



Welcome Letter
YMCA Camp Erdman
69-385 Farrington Highway, Waialua, HI 96791



Phone: 808-637-4615 • Fax: 808-637-8874 • Email: camperdman@ymcahonolulu.org • Website: www.camperdman.net

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

Welcome to Summer Camp 2010. Thank you for enrolling your child to our 2010 Summer Camp program. In order to finalize the registration process the documents in the **"Parent Packet"** must be completed and returned to camp. If you have already started the process or have sent in your completed documents we ask that you double check the **"Parent Packet"** listed below. Please visit the forms page of our website at www.ymcahonolulu.org/camp/camp_forms to download required documents.

Deadline: Completed documents and payments must be received in our office by **June 01, 2010**. We ask that you notify us immediately if your plans change and your child is unable to attend our camp.

PARENT PACKET: go to www.ymcahonolulu.org/camp/camp_forms to download documents or contact camp and we will email them to you

Packing List	Keep in mind that living in a cabin with 8-12 other campers and 2 counselors while comfortable, doesn't allow for an abundance of storage space, so please do not bring more than is recommended on the packing list.
Health Form	Must be signed by a licensed physician. Don't forget to include a copy of your health insurance card (front & back) and current shot record.
Parent Confidential	To be completed by camper's Parent / Guardian. Information given will help counselor better understand Parent / Guardian expectations of camp.
Camper to Counselor	To be completed by campers' themselves. Information given will help counselors better understand Campers' expectations of camp.
Store Account	Parents / Guardians should create Store Accounts for their camper by completing the Store Account Form. Please leave cash at home.
Specialty Waivers	For campers that are enrolled in Horsemanship or Surf camps, specific specialty waivers must be completed in order to participate in that program.
Flight Information (if applicable)	For campers that are traveling to and from Honolulu International Airport who would like to use Camp's transportation services or need our flight parameters for arrival & departure time, please review and complete our Flight Information sheet.

CHECK-IN: SUNDAY-1:30PM TO 2:30PM. (NUUANU BUS PICK-UP 1:00PM TO 1:30PM REGISTRATION/FEE REQUIRED)

Cabin Assignments	Cabin assignments will be issued during check-in but only after we have confirmed receipt of all necessary forms for your camper. We strongly suggest that you make copies of these documents for your records before mailing us the originals and bring those copies with you at check-in in the event the originals are lost in the mail.
Health & Wellness	<p>Health Policies</p> <ul style="list-style-type: none"> • Medications must be in original container. Medications in Zip Lock Bags and Pillboxes will not be accepted. • Medication will be dispensed as instructed on the original container. A doctor's note is required for dose changes. Please do not give your child a break from prescriptions without a doctor's authorization. • Please be sure to include enough medication for the entire stay. • All medications must be turned over to the Camp Health Care Provider or designated staff on registration day; please note that the process of dropping off your child's medications can take up to 30 minutes or longer depending on the number of campers with medications. • Medications may only be administered by the Camp Health Care Provider or designated staff with written consent from parent or guardian. You will fill out this consent form while dropping off the medications with the nurses. • If bedwetting is a problem, please contact the camp director before the session to discuss strategies we can adopt at camp. • We encourage parents to conduct a routine health screen on their children one week before and the day before their arrival at camp. We are especially concerned about contagious conditions including flu, fever, conjunctivitis (pink eye), chicken pox or head lice. Nurses & counselors will also conduct a screening after the parents leave camp. If any camper exhibits symptoms of these conditions or of other contagious illness the parents will be responsible for returning to camp and taking them to the doctor. If your child becomes sick while at camp, the health care provider, or a designated staff member will notify you. In most cases parents will be responsible to pick up their child if they become sick. For injuries and accidents, parents will be immediately consulted to determine the course of action. In the case of serious accidents or injuries requiring immediate medical attention, the appropriate emergency authorities will be immediately contacted, and your child transported to the emergency room. All attempts will be made to notify the parents or the emergency contacts immediately. Parents are responsible for all fees charged by attending physicians, by the ER, EMS, and/or by the pharmacy for any medications or services prescribed that are not immediately covered by your existing insurance.
Camp Store	Located at the Welcome Center, the Camp Store will be open for your preview and purchasing needs.
Visitors	We encourage parents to depart from camp once camper is settled to allow the campers to begin adjusting to their new surroundings.

CHECK-OUT: FRIDAY-5:00PM TO 5:30PM. (NUUANU BUS DROP-OFF 5:30PM TO 6:00PM REGISTRATION/FEE REQUIRED)

Medications	All medication, prescription and over-the-counter medicines, must be picked up from the Camp Health Care Provider or designated staff. Any medications left behind will be disposed of if not claimed within 48 hours.
Lost & Found	On closing days there will be an area to claim all Lost & Found items and we suggest all families look through it before departing camp. Due to the number of requests we cannot mail Lost & Found items. All remaining items are donated to a local charity at the end of our camp session
Surveys	Survey will be made available at the end of each session. We would appreciate your feedback, positive or negative, and will use it to improve our facilities and programs.



Phone: 808-637-4615 ● Fax: 808-637-8874 ● Email: <mailto:camperdman@ymcahonolulu.org> ● Website: www.camperdman.net

PACKING INFORMATION

Camp is a fun and exciting place where kids get dirty and place a lot of wear and tear on their clothing. We suggest packing clothes that are not brand new or too expensive. Please use this handy checklist to be sure your campers have everything they need when they come to camp. Remember to mark ALL personal items. Note that Camp is not responsible for lost or stolen items.

CLOTHING:

- | | |
|---|---|
| <input type="checkbox"/> Hat/Visor | <input type="checkbox"/> Slippers/Flip-flops/Shower Shoes |
| <input type="checkbox"/> Light Jacket | <input type="checkbox"/> Closed Toed Shoes |
| <input type="checkbox"/> (6) T-shirts | <input type="checkbox"/> Swimwear |
| <input type="checkbox"/> (6) Shorts/Pants | <input type="checkbox"/> Sleepwear |
| <input type="checkbox"/> (6) Underwear | <input type="checkbox"/> (2) Towels |
| <input type="checkbox"/> (6) Socks | <input type="checkbox"/> Laundry Bag |

BEDDING:

- Pillow - small lightweight is best, like a travel pillow
- Sleeping Bag or Sheets - for a twin size bed / tent camping offered to ages 9+

OTHER ITEMS:

- | | |
|--|---|
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Book to read |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Toiletries - toothpaste, toothbrush, hair comb/brush, soap, shampoo, conditioner, etc. | |
| <input type="checkbox"/> Camera - preferably disposable clearly marked with camper's name | |
| <input type="checkbox"/> Stationary - we suggest that the parents of our younger campers pre-address & pre-stamp their camper's envelopes. | |

PLEASE DO NOT BRING:

Any of these items will be brought to the office for safekeeping until check-out with parent.

- | | |
|------------------|-------------------------|
| Radios | Cash |
| Hair Dryers | Non-prescription drugs |
| Cell Phones | Pocket Knives / Weapons |
| Ipod/MP3 Players | Alcohol |
| Jewelry | Firecrackers |
| CD players | Knives & Guns |

MONEY:

To avoid lost or stolen money we request that campers keep their money safe at home. All campers will have a **Camp Store Account**. In order to open a Camp Store Account for your child, the **Camp Store Form** must be completed and sent to camp office prior to your camper's arrival. On the form you will be able to set the spending limits for your child during their stay.



Camper Medical History & Medical Examination Form



Complete and mail to: YMCA Camp H.R. Erdman, 69-385 Farrington Hwy. Waialua, HI 96791 Phone: 808-637-4615

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. The Camper Medical History (top half opposite side) must be completed by parents/guardians of minors. An update of Camper Medical History is required annually. The Medical Examination Form (bottom half opposite side) must be completed by a licensed medical physician for campers attending overnight camp. Revised 1/6/2010

Select all sessions your child will be attending camp: SES 1 SES 2 SES 3 SES 4 SES 5 SES 6 SES 7 SES 8 SES 9

CAMPER INFORMATION *PLEASE PRINT CLEARLY - This is camper's permanent record.*

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: / /	Age:
-----------	------------	--	----------	------

FAMILY INFORMATION: *Applies to those with whom the camper legally resides. Non-custodial parent information is on registration form*

Street Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name
City	First Name	First Name
State Province Zip	Home Phone	Home Phone
MEDICAL CONTACTS	Work Phone	Work Phone
	Cell Phone	Cell Phone
Family Physician:	Employer's Name	Employer's Name

EMERGENCY CONTACTS: (required) *List two contacts other than parent(s)/custodian(s)*

Dentist Orthodontist:	Name	Name
Phone Number:	Relationship to Camper	Relationship to Camper
Is the participant covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Home Phone
If so, indicate carrier or plan name:	Work Phone	Work Phone
Group #	Cell Phone	Cell Phone
ID #		
Photocopy of front & back of health insurance card must be attached to this form.		

Important - The section below must be complete for attendance

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp 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 or guardian or adult camper/staffer: _____

Printed Name: _____ Date: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer: _____ Date: _____

RESIDENT CAMPERS: PHYSICIAN MUST FILL OUT MEDICAL EXAM ON REVERSE SIDE AND IMMUNIZATION RECORD MUST BE ATTACHED

Camper Last Name:	First Name:	
CAMPER MEDICAL HISTORY - To be Completed by the Parent/Guardian.		
Please list all known food, medicine, or other allergies: (Describe reactions and management of the reactions)		
Please list any operations or serious injuries (dates):		
Please list any chronic or recurring illness, past medical treatment, psychological conditions, or Special Needs:		
(Girls) Has this camper Menstruated?	If no, has she been told about it?	If yes, is menstrual history normal?
Special considerations, suggestions, or reason(s) the camper or staff member should be exempted from camp activities:		
ALL MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER) MUST BE: <ul style="list-style-type: none"> • IN THEIR ORIGINAL LABELED CONTAINERS LISTING PATIENT AND DOSAGE. • TURNED IN TO THE NURSE AT CHECKIN BY THE PARENT/GUARDIAN. • SUFFICIENT IN QUANTITY TO LAST THE ENTIRE STAY AT CAMP. 		
RESIDENT CAMPERS MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN		
This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities. Laboratory tests done at discretion of physician.		
Height:	Weight:	BP:
		Resting Pulse:
		Date Last Tetanus Shot:
Immunizations up to date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
ATTACH A COPY OF HEALTH INSURANCE CARD (BOTH SIDES) AND IMMUNIZATION RECORD TO THIS DOCUMENT		
Recommendations and/or restrictions, physical or otherwise, while at camp. Any ongoing treatment or medications:		
In my opinion, the above applicant is able to participate in an active camp program.		
Doctor Name:	Date of Exam:	Date/Signed:
Address:	Phone:	
Doctor's Signature:		



PARENT CONFIDENTIAL
YMCA Camp Erdman
 69-385 Farrington Highway, Waialua, HI 96791



Phone: 808-637-4615 ● Fax: 808-637-8874 ● Email: <mailto:camperdman@ymcahonolulu.org> ● Website: www.camperdman.net

This form is designed to develop open lines of communication between our Camp staff and the parents of our campers. Please take the time to carefully complete this form and give us all relevant information about your child so that we may be well prepared for their stay with us. The information you offer will be used for confidential parent-staff purposes only.

CAMPER INFORMATION

Last Name:	First Name:	Nickname:
------------	-------------	-----------

SIBLING INFORMATION

Last Name:	First Name:	M/F:	Birthday:
Last Name:	First Name:	M/F:	Birthday:
Last Name:	First Name:	M/F:	Birthday:
Last Name:	First Name:	M/F:	Birthday:

PET INFORMATION

Name:	Breed:
Name:	Breed:

INFORMATION CAMP NEEDS TO KNOW - Please complete the following questions with as much detail as possible.

1. What are your Camper's favorite activities?

2. a) Are there any problems/circumstances in your child's life that may have an impact on his/her stay at camp (*divorce, death in family, etc.*)?

b) In case of divorce, with whom is the child living?

3. a) Are there any problems that may confront your child while at camp (homesickness, sleep walking, etc.)?

b) What techniques do you use to alleviate the problem?

4. List three objectives you have for sending you child to camp:

1.

2.

3.



CAMPER TO COUNSELOR
 YMCA Camp Erdman
 69-385 Farrington Highway, Waialua, HI 96791



Phone: 808-637-4615 ● Fax: 808-637-8874 ● Email: <mailto:camperdman@ymcahonolulu.org> ● Website: www.camperdman.net

Please complete this letter so that your Counselor is able to get to know you better.

My Name is:	My Friends call me:		
The Camp program that I am registered for is:			
My birthday is:	At Camp I will be _____ years old	I just completed the _____ grade	
The School I go to is:			
Things I enjoy doing in my free-time are:			
My Hero or whom I think is a Great Person is, because:			
I want to come to Camp because:			
The things I would like to Learn at Camp are:			
I think Camp will be:			
Activities I would like to do at Camp are: (check all that apply)			
<input type="checkbox"/> Archery	<input type="checkbox"/> Swimming	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Hiking
<input type="checkbox"/> Other:			
My goal while at Camp is to: (check all that apply)			
<input type="checkbox"/> be more confident	<input type="checkbox"/> have fun	<input type="checkbox"/> be more Responsible	<input type="checkbox"/> be more Honest
<input type="checkbox"/> meet new friends	<input type="checkbox"/> be a Leader	<input type="checkbox"/> be more Caring	<input type="checkbox"/> be more Respectful
<input type="checkbox"/> Other:			



STORE ACCOUNT FORM
YMCA Camp Erdman
 69-385 Farrington Highway, Waiialua, HI 96791



Phone: 808-637-4615 ● Fax: 808-637-8874 ● Email: <mailto:camperdman@ymcahonolulu.org> ● Website: www.camperdman.net

ACCOUNT AGREEMENT

A credit card is needed on file for camper purchases from our camp store. This Camp Store Form must be completed with the spending limit and Credit Card information. Setting the spending limit for your camper will eliminate the chances of over charging your account. If a limit is not indicated on the form, we will then assume that the limit is zero. If the Credit Card information is not listed then the form is incomplete and we will then assume that your child will not be able to purchase items from the Camp Store.

Camper Last Name:	Camper First Name:
-------------------	--------------------

<input type="checkbox"/> YES, my camper is able to purchase items from the Camp Store.	Limit up to \$
<input type="checkbox"/> NO, my camper is NOT able to purchase items from the Camp Store.	

PAYMENT PROC ESS-Credit Card payments are preferred

Credit Card	All credit cards are processed at the end of each week. Upon check-out you will receive a list showing the items that your camper has purchased.
-------------	--

ACCOUNT INFORMATION:

VISA Master Card American Express Discover

Card Number:	Expiration Date:
--------------	------------------

Billing Address:	City:	State:	Zip:
------------------	-------	--------	------

Name on Card:	Phone Number:
---------------	---------------

PARENT/GUARDIAN SIGNATURE-by signing below you understand the agreement above and authorize YMCA to charge your credit card above.

Signature:	Date:
------------	-------

CAMP STORE ITEMS-items and prices may change without notice

Drinks	\$1.00-\$1.50	Juice / Soda / Water		
Sweets	\$.25-\$1.50	Candy / Cookies / Chips		
Snacks	\$.50-\$2.00	Nuts / 100 Calorie Snacks / Assorted Granola Bars		
Ice Cream	\$1.00-\$3.50	Push-up / Dibs / AND MORE		
Clothing	\$15.00-\$30.00	Sweatshirts / T-shirts / Tank tops		
Camp Souvenirs	Bandana - \$5.50	Dog Tag - \$3.00	Hat - \$10.00	Bumper Sticker \$2.00
	Carabineer - \$3.50	Flashlight - \$7.00	Lanyard - \$5.00	Pens - \$2.00
	Compass - \$4.50	Frisbee - \$3.00	Pencils - \$.50	Water Bottles - \$9.00

RESTRICTIONS-Please list any restrictions (no soda, no candy, no souvenirs)



Stay in touch with



Online Photos, News, & Camper Email!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, camp website services let you stay in touch with your camper!

RETURNING PARENTS: If you had an account at Camp Erdman last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site you will be prompted to update your contact information and re-activate your account.

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at **www.camperdman.net**
2. Click the flashing "Camp Photos / Camper Email" button (bottom of the page) *
3. Click the "Register Now" button
4. Enter your Pre-Approved Registration Code: **9012ERD1**
5. Fill out all the required information
6. Purchase Bunk Note credits (you will need a credit card)
7. View camper pictures and send an email to your camper!

* If you cannot find this button, go to www.ymcacamperdman.bunk1.com instead and go to the next step.

** For your camper's safety, please do not share the Pre-Approved Registration code above.

FREQUENTLY ASKED QUESTIONS

How do I view pictures?

Follow the instructions above except, after registering, simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures! **There is no cost to view pictures.**

New pictures will be available for viewing on Tuesdays and Thursdays.

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp





SUMMER WEEKLY THEMES
YMCA Camp Erdman
69-385 Farrington Highway, Waialua, HI 96791



We build strong kids,
strong families, strong communities.

Phone: 808-637-4615 ● Fax: 808-637-8874 ● Email: <mailto:camperdman@ymcahonolulu.org> ● Website: www.camperdman.net

Weekly Themes

Session 1 - Alien Invasion

Aliens have invaded Camp Erdman and they want something back! Only the campers this session can solve the mystery and satisfy the needs of the wacky aliens from the planet Omnimata.

Session 2 - Rock Stars and Disco Beats

In 2009, campers got their groove on and rocked out to some great jams. In 2010, Disco and Rock n' Roll is facing it's biggest challenge ever.

Session 3 - The Three Musketeers

All for one and one for all! Will the three musketeers be able to pull together and defeat evil once and for all? Only with the campers' help!

Session 4 - Return to Wonderland

Alice returns to Wonderland once again but things have changed, a lot! Only with the help of Session 4's campers can she save Wonderland and defeat the evil Queen of Hearts once and for all.

Session 5 - Pirates

Arrr mateys! Are ye ready to walk the plank? The pirates of Camp Erdman will face their toughest opponent ever during this week's theme. Are ye a worthy swashbuckler?

Session 6 - Wizard Week

Wands at the ready! An evil wizard has cast an evil spell on YMCA Camp Erdman! Only the campers can train hard to break the spell that seems to have taken over their counselors!

Session 7 - Ancient Egypt

King Toot needs your help! He has somehow gone through time to end up in 2010. Only the campers at Camp Erdman can solve the mysteries of Ancient Egypt and return King Toot to where he belongs.

Session 8 - Olympics

The nations of the world must come together and compete in the annual Camp Erdman Olympic games! With a sense of global unity, each nation will band together and participate in some healthy competition.

Session 9 - Gold Rush

There's gold in them there hills! Campers will work together to find the map that will lead to the gold and defeat the nutty old prospector!