend vaccination for:

- Preteens and teens 11 through 18 years old
- College students living in dormitories
- Children 2 – 10 years old who are at increased risk for infection or if elected by their health-care providers and parents.

Vaccination is safe and effective, and the best way to help protect against the disease. Speak with your child's health-care provider to determine whether vaccination is right.

The cost of the vaccine may be covered by your health insurance or you can contact your local public health department to determine if your child is eligible to receive the vaccine free of charge through programs like Vaccines for Children Program.

WaWa Segowea is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by camper's parent or guardian (signature on Medical Form satisfies this) AND
- Information on the availability and cost of meningococcal meningitis vaccine (Menomune™); AND EITHER
 - A record of meningococcal meningitis immunization within the past 10 years; OR
 - An acknowledgement on meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

To learn more about meningitis and the vaccine, please contact your child's physician. You can also find information at the website of the Center for Disease Control and Prevention: www.cdc.gov/ncidod/dbmd/diseaseinfo and VoicesOfMeningitis.org.

Opening Day Procedures (bring camper forms unless previously mailed)

Parents must provide transportation to and from camp. Please be considerate of our neighbors and community by driving slowly and safely on Foley Hill Rd. All campers should arrive and register Opening Day (Sunday) at 1:00. Staff will greet families and campers and:

- Verify fees are paid
- Collect and review medical forms, if not previously mailed, and all camper medications
- Help campers register for skill classes

After checking in at the registration area, you may proceed to the cabins where the unit leader greets you and directs the camper to his/her cabin.

Please do not arrive earlier than 1:00, as the staff is not prepared to accept campers beforehand. Lunch is not served to campers on Opening Day. We request that parents leave camp shortly after meeting the counselor and getting their camper settled. Campers have a busy schedule and long goodbyes can be difficult.

Closing Day Procedures

Camper pickup begins at 4:30 Friday afternoon, the Closing Day of the session. All family members are invited to participate with their camper in waterfront activities, camp tours, and a cookout that begins at 5:00. Please call the camp director if other arrangements need to be made.

Campers will not be released to anyone other than the parent/guardian or those listed on the Pick-Up Authorization. Prescription medications must be picked up at the health lodge. The Trading Post is open for shopping. Families should depart by 6:00, when the camp session officially ends.

Mail

Please address your camper's mail: camper's name, Camp WaWa Segowea, P.O. Box 14, Southfield, MA 01259. Homesickness can occur the first few days, and a letter from home works wonders. How about dropping a note in the mail the day BEFORE you bring your child to camp? Please do not send mail the last two days of camp.

Email

Campers do not have access to computers and will not be able to reply to email; however, you may send an email that will be distributed at the daily camper mail call. Send email to sschultz@cdymca.org with "attn (camper's name)" in the subject line.

Packages Sent to Campers

Please keep mailed packages small. The MA Health Department does not allow food in camper cabins because food attracts raccoons, bears, and other animals. Please DO NOT SEND FOOD. All food will be confiscated. We suggest sending games, cards, writing and reading material, and lots of letters. Please do not send more than one package per camp session. Sealed with a Kiss (SWAK) offers fun, food-free packages: www.eswak.com or 800-888-SWAK.

Campers are not permitted to have cell phones or receive phone calls. Relatives' phone calls almost always result in camper homesickness. The camp director is happy to speak with parents/guardians about any concerns. Feel free to phone or write the director. Camp Director Stuart Schultz may be contacted at 413-229-9110 or sschultz@cdymca.org.

Visitors' Day

There is no official visitors' day. Parents are welcome to visit and tour WaWa Segowea on Opening and Closing Days of each session, and by appointment any time during the year. We ask that parents do not visit during the summer sessions.

Camper Code

All campers are required to sign the Camper Commitment on their skill class sign-up sheet. We take this commitment seriously; failure to live up to this agreement may result in a camper being sent home without a refund: As a camper at YMCA Camp WaWa Segowea, I agree to abide by Camp rules. I will do my best to make this a good experience for me and fellow campers. I understand that failure to live up to this promise may result in my dismissal from Camp (without a refund).

Grounds for Dismissal

Possession or use of drugs, alcohol, or weapons is grounds for immediate dismissal without a refund. We will notify the parents to pick up their child immediately. Persistently disruptive behavior that displays disrespect to fellow campers or staff is not tolerated. If the behavior persists after the camper is warned, we will call the parents to discuss options. If the behavior continues, the camper will be sent home without a refund. Any camper who poses a danger or threat to others or him/herself will be sent home immediately without a refund.

Typical Skill Class Day

7:30	Reveille
8:00	Breakfast
8:30	Cabin Cleanup
9:15	Cabin Activity
10:15	Skill Class 1
11:30	Free Swim/Boating/Quad Time*
12:10	Assembly
12:15	Lunch
1:00	Rest Hour
2:00	Skill Class 2
3:15	Skill Class 3
4:30	Free Swim/Boating/Quad Time*
5:00	Vespers
5:30	Dinner
6:15	Quad Time*
7:00	Evening Program
8:00	Cabin Time
9:00	Taps/Cabin Chats
9:30	Lights Out

* Friendship building

Skill Classes

The following is a list of WaWa Segowea skill classes, including the requirements for enrollment and a brief description. Classes are coed and open to all ages, except where noted. Beginner and advanced sections are formed in some classes after the first day of classes. Camper's exact skill class schedule depends the results of swim checks, session enrollment, and instructor availability.

YMCA Progressive Swimming Program: This class emphasizes personal improvement and campers progress at their own pace. The classes are designed to be fun and exciting. Each skill level has five components: personal safety, stroke development, water sports and games, personal growth, and rescue. The YMCA progressive levels are: Polliwog, Guppy, Fish, Flying Fish, Shark, Porpoise.

Canoeing: Must pass the 100 yard swim test. Learn the basics, explore the lake, and play canoe games.

Arts and Crafts: Explore your creative abilities through crafts including painting, candle making, beading, tie dyeing, nature craft, and more.

Nature Explorers: Explore the dynamic natural areas of camp—mountain, brook, wetlands, old growth forest, and of course Temple Lake. Learn about interrelationships, habitats, adaptations, and conservation.

Archery: Structured according to standards of the National Archery Development Association. Shoot for fun, to score, and in tournaments.

Field Games: Develop new skills and have fun every day with a different activity: lacrosse, whiffle ball, kickball, softball, soccer, crab soccer, invent a sport, and new games.

What to Bring for Summer Camp Sessions

The following items are essential:

- Laundry bag
- Underwear (for a wk)
- Socks (for a wk)
- 2 pairs sneakers
- 2 or 3 pairs shorts
- 5 T-shirts*
- Long pants
- Fleece sweater/jacket
- Raincoat and pants or poncho
- Swim suit
- Sweatshirt*
- Sleeping bag with stuff sack
- Pillow with cover
- Towels, soap
- Hair brush
- Toothbrush and paste
- Sun screen
- Flashlight
- 1 Refillable canteen or water bottle*
- Paper, pen, envelopes, stamps

The following items are useful:

- Day pack
- Hiking shoes/boots/
sturdy sneakers
- Water shoes: sandals that strap on
(no flip flops)
- Ball and glove
- Fishing pole, tackle
- Book
- Camera and film
- Baseball cap*
- Sunglasses
- Fitted sheet for single,
vinyl-covered mattress
- Insect repellent (cream or liquid;
aerosol cans are NOT allowed in
camp)

* Sold at the Trading Post

Gilbins is a company that offers camper products such as name labels for clothing and footlockers, and other useful items: www.gilbins.com or 888-529-6200.

Packing for Camp:

- Pack all clothing in a suitcase, duffel bag, or footlocker.
- Do not send your child's best clothing.
- Write a list of belongings and have your child check the list before leaving camp.
- Label all clothing and personal property—this is very important for reclaiming lost and found items.

All unclaimed clothing is donated to a local goodwill charity at the end of each session. The camp is not responsible for lost clothing or other belongings.

What NOT to Bring for Summer Camp Sessions

Camp WaWa Segowea is not responsible for campers' possessions. Please do not bring unnecessary or valuable items. Campers are not permitted to bring ipods, cd players, cell phones, video cameras, or any electronic devices (except a camera), aerosol cans, blow dryers, curling irons, valuable jewelry, or food.

Campers may not bring any items that could be construed as a weapon. Knives, spikes, chains, or any other potential weapons are prohibited.

Lost and Found

Camp WaWa Segowea is not responsible for campers' possessions. Do not plan to leave any items behind to be picked up later. All lost and found items are brought to the camp office and are kept for one week following the end of the session. After each one-week period, all unclaimed items are brought to a local goodwill charity. Please check lost and found before departing from Camp.



IN THE BERKSHIRES

Mail to Year-Round Office:
1872 Pilot Knob Rd • Kattskill Bay, NY 12844

Or bring to Camp
2010 Medical Form

Please circle session(s) attending: 1 2 3 4 5 6 7 8 9

Parents may not leave their child without this form completed and submitted.

Please keep a copy for your records

Name _____ Birth date _____ Sex _____ Age _____
Last First MI

Home Address _____
Street and Number City State Zip

Mother's Name _____ Occupation _____

Home Phone _____ Business Phone _____

Father's Name _____ Occupation _____

Home Phone _____ Business Phone _____

Parents' Cell Phone(s) _____ Beeper _____

Email _____

Will you be on vacation while your child is at camp? _____ How do we reach you? _____

If not available in an emergency, notify: Name and Phone(s) _____

If parents are divorced or separated, who has custody? _____

Operations, serious injuries, or diseases (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Does your child wet the bed? _____ How is it handled at home? _____

For female campers: Has camper menstruated? _____ Any difficulties? _____ If not, has she been told about it? _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Family or camper's medical/hospital insurance: Carrier _____

Policy/Group # _____ Name of insured _____

Parent Agreement: This health history is correct so far as I know. I understand that Wa Wa Segowea does not carry health and accident insurance and that I am responsible for health-incurred costs. My child may attend Camp Wa Wa Segowea and engage in all camp activities except as noted on this form and the camper skill class sign-up form. He/she may participate in out-of-camp trips and swimming in possibly remote areas; and may travel by van, motorboat, bike, canoe, kayak, or hiking, understanding that he/she is under competent leadership. I also grant Camp Wa Wa Segowea and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety; and I fully release the Capital District YMCA and its agents from liability in connection with those decisions.

I understand that my child must comply with camp rules and standards of behavior. I agree that Camp Wa Wa Segowea has the right to enforce appropriate standards of conduct, and that Wa Wa Segowea may dismiss, without a refund, any camper who infringes on the rights of others. Further, I give permission for the use of any photographs, slides, or videotapes that may include my child to be used in YMCA promotional materials.

Meningococcal Meningitis Response: Please refer to the parent guidebook and check the appropriate box below:

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 yrs. Date received: __ __

Note: the vaccine's protection lasts for approximately 3 – 5 years. Revaccination may be considered within 3 – 5 years.)

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.

Authorization for treatment and medication: I hereby give Camp Wa Wa Segowea permission to act on behalf of my child for treatment at a medical facility and to provide or arrange necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to secure and administer treatment for my child, including x-rays, injections, routine tests, and hospitalization. In the event of a minor medical need, the camp staff have my permission to administer over-the-counter medications to my child according to the directions on the label. Examples include Cepacol lozenges, Ibuprofen, Maalox, Mylanta, Sudafed, Tylenol, Benadryl, Pepto-Bismol, Robitussin, hydrocortisone cream, and sunscreen.

Signature of parent/guardian (or adult staff) _____ Date _____

Witness _____ Date _____

Patient Name _____

This form must be completed and signed by physician

Health History (dates)		Diseases (age/dates)		Allergies	
Frequent ear infections		Chickenpox		Hay fever	
Heart defect/disease		Measles		Ivy poisoning, etc.	
Convulsions		German measles		Insect stings	
Diabetes		Mumps		Penicillin	
Bleeding/clotting disorders		Asthma		Sulfa drugs	
Hypertensions		Epilepsy		Other drugs	
Mononucleosis		Diabetes		Foods*	

Immunization	Date	Immunization	Date	Immunization	Date
Tetanus only		Polio		Varicella	
DPT or TD		HIB		Measles only	
MMR		Hepatitis		Haemophilus flu type B	

Most recent tuberculin test administered (date) _____

Date examined (must have been after June 2008 to be valid) _____

Height _____ Weight _____ Blood Pressure _____

Explanation for any reported loss of consciousness, convulsion, or concussion _____

Camper is receiving medical treatment as follows for the conditions checked above _____

How is treatment to be continued at camp? _____

Describe reaction to allergies listed above _____

Describe medically prescribed meal plan or dietary restrictions _____

* Food allergies: soy tree nuts peanuts dairy gluten shell fish other _____

Activities to be encouraged _____

Activities to be limited _____

Additional health information _____

Licensed Physician's Signature _____	Name Printed _____
Address _____ <small>Street and Number</small>	Phone _____ <small>City State Zip</small>
Date of form completion _____	*by _____ <small>*Initial if completed by nurse or physician's assistant</small>



Mail to Year-Round Office:
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Or bring to Camp

2010 Medication Administration Form

To be completed and signed by physician
To be verified and signed after completion by parent

Camper Name _____ Birth date _____ Gender _____ Age _____
 Home address _____
 Diagnosis _____
 Name of Licensed Prescriber and Title (*please print*) _____
 Prescriber's Signature _____ Date _____
 Address or Stamp _____ Phone _____

The camper self-administers all medication under the supervision of the health lodge staff.

Name of Medication	Dosage	Frequency/Times	Prescriber's Initials	Parent's Initials

To be completed by parent/guardian
 I request that my child, _____, receive the medication(s) listed above while at Camp Wa Wa Segowea.
 Parent/guardian Signature _____ Date _____

Refusal of Medication Administration

I am the parent/guardian of _____. I understand that the following medication(s) appear on his/her health form: _____.

It is my desire that the above-listed medication(s) be held from administration during camp. I take full responsibility for this action, and do not hold Camp Wa Wa Segowea responsible for not administering of the medication(s).

Parent/guardian Signature _____ Date _____
 Staff Signature and Title _____ Date _____



Mail to Year-Round Office:
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Or bring to Camp

Personal Information 2010

To be completed by the parent(s)

Please circle session(s) attending: 1 2 3 4 5 6 7 8 9

Camper's name _____

Parent's Goal for Camper

Camp WaWa Segowea strives to meet the needs of every camper. We pay strict attention to campers' physical, mental, spiritual, and social growth while they are here; therefore, we would like to know the best way we might contribute to their development and ask for your comments.

What do you hope your child will achieve or accomplish while at WaWa Segowea? _____

What guidance method is most effective for your child? _____

Might your child become homesick? _____ Is he/she prone to bed-wetting? _____ Sleepwalking? _____
How is this handled at home?

Has he/she ever spent the night away from home? _____ Where? _____

Does your child have any dietary restrictions, allergies, strong dislikes, or special needs?
Requests for vegetarian meals will be met only through this form—please clearly list restrictions.

Has your child been to sleep-away camp before? If so, please describe the past experience and note any problems.

Additional Comments:



Mail to Year-Round Office:
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Or bring to Camp

A Letter to my Counselor 2010

To be completed by the camper

Please circle session(s) attending: 1 2 3 4 5 6 7 8 9

Dear Counselor,

My full name is _____ My friends call me _____

At camp I will be _____ years old. In the fall I'll enter ____ grade at _____ School.

When I am not in school I like to _____

In school I like _____

My friends describe me as _____

The qualities I like most in people are _____

I want to go to camp because _____

If you asked me to name my hero/heroine, or to tell you who I thought was a great person, I would say _____

The last good book I read was _____

My favorite movies are _____

I like _____ music and my favorite performers are _____

I would like to have a counselor who _____

I can swim approximately _____ yards. At Camp I hope to achieve _____

Camper Commitment: As a camper at YMCA Camp WaWa Segowea, I agree to abide by camp rules. I will do my best to make this a good experience for me and my fellow campers. I understand that failure to live up to this promise may result in my dismissal from camp or trip (without a refund). I promise not to bring electronic devices (cell phone, ipod, headphone devices, media players, or video cameras) nor weapons (knives, studded wrist bands, etc)

Signature _____ Date _____

Former Campers Only

At Camp last summer, I most enjoyed _____

I least enjoyed _____