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IT'S  
**WILD**  
AT CAMP IMMOKALEE!

**WINTER CAMP 2020  
PROGRAM HANDBOOK**  
December 29 – January 2



# CAMP IMMOKALEE

## Program Handbook

### Information for Families

Welcome to YMCA Camp Immokalee's Winter Program Handbook! We can't wait to make your child's experience at winter camp both exciting and memorable. We hope your child will love Immokalee so much that he/she will want to return for spring camp, summer camp, and winter camps... well into the future! Please keep this as a reference when your child goes to camp.

This handbook is designed to make you and your camper familiar with the Camp Immokalee winter program, along with our policies and procedures. If you have any questions, please call the camp office at 352.473.4213.

### Camp Fees and Paperwork

Camp fees and paperwork are due at least 2 weeks prior to camp. Paperwork (including a physical, medical history form, and waiver) should be completed online through Playerspace. If you do not receive an email from Playerspace within a week of registering, please reach out to Abbi Pittman at [apittman@fcymca.org](mailto:apittman@fcymca.org).

We recognize that Playerspace has some difficulties, and we are here to help! We recommend first making sure you're using Google Chrome as a browser. Beyond that, check out our Playerspace Guide or contact [apittman@fcymca.org](mailto:apittman@fcymca.org) for additional assistance.

### Activity Registration

During the first evening, campers will select the activities they would like to participate in while at winter camp. Activities will include: archery, BB's, land sports, challenge course, riflery, arts & crafts, dance and games, and more. Campers who pre-register for the horseback riding programs will be assigned a designated time for these activities and will continue to complete the remainder of their schedule.

**HORSEBACK RIDING** - Campers will have the opportunity to learn to care for the horses, ride in the ring and on the trail, and make a new friend. Space is extremely limited, so make sure your camper is signed up today!

### Arrivals & Departures

**Arrival** begins at 2:00 pm on Sunday, December 29<sup>th</sup>, and ends at 4:00 p.m. We are unable to accommodate early arrivals.

**Departure** is between 5:00 pm and 6:00 pm on Thursday, January 2<sup>nd</sup>.

### Discipline Policies

While the YMCA will make every attempt to provide reasonable accommodations, the YMCA will not accept children that are (1) of a danger to themselves or others, or (2) a disruption to the normal activities, making it impossible for other children to enjoy camp. Any of the above reasons will be grounds for dismissal from Camp Immokalee with no refund of tuition or fees paid.

## Packing List

Below is a list of necessary and optional items a camper should take to camp. While we do our best to assist campers with lost and found, we encourage you to label all items and to send only things you're okay not getting back!

- Twin sheets and blanket or sleeping bag
- Pillow
- Towels
- Washcloths
- Long pants
- Underwear
- Socks
- T-shirts
- Sweatshirt, sweater, or jacket
- Rain gear
- Shower shoes
- Shoes (at least one pair closed-toe)
- Wash kit: soap, toothbrush, toothpaste, shampoo, comb, brush
- Insect repellent
- Laundry bag or old pillowcase
- Flashlight

## Lost and Found

All unclaimed articles will be brought to the camp office on the afternoon of departure. Please check if you think your camper is missing an item. Any clothing not claimed by Wednesday, January 8 will be donated to a local charity.

## Homesickness

When children are away from home for the first time, it is reasonable to assume that until they become adjusted to the camp environment, they may experience several days of mild to severe homesickness. Understanding parents realize that it is something that a child may need to experience and see through to the finish if he or she is to gain the degree of independence that is necessary to make the camper a self-reliant individual. If you suspect that your camper may become homesick, don't delay your departure from camp—he or she will be in great hands with our amazing camp staff! If you feel there is a problem, please do not hesitate to reach out to the Camp Director. They will make every effort to keep you informed of your child's progress adjusting to camp life.

## Communication with Camp/Campers

In the case of an emergency at home or camp, there is a camp telephone available in the office. The phone number is 352.473.4213. Our fax number is 352.473.7106. Messages will be delivered to campers. Because of the number of campers and only one outside line, campers will not be permitted personal use of the camp phone. You can also email the office or your camper at **CImmokalee@firstcoastymca.org**

We believe cell phones take away from many of the incredible benefits of camp (like independence, community building, and more), so we do not allow cell phones at camp. Any cell phones brought into camp will be confiscated and kept in the camp office until pickup. YMCA Camp Immokalee is not responsible for any phones brought to camp.

Letters and packages can be addressed to the camper and sent to 6765 Immokalee Rd. Keystone Heights, FL 32656.

## **Refunds**

Camp fees are non-refundable except in very exceptional circumstances usually involving illness of sufficient seriousness to require withdrawal based on the advice of a physician. It should be clearly understood that minor illness, homesickness, failure to abide by camp policies/rules, and change in plans on the part of parents are not sufficient grounds to warrant a refund. When a refund is granted, it will be the prorated portion of tuition paid. Any camp session cancellation within two weeks of scheduled arrival date will require payment of full camp fee.

## **Medical Information**

***Does my child need a physical to participate in resident winter camp?*** Yes. If your child attended summer camp or Halloween Camp in 2019, you need not resubmit the physical form. We would request, however, that you update their health history pages on Playerspace.

***What about medications?*** Medications must be brought to camp in the ORIGINAL container issued by the physician or pharmacist. Labels must include the camper's name and the name of the medication. Upon arrival at camp, these will be turned in to the camp first aid director. Please send only the amount needed for your camper's time at camp.

***What medical care does camp provide?*** Many on staff are First Aid and CPR/PR certified. In case of emergencies, St. Vincent's in Middleburg accepts our campers. Parents/guardians are contacted in emergencies and if camper is in health center more than 24 hours.

***What about food allergies and special diets?*** YMCA Camp Immokalee is happy to accommodate dietary needs! Please make sure your paperwork is completed two weeks prior to camp to ensure we can make accommodations. If the paperwork is not in by that time, the parent/guardian will be asked to provide supplemental food.

**CAMPER HEALTH-CARE RECOMMENDATIONS  
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: *American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses*

Mail this form to the address below by \_\_\_\_\_ (date)

**To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.**

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_  
Month/Day/Year

Camper home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Custodial parent(s)/guardian(s) phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.**

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

**Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.**

**Physical exam done today:**  Yes  No (If "No," date of last physical: \_\_\_\_\_)  
Month/Day/Year

ACA accreditation standards specify physical exam within last 12 months.

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ft\_\_\_\_in Blood Pressure \_\_\_\_\_/\_\_\_\_\_

**Allergies:**  No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc.— list**):

Other allergies: (**list**):

**Describe previous reactions:**

**Diet, Nutrition:**  Eats a regular diet,  Has a medically prescribed meal plan or dietary restrictions: (**describe below**)

**The camper is undergoing treatment at this time for the following conditions: (describe below)**  None.

**Medication:**  No daily medications.  Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

**Other treatments/therapies to be continued at camp: (describe below)**  None needed.

**Do you feel that the camper will require limitations or restrictions to activity while at camp?**  No  Yes

**If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)**

**"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"**

Name of licensed provider (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Camper Name \_\_\_\_\_

First

Middle

Last

(For Camp Use) Cabin or Group \_\_\_\_\_

(For Camp Use) Session Code(s): \_\_\_\_\_