



Required Form

Please return by May 15

YMCA Camp Tockwogh Health Form
24370 Still Pond Neck Rd - Worton, MD 21678
800-331-2267 or 410-348-6000

PLEASE COMPLETE AND MAIL TO CAMP AT THE ADDRESS ABOVE

INCLUDE A COPY OF YOUR CHILD'S HEALTH INSURANCE/MEDICAL CARD

Camper's Name Last First Initial Birthdate Age Gender

Home Address Street City State Zip Home Phone ()

Religion Name of camper's school and city

1st Parent Name Relationship Cell phone ()

Occupation Business Address Work phone ()

2nd Parent Name Relationship Cell phone ()

Occupation Business Address Work Phone ()

In not available in an emergency, notify:

Name Relationship Best Contact Phone ()

Address Street City State Zip

If camper needs to be examined in the hospital's emergency room, this information is required by emergency room form:

Camper's Medical Insurance Carrier Group Number Policy Number

Photocopy of front and back of health insurance card must be attached to this form.

Table with 4 columns: Has your child ever had any of the following, Yes, No, Comments?. Rows include Chicken pox, Frequent ear infections, Measles, German measles, Mumps, Pneumonia, Rheumatic Fever, Asthma, Hay Fever, Convulsions or seizures, Heart trouble, Fainting, Constipation, Mononucleosis.

RESTRICTIONS (Check/answer the following that apply to the camper)

Allergies to Food: Treatment:
Allergies to Medications: Treatment:
Allergies to Insect bites/stings: Treatment:
Pre-existing condition(s):
Emotional/Behavioral conditions or problems:
Surgeries: Date:
Other diseases or conditions:
Dietary restrictions: Diabetic: Vegetarian: Vegan:
Does not eat: Red Meat ___ Pork ___ Dairy products ___ Poultry ___ Seafood ___ Eggs ___ Other (Explain)
Female campers only: has menstruation started ___ If not, has menstruation been explained ___ Normal menstruation history ___

It is extremely IMPORTANT that the camp be notified if this camper is exposed to any communicable disease during the three weeks prior to camp attendance; please notify the camp office at 410-348-6000.

ADDITIONAL INFORMATION: Please attach an explanation of any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

PARENT'S AUTHORIZATION: This health history is correct so far as I know and the person herein can engage in all prescribed camp activities, except as noted by me and by the examining physician. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. My child has permission to participate in all physical activities while at camp, including but not limited to, sports, biking (takes a bike trip off camp), swimming, skiing, climbing wall and trail rides.

PARENT SIGNATURE Date

THIS FORM MAY NOT BE SUBSTITUTED WITH ANY OTHER FORM.

PHYSICIAN - PLEASE COMPLETE THIS SIDE OF THE FORM

Name _____
 Last First Initial
 Height (inches) _____ Weight (lbs.) _____ BP _____ P _____ R _____

Does this child have any significant congenital abnormalities or chronic illnesses or significant past history? _____
 Current treatment or medications _____
 Additional information or activity restrictions _____

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the camper:

	YES	NO		YES	NO
1. Have a chronic or recurring illness/condition?	_____	_____	7. Ever had seizures?	_____	_____
2. Have frequent headaches?	_____	_____	8. Have any skin problems (e.g., itching, rash, acne)?	_____	_____
3. Ever had a head injury?	_____	_____	9. Problems with sleep walking?	_____	_____
4. Ever been knocked unconscious?	_____	_____	10. History of bed-wetting?	_____	_____
5. Ever passed out during or after exercise?	_____	_____	11. Ever had an eating disorder?	_____	_____
6. Ever had chest pain during or after exercise?	_____	_____	12. Ever had emotional difficulties for which professional help was sought?	_____	_____

IMMUNIZATIONS AND SKIN TESTING

VACCINE	DATE	DOSE
COMBINED DTP(DIPHTHERIA, TETANUS, PERTUSSIS)		
OPV		
MMR		
HIB		
TD(TETANUS & DIPHTHERIA)		
MEASLES		
RUBELLA		
MUMPS		
TINE TEST		
OTHER		

We do need to know the date (month & year) of the most recent Tetanus shot and also an oral polio booster immunization. Please make sure that tetanus immunizations are current. Also, it is most important that the measles (rubella) and German measles (rubella) immunizations meet current medical standards, which are that the child has had these immunizations at the fifteen-month birth date or later. It is suggested that all children over twelve years of age have an MMR booster immunization or documentation of protective titres to rubella.

I have examined this child within the past 24 months and reviewed his/her health history. It is my opinion that this child is physically able to take part in all camp activities unless noted above. Date examined: _____

Physician's Signature _____ Date _____ Address _____ Zip _____
 Printed or typed name _____ Area code _____ Telephone _____

The camp doctor would be happy to talk with any physician. Please call Dr. Freddy O. Araujo, Chestertown Pediatrics, Chestertown, MD 410-778-1420.

INFORMATION FOR PARENTS:

- There is medical staff available in camp 24 hours a day.
- Children who require a physician's care are taken to Freddy O. Araujo, M.D. Dr. Araujo is board certified by the American Board of Family Practice and the American Board of Pediatrics.
- Surgical, gynecological and orthopedic consultations are available, if necessary.
- The medical facility used is the Chester River Hospital Center, Inc., Chestertown, Maryland, 410-778-3300, accredited by the Joint Commission on Accreditation of Health Care Organizations.

**YOU MUST PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD WITH THIS HEALTH FORM.
 ALL DOCTOR OFFICE HOSPITAL VISITS WILL BE APPLIED TO PARENT/GUARDIAN HEALTH INSURANCE.**



YMCA Camp Tockwogh Parent Confidential Form

Required Form

**Please return by
May 15**

This form is designed to develop communication between camp staff and parents, so that both of us can measure your child's experience at Camp Tockwogh. Please take time to carefully complete this form. It is important that you give relevant information, which is for staff purposes only.

Session(s) attending: _____

Camper's Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: ____ Birthday: _____ Grade (completed): ____ Gender _____

Home Phone: (____) _____ Parent Work Phone: (____) _____

Religion: _____ Emergency Phone: (____) _____

Parents Email Address: _____

Sibling Names & Age: Sisters: _____, _____, _____

Brothers: _____, _____, _____

Kind of pets: _____

In case of divorce/separation, with whom is child living? _____

Who else lives in the home? _____

Camper's favorite activities: _____

Are there any circumstances in your child's life or the family that may have an impact on his/her stay at camp? e.i. divorce, recent loss of family member, school or home move. (Please discuss with your child's counselor at check-in).

Are there any circumstances that may confront your child at camp (personal problems, homesickness, anxiety, moodiness, sleep walking, bed wetting?)? _____

What techniques do you use to alleviate the problem? _____

Are there any allergies/ medication/ dietary needs that we should be aware of?

Will your child be taking medication while at camp? _____

What time? _____

Please list three objectives you have for sending your child to camp:

1. _____

2. _____

3. _____

Please list three specific activities in which your child may want to participate. Your child will sign up for activities on the first night of his/her camp session.

1. _____

2. _____

3. _____

I have read and reviewed the information in the 2009 Parent Handbook with my child.

Signature: _____ Date: _____

Parent/Guardian – Completing form/review of handbook.

Please attach an additional sheet to fully explain any responses above. Discuss those things with the counselor during check-in.

YMCA Camp Tockwogh
24370 Still Pond Neck Rd
Worton, MD 21678
Fax: 410-348-6023
Phone: 800-331-2267 or 410-348-6000



YMCA Camp Tockwogh
 24370 Still Pond Neck Rd
 Worton, MD 21678
 800-331-2267 or 410-348-6000
Camp Store Allowance Form

Required Form

**Please return by
 May 15**

For your convenience we would like to obtain this information prior to your child's arrival at camp.
WITHOUT THIS FORM YOUR CHILD MAY NOT PURCHASE FROM THE CAMP STORE

Session(s): _____ Village: _____

Camper Name: _____ Gender: ___ Current Grade: ___

Parent: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

__ Camp Store Allowance (per session) \$ _____

We will not charge your card for this amount now.

(This allowance includes: tee shirts, stamps, snacks etc...., we recommend \$40)

__ YMCA World Service Offering \$2.00

__ Strong Kids Campaign Scholarship Donation \$ _____

__ Camp Tockwogh Facility Improvements Donation \$ _____

Please do not mail a check. Your payment will be taken at the end of the session.

__ Visa __ MasterCard __ Discover __ American Express __ Bank Draft

Please note that if you choose the EFT Credit/Bank Card Draft, these payments will appear on your statement from the YMCA of Delaware.

Bank Routing # _____ (only for bank draft purposes)

Account # _____ Exp. Date: _____

Parent Signature: _____ Date: _____

I understand that my credit card will be charged at the end of my child's session and only for the amount of purchases and any donations made.

If you require a receipt or want to pay by check please come to the Camp Office during check-out.



YMCA Tockwogh Camp and Conference Center
 24370 Still Pond Neck Road
 Worton, MD 21678
 800-331-2267 or 410-348-6000
 Fax: 410-348-6023

Required Form

**Please return by
 May 15**

WATERFRONT ACTIVITY REQUEST FORM

Sailing and waterskiing are staple activities at Tockwogh. This tool allows us to guarantee a spot in one of the programs before your child arrives at camp. Your son or daughter may still sign up for additional sailing and waterskiing classes at camp depending on availability.

Camper name: _____

Session attending: _____

Grade completed (as of summer 2009): _____

Fill out one form for each session

Please sign up for only one activity.

SAILING - runs both weeks and for a double period, meaning it takes up both morning activity periods or the first two afternoon activity periods. **Select only one box.**

Beginner – little to no experience sailing. An instructor will be on the boat with the campers to help guide and teach hands on.

Intermediate – some experience sailing, comfortable with basic skills. Campers will be partnered up and instructors will work with campers from nearby tenders.

Advanced – capable of handling a boat alone. This program uses race courses to teach more advanced concepts of sailing – the physics involved, racing tactics, etc.

Periods 1 and 2 (Morning)

Sailing Beginner

Sailing Intermediate

Sailing Advanced

Periods 3 and 4 (Afternoon)

Sailing Beginner

Sailing Intermediate

Sailing Advanced

WATERSKIING runs for one period for one week, so it is less time consuming than sailing. **Select only one box.**

Beginner – little to no waterskiing experience. Staff are in the water to assist

Intermediate – can get up on two skis or a wakeboard comfortably. Staff coaches from the ski boat

Advanced – can easily get up on skis and is looking to learn more about slalom skiing or wakeboarding

WEEK ONE

Waterskiing Beginner	Period 1	Period 2	Period 3	Period 4
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Waterskiing Intermediate	Period 1	Period 2	Period 3	Period 4
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Waterskiing Advanced	Period 1	Period 2	Period 3	Period 4
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WEEK TWO

Waterskiing Beginner	Period 1	Period 2	Period 3	Period 4
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Waterskiing Intermediate	Period 1	Period 2	Period 3	Period 4
--------------------------	----------	----------	----------	----------

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Waterskiing Advanced	Period 1	Period 2	Period 3	Period 4
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I do not wish to pre-register for a waterfront activity.



YMCA CAMP TOCKWOGH HORSEBACK RIDING PROGRAM

24370 Still Pond Neck Rd. Worton, MD 21678

Please return by
May 15

TRAIL RIDES: Campers may preregister for trail rides. The rides will be offered daily during free activity period (after dinner). Cost is \$15 per ride; the charge (only for rides taken) will be added to your camper's store account balance and charged at the end of their session. No payment is necessary at this time. This activity is open to all ages and riding abilities.

ENGLISH RIDING LESSONS: These are single period lessons scheduled Monday-Friday of your child's session. Lessons will focus on basic riding skills and are available for beginner through advanced riders. This program will run for one activity period per day.

EQUESTRIAN CAMP: This is a more in-depth program designed to teach participants more information about overall horsemanship. In addition to riding lessons, participants will learn to tack, some general veterinary practices, grooming, feeding, trail rides, anatomy, and more. This program is offered to riders of all skill levels and is limited to 10 riders per session. The program will run the entire morning Monday-Friday of your child's stay.

Sessions 1 – 4:

- Trail Rides: #_____ at \$15 per ride, up to 9 rides *
- Riding Lessons: \$250 for 10 single-period lessons
- Equestrian Camp: \$350 for 10 morning-long sessions

Sessions 1a & 1b;

- Trail Rides: #_____ at \$15 per ride, up to 4 rides *
- Riding Lessons: \$125 for 5 single-period lessons
- Equestrian Camp: \$175 for 5 morning-long sessions

Session 5:

- Trail Rides: #_____ at \$15 per ride, up to 7 rides *
- Riding Lessons: \$200 for 8 single-period lessons
- Equestrian Camp: \$280 for 8 morning-long sessions

Session 5a:

- Trail Rides: #_____ at \$15 per ride, up to 4 rides *
- Riding Lessons: \$100 for 4 single-period lessons
- Equestrian Camp: \$140 for 4 morning-long sessions

Payment Information:

*No payment due now for Trail Rides

Total Amount Enclosed: _____

Check Enclosed: _____

Credit Card: _____

#: _____

Exp Date: _____

Mail this form to:

YMCA Camp Tockwogh
24370 Still Pond Neck Road
Worton, MD 21678

Camper's Name: _____ Gender _____ Age: _____

Riding Experience: _____

Session attending: _____ Home Phone: _____

Parent/Guardian Name: _____

For all riding activities, campers must wear long pants and closed toed shoes/boots with a heel. Helmets will be provided by YMCA Camp Tockwogh.

There is no refund for if a camper elects to drop riding lessons/equestrian camp during his/her two-week session. Parents will be notified before a camper is permitted to drop.

Check or Credit card payment must accompany this application form if registering for Riding Lessons or Equestrian camp.

I have read and understand the preceding information concerning the registration procedure for Horseback Riding Lessons. I further understand that horseback riding has inherent risks that can result in injury. I accept these risks.

Parent/Guardian Signature: _____ Date: _____

Please return by
May 15

NEW for 2009
Five Days of Clay Art Classes

Tockwogh has teamed up with local artists at the Still Pond Coast Guard Station to bring an exciting new experience to interested campers. Campers will spend 5 mornings at a nearby art studio where they will learn basic hand building methods: pinch, coil, and slab. They'll also get to try out the potter's wheel. Finished creations will be glazed and fired in the kiln. Each camper will take home their finished pieces of art. This class is available to grades 6-9 for only \$59. Classes are limited to 6 campers per session.

This program will last each morning from 10 am to 12:30pm. Campers will be escorted to and from the Still Pond Coast Guard Station art studio by Tockwogh staff. Classes will be instructed by local artists. Weather permitting, our campers will walk one or both ways, averaging 1.5 miles each way.

To register, complete and return this form by May 15th.

Camper Name: _____

Age: _____ (grades 6-9 only) Gender: _____ Session: _____

Payment information:

Amount: \$59.00 ___ Check Enclosed ___ Credit Card

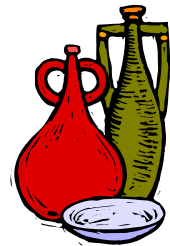
Credit Card # _____ Exp. Date _____

By signing this form, I hereby give permission for my child to leave YMCA Camp Tockwogh property and participate in this program. Transportation to and from this program will include my child walking with a group on a minimally used country road. I further acknowledge that my child will remain under the supervision of at least one YMCA Camp Tockwogh staff during the entirety of this program.

Parent Name: _____

Signature: _____ Date: _____

YMCA Camp Tockwogh
24370 Still Pond Neck Rd.
Worton, MD 21678
Phone: 410-348-6000
Fax: 410-348-6023





YMCA Camp Tockwogh Leave/Early Leave Form

COMPLETE THIS FORM AND MAIL OR FAX TO THE CAMP OFFICE

This form must be completed if your child must leave camp before 6pm on check out day or with any adult other than a parent. This will also allow us to identify the person picking your child up. Please instruct the person picking your child up to have proper identification with them when picking up.

Name _____

Session _____ Village _____ Cabin _____
(For Office Use)

DATE LEAVING _____

TIME LEAVING _____

Will your child return to camp? ___NO

___YES

RETURN DATE _____

RETURN TIME _____

PLEASE PRINT CLEARLY

(Please note that these people will need a photo ID to pick your child.)

The person(s) authorized to pick up our child is:

Name

Phone Number

Relationship to camper

Name

Phone Number

Relationship to camper

I authorize the above people to pick up my child from YMCA Tockwogh Summer Camp at the above date and time.

Parent/Guardian Signature

Contact Phone

Date

This portion of the form is to be signed by the person picking up the child and **must** match the name given above. Put this form in child's folder when complete. Must also sign Log Book.

Signature of Authorized Person

Date

Print Name

Please mail or fax this form to:
YMCA Camp Tockwogh
24370 Still Pond Neck Rd
Worton, MD 21678
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Phone: 800-331-2267 or 410-348-6000

