



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA CAMP SURF OVERNIGHT PARENT GUIDE

560 Silver Strand Blvd Imperial Beach CA 91932  
T 619.423.5850 | [pschoonmaker@ymcasd.org](mailto:pschoonmaker@ymcasd.org)  
[www.ymcasd.org/camps](http://www.ymcasd.org/camps)

# WELCOME TO **CAMP SURF**

We are thrilled that you've chosen YMCA Camp Surf for your child this summer. In this Parent Guide many of your questions will be answered. For additional info visit [www.ymcasd.org/camps](http://www.ymcasd.org/camps) or call the camp office at 619.423.5850.

### ARRIVAL SUNDAY

Please arrive on opening Sunday between 3:30pm and 4:30pm. Campers will not be accepted earlier than this time.

Remember to bring your:

- Admission Form
- Health History Form
- Medications

### FRIDAY DEPARTURE

We invite parents and families to join us for our Family BBQ and Surf Carnival on the final Friday afternoon. This is the perfect opportunity to take photos and share camp with your child(ren). Please leave pets at home since we cannot allow animals in camp or on the beach (& the parking lot gets hot.)

12-4:00pm Check Out

12:30pm Surf Carnival

If we have experienced water closures we may adjust this to get our campers more water time before check out.

### DIRECTIONS TO CAMP

Our physical address is 560 Silver Strand Blvd Imperial Beach CA 91932. Travel south on Interstate 5 past Chula Vista. Exit on Palm Ave. and turn right. Go through 4 lights and move to the left lane. After Ninth Ave., veer left toward Imperial Beach staying on Palm Ave. Continue and turn right one block after the 4-way stop onto Silver Strand Blvd. The camp entrance is at the end of the street. Directions are also available on our website.

### CAMPERS ARRIVING BY TRAIN OR PLANE

Camp Surf offers limited transportation to/from the San Diego Airport and Santa Fe Train Station. Options for 16yrs and younger train travel are restricted due to AMTRAK policy. Please ensure you are aware of NEW travel policies by contacting Payton Schoonmaker before registering for summer camp. Confirmed and approved itineraries must be forwarded one month before arrival at camp. If your camper needs this option, don't wait—available spots fill quickly! Contact Payton Schoonmaker at [pschoonmaker@ymcasd.org](mailto:pschoonmaker@ymcasd.org)

### BEHAVIOR AT CAMP

At camp, we foster an inclusive environment filled with friendship, respect and character development. Campers that cannot live within the rules of camp, or are adversely affecting the experience of other children will be dismissed without a refund. Parents are then responsible to come to camp and pick up their child.



### CABIN MATE REQUESTS

Please know that cabin mate requests must be mutual (other parents must request your child too) with campers in the same program and within 1 year of age and grade of one another. We will do our best to honor these requests provided they are made at least one week prior to the start of camp. To make a request please contact our office team at 619.423.5850 or [camp@ymcasd.org](mailto:camp@ymcasd.org).

Note: Most campers come alone. Making new friends is a big part of the camp experience! We will honor mutual requests, however our ability to accommodate multiple requests is dependent on overall registration. If you have any questions please contact our Summer Director Payton Schoonmaker at [pschoonmaker@ymcasd.org](mailto:pschoonmaker@ymcasd.org).

# HEALTH & SAFETY

## HEALTH HISTORY

This form is required to be handed in on check-in day so please do not mail, email or fax this form. Health History needs to be complete with parent's signature and medical information. State Health Codes also require that the camper's immunizations are up to date. If a child has any severe health conditions, has recently stopped taking a behavioral medication or has recently been under a doctor's care, a physician's authorization is required for camp attendance. If none of these conditions apply, a doctor's physical is NOT required.

## PRE-CAMP HEALTH SCREENING

Please send healthy kids to camp. Upon arrival, we require each family complete a detailed health check verifying your child is healthy and symptom free. If your child is sick and therefore unable to attend camp, we are always willing to transfer them to another session based on availability. Camp staff will facilitate a daily symptom check with each camper. If a child exhibits symptoms, they will be isolated and must be picked up ASAP.

## MEDICATIONS

It is important that medications, including non-prescription medications (cough drops, vitamins, etc.), are not packed in your child's things. All medications are to be submitted to health care staff at check in (State Law). Prescription drugs must be in the original container with physician's instructions. If there is more than one kind of medication please place the original containers into a Ziploc bag labeled with camper's name. You will be asked to provide complete written directions on dosage and frequency and verify instructions for dispensing your child's medications during check-in. Airport /Train only: place medication and completed camp forms together in a large Ziploc bag and pack inside a carry on backpack.

## INSURANCE

You, as parent or guardian, are responsible for any medical costs incurred while at camp. Be sure to provide accurate information regarding your insurance carrier on the Health History Form.

## WATER CLOSURES

The safety and wellbeing of our campers is paramount to everything we do. We automatically receive daily testing results facilitated by San Diego County. In the event of a beach closure we have plans in place for engaging alternative programming that includes:

1. On-site activities such as our expanded skate park, archery range, climbing tower, sports activities, bicycles, and more.
2. Transporting campers via school buses to beaches that are open. Overnight camp will go to South Mission Beach or other local beaches. Day camp will also be able to get off-site to get in the water. Our staff (including lifeguards) will continue to supervise campers at these beaches.

While the ocean is certainly a big draw and part of camp, the value and benefits of the Camp SURF experience extends far beyond that. Campers will develop strong friendships, spend great active time outdoors, develop social skills, feel a sense of belonging, and exhibit increased confidence. Due to limitations of permits and busing we will be able to get each village in the water 2-3 times each session when the water at camp is closed.

## MISSING HOME

Going away to camp can sometimes be a challenging event for children. We understand parent concerns and will work with you to ensure that your child has a positive experience. Our first practice is very simple - **PREVENTION**. We find that keeping campers busy, is the best anti-homesickness strategy around. Sometimes, however, children still experience varying degrees of anxiety. We work to help homesick children overcome their difficulty. Most of the time we are successful.

If your child is not adjusting well, we will phone you to report and discuss possible courses of action.

**PLEASE BE SURE TO PROVIDE US WITH COMPLETE EMERGENCY CONTACT INFORMATION. ESPECIALLY IF YOU ARE TRAVELING OR GOING ON VACATION!**

## SUN PROTECTION

There is very little shade at YMCA Camp Surf. It is critical that your child understands the risks of over-exposure to the sun. The best protection is regular (every 2-4 hours) applications of quality sun block lotion and lip screen. Please discuss this with your child before s/he arrival. It is important to send non-expired Waterproof Sun Block (SPF 30+), lip screen, a brimmed hat, & a reusable water bottle.

## FOOD ALLERGIES

We will do our best to accommodate the needs of severe allergies. Please contact us ahead of time with questions or concerns.

Food Service Director:  
Joe Breedlove  
jbreedlove@ymcasd.org



# EQUIPMENT LIST

Please mark camper's name on each item. The YMCA is not responsible for lost or damaged personal articles. Please leave valuables at home. **Pack old stuff!** There's a lot of sand, dirt, and sweat at camp. New clothes/shoes will need a good wash when camp ends.

## MARINERS, WATERMAN, BEACHCOMBERS, SOUL, & CA's

### REQUIRED ITEMS:

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Hat or Cap w/ brim   | <input type="checkbox"/> 2 pairs of Long Pants                                  |
| <input type="checkbox"/> Waterproof Sun Block SPF 30+   | <input type="checkbox"/> 5 pairs of Shorts                                      |
| <input type="checkbox"/> Please lotion only,<br>NO AEROSOL sprays.  | <input type="checkbox"/> 1 or 2 Sweatshirts or Jackets                          |
| <input type="checkbox"/> Waterproof Lip Screen SPF 30+  | <input type="checkbox"/> 5 T-Shirts   |
| <input type="checkbox"/> Water Bottle or Canteen  | <input type="checkbox"/> 1-2 Swim Suits   |
| <input type="checkbox"/> Wetsuit and/or RASH GUARD—<br>nylon shirt worn in water to<br>protect from irritation & sun<br>exposure. | <input type="checkbox"/> 6 pairs of Underwear                                   |
| <input type="checkbox"/> Backpack (day pack)  | <input type="checkbox"/> 6 pairs of Socks                                       |
| <input type="checkbox"/> Sleeping Bag<br>(All campers do a sleepout)  | <input type="checkbox"/> Pajamas  |
| <input type="checkbox"/> Pillow   | <input type="checkbox"/> Sneakers/Tennis Shoes                                  |
|   | <input type="checkbox"/> Flip flops/sandals                                     |
|   | <input type="checkbox"/> 2 Towels (1 beach, 1 bath)                             |
|   | <input type="checkbox"/> Toiletry articles - toothbrush,<br>toothpaste, shampoo |

### OPTIONAL ITEMS:

- Stationary, Postcards, Stamps
- Book, Reading Materials
- Camera (inexpensive)
- Sunglasses
- Flashlight
- Extra Beach Towel

## ASK YOUR CAMPER!

Research shows that intentional questions can produce significant learning and performance benefits.

### PRE CAMP ?'s

- What's one new thing you want to try while you are away at camp?
- What's one thing you are most nervous about? How will you handle that situation once you're at camp?

### POST CAMP ?'s

- What's something new you tried at camp?
- What's the most surprising thing you learned (about yourself) while you were away at camp?
- What's the one thing that makes you want to go back to camp?
- Tell me about your new camp friends? Favorite camp counselor?



**NOT  
PERMITTED**

- Video games
- iPods/iPads/iWatch
- Laptops/Tablets
- Cell Phones
- Digital Readers
- Food
- Candy
- Alcohol
- Drugs
- Tobacco
- Weapons
- Fireworks
- Aerosol sprays
- Makeup
- Pets
- Offensive materials



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# YMCA CAMPER HEALTH HISTORY FORM

**DO NOT MAIL**  
Please return form to camp  
on the day of check-in

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Immunization History** Are all immunizations up to date?  Yes  No Date of last tetanus shot (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Information**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy and/or group #: \_\_\_\_\_

**Past or Present (please check). If YES for asterisk \* items, must have a Doctor's Authorization completed (reverse side)**

Currently under Dr. care* <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart defect/disease* <input type="checkbox"/> Yes <input type="checkbox"/> No	Autism <input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent hospitalization* <input type="checkbox"/> Yes <input type="checkbox"/> No	Asperger's Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma* <input type="checkbox"/> Yes <input type="checkbox"/> No	Bedwetting <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures* <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	Other diseases/conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes* <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	

For each  Yes, please explain: \_\_\_\_\_

<b>Allergies:</b> Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No require Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Poison Oak/Ivy <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insect/animals <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Any airborne allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No List _____

**Dietary Restrictions?**  Yes  No \_\_\_\_\_

Any reason to restrict full activity including swimming, long hikes, strenuous physical games?  Yes  No

Any current mental, or psychological conditions requiring special consideration or restrictions?  Yes  No

For each  Yes, please explain: \_\_\_\_\_

**Current medications:** to be continued at camp: *(use additional pages if necessary)*

Med Name, Dosage \_\_\_\_\_ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time \_\_\_\_\_

Med Name, Dosage \_\_\_\_\_ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time \_\_\_\_\_

Med Name, Dosage \_\_\_\_\_ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time \_\_\_\_\_

Inhalers or Epipens brought to camp? List what for and instructions \_\_\_\_\_

Other Medication Instructions for Health Care Staff: \_\_\_\_\_

**Non-Prescription Medications** I authorize the following medications or generic equivalent to be administered as needed:

Cough/Sore Throat Drops  Yes  No | Metamucil  Yes  No | Pepto Bismol  Yes  No | Cough Syrup  Yes  No

Acetaminophen (Tylenol)  Yes  No | Benadryl  Yes  No | Ibuprofen (Advil)  Yes  No | Hydrocortisone  Yes  No

**Waiver of Liability:** 1. I acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document. 2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasers") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA. 3. I agree not to sue Releasers for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasers from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified. 4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. 5. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of any groups of people other than in your own household. YMCA of San Diego County ("YMCA") has put in place preventative measures suggested by the Centers for Disease Control and Federal, State, and Local Government to reduce the spread of COVID-19; however, YMCA cannot guarantee that you or your child will not become infected with COVID-19. Further, attending YMCA facilities, programs or childcare could increase your family's risk, your risk, and your child's risk of contracting COVID-19. By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child and I along with my family may be exposed to or infected by COVID-19 by attending YMCA facilities, programs or childcare and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA facilities, programs or childcare may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child or my family may experience or incur in connection with my child's attendance at YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my family and children, I hereby release, covenant not to sue, discharge, and hold harmless YMCA, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, suits, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program. Photographic Waiver/consent: I give my permission to the YMCA of San Diego County to use my picture or other likeness, or a picture or other likeness of any of my children in the YMCA's general publicity and campaign materials. If you would like to opt out of photos of your camper please mark the box NO. No on photos

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS SECTION TO BE COMPLETED IF CURRENTLY UNDER DOCTOR'S CARE OR \*ASTERISK-HEALTH CONDITION IS CHECKED ON FRONT OF THIS FORM.**

**Note:** A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, has been recently hospitalized, or is currently under a Doctor's care. If so, complete this section.

**Health Examination by Licensed Physician**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp. Please realize that camp is held at either mountain (4300 feet elevation) or oceanfront settings. The programs are very active with strenuous hiking, games, swimming, surfing, and camp activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past two years. Date examined: \_\_\_\_/\_\_\_\_/\_\_\_\_

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood pressure: \_\_\_\_\_

Is the applicant under the care of a physician for any conditions?  Yes  No Please explain: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice? \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions? \_\_\_\_\_

Any treatment or medications to be continued at camp (please give specific dosages)? \_\_\_\_\_

Any allergies? (Food, drugs, plants, insects, etc): \_\_\_\_\_

Additional health information: \_\_\_\_\_

Licensed physician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: \_\_\_\_\_ Date of form completion: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

**YMCA Overnight Camps - Marston | Surf | Raintree**  
PO Box 2440 Julian, CA 92036  
T 760 765 0642  
E camp@ymca.org W <http://www.ymcasd.org/camp>



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**DO NOT MAIL  
PLEASE BRING FORM TO  
CAMP ON CHECK-IN DAY**

## YMCA CAMP SURF ADMISSION FORM

BOXES FOR STAFF USE ONLY PLEASE

SESSION	CABIN	MEDS	HOLDOVER	TRANSPORT	CONFISCATED ITEMS	WETSUIT
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### CAMPER NAME

\_\_\_\_\_

Last First

**PARENT INFORMATION** - Please provide the names of **all** adults authorized to pick up your child, including Parents/Guardians:

YOUR NAME - PRINT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TRANSPORTATION FROM CAMP ON DEPARTURE FRIDAY(S):

My child will be picked up at camp.

Checkout begins at 12pm & Surf Carnival starts at 12:30pm on Friday at Camp Surf.

**OR**

My child is registered for transportation to airport/train station.

Campers must be pre-registered for transportation and have paid the \$75 fee. Itineraries must be approved by camp's Transportation Coordinator - additional fees may apply in certain circumstances.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Guardian Signature** (required for camp admission) **Date** mm/dd/yy

### THE YMCA CAMPER CODE OF CONDUCT

**CAMPERS, PLEASE READ!** I have reviewed the Parent Guide and Equipment List with my parents/guardians and understand that I am responsible for my behavior while I am at camp. I have reviewed the list of things that are not allowed and have not packed any of them. I am excited about my camp experience and I am coming because I want to. If I do not follow the camp rules, I understand that I may be sent home, without a refund of camp fees to my parents. I will do my best to make this a good experience for me and for the other kids at camp.

⇒ I did not bring:  a cell phone  make-up  electronics

\_\_\_\_\_

**CAMPER SIGNATURE**

### FOR CHECK-OUT DAY ONLY

\_\_\_\_\_

AUTHORIZED PICK UP SIGNATURE

\_\_\_\_\_

STAFF SIGNATURE