



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA



SUMMER FUN &  
ADVENTURE  
CAMP

Bridgeport  
YMCA

2012  
DAY CAMP  
BROCHURE

## General Camp Information

- For children ages 6–12 years.
- Child must have graduated from Kindergarten to attend camp.
- The basic camp day is 8:00 am to 4:00 pm
- Extended hours available 4:00 to 5:30 pm
- There is no camp on July 4th
- Payments for sessions 1, 2, 3, 4 and 5 must be paid in full prior to each session or your child may not attend the session.
- Medical Health Form must be submitted before your child begins camp.

## Our Facility

The Y Camp is a building camp which is located on our 850 Park Avenue property.

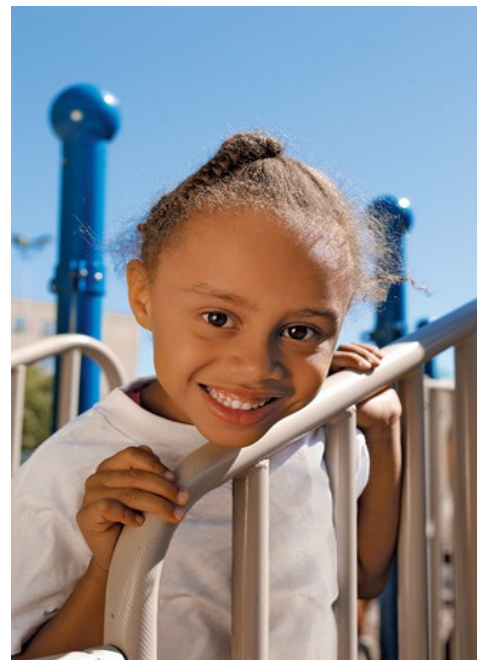
Our building and facility consists of an indoor swimming pool, basketball courts, playground and grassy area.

## Activities at Camp

With our activities at the Bridgeport Y, kids explore and find new talents, gain independence, and make lasting friendships and memories.

Our activities include:

- Swimming
- Arts & Crafts
- Organized Sports
- Water Games
- New Games
- Performing Arts
- Special Events
- Field Trips



## Clinics

Clinics are designed by the camp counselors and are centered around the interests of the children.

Clinics are held in the morning of each camp day.

## Open Door Policy

We want every child to have a camp experience. Some circumstances may warrant the need for financial assistance.

All families applying for scholarship assistance must complete the Open Door and Care 4 Kids Application.

## A Day At Camp

Camp begins with a nutritious breakfast, provided by camp, followed by camp songs, chants and morning announcements.

Next the campers will engage themselves in morning clinics, which they will choose, selected from a wide range of activities.

Lunch, provided by camp, is after clinics.

After lunch the group is off to afternoon activities with their counselor.

The camp day will end with afternoon announcements and reflections of the day.

Then its home for some rest and relaxation to prepare for another exciting day of camp in the morning!

\* Special events may change the camp schedule slightly.



## Things to Bring to Camp

- Backpack with towel and bathing suit. Each Counselor group will be assigned a 'Swim Day' during the week.
- Sunscreen Lotion and Insect Repellent with child's name on container.
- Plastic water bottle-labeled with child's name. **No glass, cans or thermos allowed.**
- **SNEAKERS ONLY!** Open-toe shoes or sandals are NOT allowed at camp.
- Label all clothing and other items.



**Bridgeport YMCA**  
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W [cccymca.org](http://cccymca.org)



# Camp Health Form Summer 2012

**This side to be completed by parent/guardian.**

**Important-** By state regulation your child may not attend camp until this form is fully completed.

Please print or type.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/ Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Father/ Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Child lives with \_\_\_\_\_

**If parent cannot be reached**, give name and relationship of person to be called in case of emergency.

\_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

### Medication, Allergies, Handicaps

Please list all medications that your child is taking. If your child will be taking any medications (prescription or over-the-counter) during camp, you must attach a doctor's medication authorization form. \_\_\_\_\_

Is there any medication that your child takes during the school year that they will not be taking during the camp season \_\_\_\_\_

Does your child have an allergic reaction to \_\_\_ Bees \_\_\_ Medication \_\_\_ Food \_\_\_ Other \_\_\_\_\_

What symptoms may occur? \_\_\_\_\_

Does your child carry an Epi-Pen? \_\_\_ Yes \_\_\_ No If yes, one must be provided to camp.

Please use this space provided to provide us with any additional information of the child's behavior, emotional, physical and mental health that the camp should be aware of \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical / hospital insurance? \_\_\_ Yes \_\_\_ No

Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

### Permission to Provide Necessary Treatment or Emergency Care:

*I hereby give permission to the Bridgeport YMCA medical personnel or the camp director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event 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 person named above. This completed form may be photocopied for trips out of camp.*

Signature of parent/guardian or staff X \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_