

YMCA Camp Erdman
Environmental Education Program
Scheduling and Information Form

Due:

Please complete and return to Camp Erdman no later than **8 weeks** prior to your camp visit.

Address: Camp Erdman 69-385 Farrington Hwy Waiialua, HI 96791 Fax # 808-637-8874

Name of School _____

Address _____ City _____

State _____ Zip _____

School Phone _____ Fax# _____

Trip Leader _____ Home Phone _____

Email _____ (this is usually the best way to communicate)

What is the best time of day to contact the trip leader? _____

School's Departure Time from Camp? Date _____ Time _____

Grade of students attending _____

Number of boys attending _____

Number of girls attending _____

Number of Adults attending _____

Will you be bringing any additional snacks with you? Yes _____ No _____

If yes, do you need anything from us to prepare them? _____

Please note that due to Health Code and Sanitary restrictions we are not able to prepare food that you bring in our kitchen.

Which night do you need our help? _____

Would you like your students to access the camp store? Yes _____ No _____

If yes, when is the best time and day to have the store open? _____

(we generally can open the store from 4:15-5:30pm)

Activity Selection for Environmental Education

Please complete and return to Camp Erdman no later than **8 weeks** prior to your camp visit.

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We can not guarantee the order or day the classes will be scheduled due to multiple groups and other schools that may be taking the same classes as your school.

2 Night/3 Days

Activity Pd. 1 _____

Activity Pd. 2 _____

Activity Pd. 3 _____

Activity Pd. 4 _____

Activity Pd. 5 _____

Activity Pd. 6 _____

Evening Program 1 _____ or School Time

Evening Program 2 _____ or School Time

Final Morning Activity _____

1 Night/2 Days

Activity Pd. 1 _____

Activity Pd. 2 _____

Evening Program _____ or School Time

Final Morning Activity _____

Note: If you are bringing more than 4 learning groups, each group may not be able to do all of the same activities.

Day Classes: (Each activity period is 1.5 hour)

1.5 hour classes

Animal Adaptations	Beast (4th-6th grade)
Beach Ecology	Group Challenge I (4th-6th grade)
Bird Study	Group Challenge II (4th-6th grade)
Botany	Orienteering (4 th -6 th grade)
Critter Safari	
Endangered Species	Mauka Hike
Geology	Reduce, Reuse, Recycle

45 minute classes

(to fill an activity period write both 45 min activities on one line)

Kamani Nut Necklaces
Nature Art
Swimming
Map Masters (K-3rd)
Archery
Cooperative Games (K-3rd)

Evening Programs:

Action Auction	Liars Club
Astronomy	Movie
Camp Scavenger Hunt	Night Explorers
Invention Convention	Science Fair

NOTE: you may also choose School Time and run your own evening activity

Final Morning Activity:

International Games	Olympics
Predator/Prey	Service Project

Snack Selections

Night 1 _____

Night 2 _____

Please choose one snack for each night:

- Fruit, Granola Bars, 100 Calorie Snack Packs (Pizza & Corndogs are available for \$3.00 extra per student) You are also welcome to bring your own snacks if you choose.

YMCA Camp Erdman
 Environmental Education Program
 Learning Group List

School Name: _____

Use this example list to help you assign adults and students to the learning groups. You are required to have at least 1 adult with each learning group. The School Programs Director or EE Assistant Director will let you know how many learning groups you will be allowed. Please bring this list to camp with you.

Group A	Group B	Group C	Group D
Adult:	Adult:	Adult:	Adult:
Adult:	Adult:	Adult:	Adult:
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
(18)	(18)	(18)	(18)
(19)	(19)	(19)	(19)
(20)	(20)	(20)	(20)

YMCA Camp Erdman
Environmental Education Program
Cabin Assignments

School Name: _____

Use this form to help you organize cabins. We recommend that you have at least one adult in each cabin for your student's safety. Please bring a list of cabin assignments to camp with you to turn into the Camp staff.

Cabin #	Cabin #
1. (Adult)	1. (Adult)
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

Please note:

Mauka Cabins 18-32 have 16 beds and one bathroom (toilet and shower) in each cabin. In addition there are two bathroom/shower houses near the Mauka Cabins.

Makai Cabins 11, 12, 14-17 have 8 beds and one bathroom (toilet and shower) in each cabin.

KP Information

Meals will run much smoother if the students are assigned tables and KP duty before their arrival to camp. We have put together information that will help you organize the tables and KP assignments.

- You will be given a set # of tables depending on the number of people you bring to camp. Please check with camp staff to see how many tables your school will be assigned.
- 10 people can sit at each table; therefore we will give you 1 table per 10 people. Please decide if you will be sitting with your students or not. Usually Adults will not sit with the students.
- There needs to be at least 1 KP person assigned per table per meal. Most of the time there will be 2 KP people. If your school is staying only 1 night, you may have additional KP people to allow all students to participate.
- The students on KP duty will be assigned by color. Check your schedule that camp has sent to you to see when each color will report to KP duty.
- KP needs to be at the meals 15 minutes before the meal time. They will also stay a few minutes after the meal to help clean up.
- Please bring your KP assignments to camp with you, or fax them in before your school's arrival to camp. We will have them already placed on the correct table # to make it easy for students to find their assigned table.
- Please use the KP List we have provided. Make sure you are using the correct list according to how many nights your school is staying.
- Each school will be assigned an animal upon arrival to distinguish them from the other schools. (Turtle, Monk Seal, or Shark)
- **Important: please make sure you at least tell the first KP students (yellow-dinner) who they are; especially if it is not written on their nametags. The other students will see what color they are once they are at the meal.**

3 Days/2 Nights

School Name:

Table #:

1. (yellow)
2. (yellow)
3. (red)
4. (red)
5. (blue)
6. (blue)
7. (purple)
8. (purple)
9. (green)
10. (green)

Yellow- 1st night dinner
Red- 2nd day breakfast
Blue- lunch both days
Purple- 2nd night dinner
Green- 3rd day breakfast

3 Days/2 Nights

School Name:

Table #:

1. (yellow)
2. (yellow)
3. (red)
4. (red)
5. (blue)
6. (blue)
7. (purple)
8. (purple)
9. (green)
10. (green)

Yellow- 1st night dinner
Red- 2nd day breakfast
Blue- lunch both days
Purple- 2nd night dinner
Green- 3rd day breakfast

2 Days/1 Night

School Name:

Table #:

1. (yellow)
2. (yellow)
3. (yellow)
4. (yellow)
5. (red)
6. (red)
7. (red)
8. (blue)
9. (blue)
10. (blue)

Yellow- dinner
Red- breakfast
Blue- lunch

2 Days/1 Night

School Name:

Table #:

1. (yellow)
2. (yellow)
3. (yellow)
4. (yellow)
5. (red)
6. (red)
7. (red)
8. (blue)
9. (blue)
10. (blue)

Yellow- dinner
Red- breakfast
Blue- lunch

Statistics

Please count the number of Adults and Students coming to Camp and put the total number next to the correct ages.

5 & below (F) _____

5 & below (M) _____

6-11 (F) _____

6-11 (M) _____

12-17 (F) _____

12-17 (M) _____

18-29 (F) _____

18-29 (M) _____

30-54 (F) _____

30-54 (M) _____

55-64 (F) _____

55-64 (M) _____

64 & up (F) _____

64 & up (M) _____

Please put the estimated Ethnicity percentages (students and adults together)

Filipino/Hawaiian _____

Asian _____

Caucasian _____

Other _____

YMCA Camp Erdman - Odyssey Course, Alpine Tower, Team Development Course

YMCA of Honolulu - HEALTH DISCLOSURE FORM

Participant Name _____

Age _____ Organization / School _____

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with at pre-existing condition. This information is to be confidential.

Question	Response	
1. Any pre-existing medical conditions? If yes, please explain: _____	Yes	No
2. Are you currently taking any prescription or non prescription medication? If yes, please explain: _____	Yes	No
3. Do you have any heart condition?	Yes	No
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, insects, or medicines)?	Yes	No
6. Do you foresee any problems participating in the upcoming Alpine Tower Odyssey Challenge Course activity due to a lack of physical exercise?	Yes	No
7. Do you feel any pressure of coercion from employer or others to participate?	Yes	No
8. Do you have a disability? If yes, please indicate the functional implications and any concerns about participation related to the disability. _____ _____	Yes	No
9. Describe your current level of physical activity: _____ _____		

In case of emergency, contact: _____ Phone: _____
Medical insurance (comply and policy number) _____

Participant – please read and sign

I have honestly disclosed to the staff any medical, physical, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

Signature

Date

YMCA Camp Erdman

Odyssey Course, Alpine Tower, Team Development Course

PARTICIPANT ASSUMPTION OF RISK, RELEASE, AND AGREEMENT

In consideration of the services of YMCA of Honolulu, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as YMCA), I hereby agree to release, indemnify, and discharge YMCA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

YMCA programs are based on the "challenge by choice" principle. At any time you and / or your group are free to withdraw from participation in ropes course activities. **The risks include, among other things, the potential for:** slips, fall and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated disease.

Furthermore, YMCA instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA from any and all claims, demands, or causes of action, which are in any way connected with my participation in the activity of my use of YMCA equipment of facilities, including any such Claims which allege negligent acts or omissions of YMCA.

4. Should YMCA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against the YMCA, I agree to do so solely in the state of *Hawaii*, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I maybe found by a court of law to have waived my right to maintain a lawsuit against YMCA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PHOTOGRAPH / VIDEO RELEASE

I, the undersigned, consent for all purposes to reproduce, sell, and / or use of photographs or videos of the undersigned (with or without the use of the individual's name), by the YMCA of Honolulu and by any nominee or designee of the YMCA of Honolulu (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art and exhibition.

In giving this consent I release the YMCA of Honolulu and their nominees and designees for liability for any violation of any personal and /or proprietary right I may have in connection with such sale, reproduction or use.

Name: _____ Phone Number: _____

Signature: _____ Guardian's Signature (If under the Age of 18): _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by YMCA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless YMCA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian _____ Print Name _____ Date _____