

## YMCA Camp Hanes 2012 Registration Form

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_ Male Female  
 Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Previous number of years at Camp Hanes \_\_\_\_\_  
 School /Grade attending in Fall 2012 \_\_\_\_\_ Race (optional) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Father's Business \_\_\_\_\_ Mother's Business \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Family E-mail Address \_\_\_\_\_ Cabin mate Preferred (Must be mutual) \_\_\_\_\_  
 Emergency Contact (other than parent) **REQUIRED** \_\_\_\_\_ Phone Number \_\_\_\_\_  
 How did you hear about Camp Hanes? \_\_\_\_\_  
 Parents: Did you attend Camp Hanes as a camper or staff? Yes No If yes what years? \_\_\_\_\_  
 Does the camper have any special needs? Yes No e.g. Asthma, ADD/HD, physical impairments. Please describe: \_\_\_\_\_

Camper lives with: Both Parents Father Mother Guardian
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### How To Register

Check all sessions that you wish to attend. Complete both sides of the registration form and mail or fax it to the Camp Hanes Office.  
 A \$175.00 non-refundable deposit (except for accident or illness) per session, which is part of the total camp fee, is required for this registration form to be processed and your child's spot reserved.  
 Verification from a physician must accompany cancellations. \$75.00 is considered an administrative fee and is not refundable under any circumstances.  
 If you have any questions feel free to give us call during regular business hours (8:00am-5:00pm Monday-Friday)

P 336 983 3131  
 F 336 983 4624

Register online  
[www.camphanes.org](http://www.camphanes.org)

### Traditional Camp

#### Climbers: Ages 6-9 (rising 1<sup>st</sup>-4<sup>th</sup>)

- Session 1 June 17-22 \$579
- Session 2 June 24-June 29 \$579
- Session 3 July 8-13 \$579
- Session 4 July 15-20 \$579
- Session 5 July 22-27 \$579
- Session 6 July 29-Aug 3 \$579
- Session 7 Aug 5-10 \$579

#### Mountaineers: Ages 10-12(rising 5<sup>th</sup>-7<sup>th</sup>)

- Session 1 June 17-22 \$579
- Session 2 June 24-June 29 \$579
- Session 3 July 8-13 \$579
- Session 4 July 15-20 \$579
- Session 5 July 22-27 \$579
- Session 6 July 29-Aug 3 \$579
- Session 7 Aug 5-10 \$579

#### Explorers: Ages 13-15 (rising 8<sup>th</sup>-10<sup>th</sup>)

- Session 1 June 17-22 \$579
- Session 2 June 24-June 29 \$579
- Session 3 July 8-13 \$579
- Session 4 July 15-20 \$579
- Session 5 July 22-27 \$579
- Session 6 July 29-Aug 3 \$579
- Session 7 Aug 5-10 \$579

### Adventure / Leadership Camps

#### Adventure Program: Ages 12-15

- Adventure 1 June 17-22 \$619
- Adventure 2 June 24-June 29 \$619
- Adventure 3 July 8-13 \$619
- Adventure 4 July 15-20 \$619
- Adventure 5 July 22-27 \$619
- Adventure 6 July 29-Aug 3 \$619
- Adventure 7 Aug 5-10 \$619

#### Leaders in Training: (\*Rising Sophomores)

- LIT 1 June 17- July 6 \$1329
- LIT 2 July 15- Aug 3 \$1329

\*Camp prefers for the LITs to go home on weekends to rest for the following week. If the LIT is staying for the holdover weekend the additional fee will be added to the overall cost.

#### Counselors in Training (\*Rising Juniors)

- CIT 1 June 17 - 29 \$300
- CIT 2 July 8-July 20 \$300
- CIT 3 July 22 - Aug 3 \$300

\*Candidates must contact camp by January 31, 2012 with a letter of interest in the program. No deposit is required with letter and registration form. They will then be contacted to set up an interview for the program.

### Specialty Programs

Horseback Riding (All Ages)  
 Add to any traditional session \$120

Paintball (Mountaineers and Explorers)  
 Add to any traditional session \$90

Trap Shooting (Mountaineers and Explorers)  
 Add to any traditional session \$90

Holdover Weekend \*  
 June 22 - 24 \$150  
 July 13 - 15 \$150  
 July 20- 22 \$150  
 July 27-29 \$150  
 Aug 3-5 \$150

\*Used for extending into a second session.  
**Weekly Rates will increase by \$50 January 1<sup>st</sup> and \$50 additional on April 1<sup>st</sup>. To receive this price you must pay the \$175 deposit and turn in your registration form by the above dates. Your child's week can be moved to another week at a later date if needed.**

**PARENT / GUARDIAN AGREEMENT – Please read and sign**

The Program Director reserves the right to decline the application of any child, or send home any child who, according to the Director's discretion, is not a desirable associate for the other campers, or puts him/herself or others at risk.

Photographs will occasionally be taken of the children during the Program. I, the undersigned, consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to my child or me.

I, the undersigned, give my permission for my child to leave the Camp Grounds with authorized Branch staff for scheduled trips and outings.

**Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities, which my child will engage in during the program. In consideration of the Branch allowing my child to participate in the Program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of respective officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities, field trips or the above described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

**Certification of Ability to Participate and Medical Authorization.** I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Program activities for which he or she has been registered.

I, the undersigned, understand that in the case of illness or injury of my child the Branch will try to notify me or the emergency contact listed on the Program Registration form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's caregiver, as applicable, to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and anesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

I agree to have my child examined by a physician within 24 months prior to their participation in the Program.

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

Print Parent/Guardian Name: \_\_\_\_\_

**Payment Method**

Check (Please make payable to YMCA Camp Hanes)			
Master Card	Visa	Discover	
Card #			
Name on Card			
Amount to be charged \$		/ / Exp Date.	
Security Code			
Signature			

**Computation Area**

Fees for the Session (s) chosen	\$
Horseback/ Paintball/ Skeet/ Holdover	\$
"Send A Kid to Camp" donation	\$
Total Fee	\$
Payment enclosed (deposit required)	\$
Balance due	\$

Our Parent Pack will be mailed to you once this registration form has been received. It will contain: Camper Confidential Form, Camper Health History Form, What to bring, Directions to camp, and more. The forms are also available on our website. Please fill these forms out completely and return them to our office as soon as possible.

**You must have your child examined by a physician within 24 months prior to their participation in our programs.**

Call 336 983 3131 for information on setting up a payment plan for your registration fees.

**Please mail or fax all registrations to:**

**YMCA Camp Hanes**  
**1225 Camp Hanes Road**  
**King, NC 27021**  
**P 336 983 3131**  
**F 336 983 4624**



## CAMPER TO COUNSELOR LETTER

Please Return To:

YMCA Camp Hanes Camp  
1225 Camp Hanes Rd  
King, NC 27021  
Fax 336-983-4624

Please circle camp sessions below:

Traditional Camp	1	2	3	4	5	6	7
CIT	1	2	3	LIT'S:	1	2	
Adventure Camp	1	2	3	4	5	6	7

*This letter to your cabin counselor will help him/her get ready for your arrival at camp. The information you provide will help your counselors get to know you better. Your counselors will also use some of the information to help them plan afternoon activities for you and your cabin mates! (Younger campers may need parental help in completing this letter.)*

***Please mail to us thirty days prior to attending camp.***

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Dear Counselor,

My full name is \_\_\_\_\_, but my friends just call me \_\_\_\_\_.

The things I like to do most with my friends are \_\_\_\_\_.

What I like most about school is \_\_\_\_\_

what I like least about school is \_\_\_\_\_.

Most of my friends would probably describe me as someone who is \_\_\_\_\_.

If you were to ask my friends about me, they would say that I \_\_\_\_\_.

The qualities I like most in people are \_\_\_\_\_. My best friends are people who \_\_\_\_\_.

I'm coming to YMCA Camp Hanes because \_\_\_\_\_

\_\_\_\_\_.

The kind of counselor that I would like to have most is one that \_\_\_\_\_

\_\_\_\_\_. As my counselors, I also want you to know that

\_\_\_\_\_.

When I get to Camp Hanes, the things I want most to achieve or accomplish are \_\_\_\_\_

\_\_\_\_\_.

*I understand that I am coming to YMCA Camp Hanes to develop new skills, be a good sport and have a good time. I understand that there are camp guidelines that I must follow in order for everyone to have a safe and fun time. I agree to abide by YMCA Camp Hanes rules including being considerate of my cabin mates, cooperating with my counselors and practicing good health habits and personal hygiene. I agree not to have any illegal drugs, firearms, weapons or alcohol while participating in Camp Hanes programs.*

Camper's Signature \_\_\_\_\_

Former campers, please complete the additional questions on the back of this form
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# YMCA Camp Hanes Health History Form

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This form, except for the "Health Recommendations of Licensed Medical Personnel," to be filled in by parents/guardians of campers.

Session attending: \_\_\_\_\_

Mail to Camp Hanes 30 days prior to the Session

YMCA Camp Hanes

1225 Camp Hanes Rd.

King, NC 27021

P 336 983 3131 F 336 983 4624

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_

Gender: Male  Female  Race: \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

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

Second Parent or Guardian: \_\_\_\_\_ Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

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

Other Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Family Dentist/Orthodontist: \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Care Recommendations by Licensed Medical Personnel: Date of last examination: \_\_\_\_\_

I have examined the above camp participant. In my opinion, the above is  or is not  able to participate in an active camp program.

Signature of Licensed Medical Personnel \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Business Phone \_\_\_\_\_ Date \_\_\_\_\_

Insurance Information: Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address \_\_\_\_\_

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

Social security number of policy holder or insurance ID number \_\_\_\_\_

## Important — The following boxes must be completed for attendance \*

**Permission to Provide Necessary Treatment or Emergency Care:** I hereby give permission to the medical personnel selected by 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. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian of camper \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of camper \_\_\_\_\_ Date \_\_\_\_\_

\* If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

## Health History

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. **Keep a copy of the completed form for your records.** Any changes to this form should be provided to the camp health personnel upon participant's arrival in camp. Please provide complete information.

**Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary):**

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**List Medications your child is taking at this time.** \_\_\_\_\_

**Allergies: List all known. Medication allergies:** \_\_\_\_\_

**Food allergies:** \_\_\_\_\_

**Other allergies (list)** — include insect stings, hay fever, animal dander, etc. \_\_\_\_\_

**Which of the following has the participant ever had?**

- Measles                       Chicken Pox  
 German Measles            Mumps  
 Hepatitis  
 TB Mantoux Test Date \_\_\_\_\_  
 Result:  Positive     Negative

**Please give all dates of immunization:**

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	___	___	___	___	___	___
TD ( tetanus/diphtheria)	___	___	___	___	___	___
Tetanus	___	___	___	___	___	___
Polio	___	___	___	___	___	___
MMR	___	___				
or Measles	___	___				
or Mumps	___	___				
or Rubella	___	___				
Haemophilus influenza B	___	___	___	___		
Hepatitis B	___	___	___			
Varicella (chicken pox)	___	___				
BCG	___					

**General Questions please explain any “yes” answers**

Has/does the participant:		Y	N	Has/does the participant:		Y	N
1.	Have a chronic or recurring illness/condition?			12.	Ever had problems with joints (e.g. knees, ankles)?		
2.	Have frequent headaches?			13.	Have diabetes?		
3.	Ever had a head injury?			14.	Have any skin problems (e.g. itching, rash)?		
4.	Ever been knocked unconscious?			15.	Have asthma?		
5.	Ever had high blood pressure?			16.	Had mononucleosis in the past 12 months?		
6.	Ever had frequent ear infections?			17.	Will your child need any prescription medications at camp?		
7.	Ever had seizures?			18.	Ever had an eating disorder?		
8.	Ever had chest pain during or after exercise?			For Female:			
9.	Ever had back problems?			19.	Has this person menstruated?		
10.	Had any recent injury, illness or infectious disease?			20.	If so, is her menstrual history normal?		
11.	Had any recent surgery?			21.	If not, has she been told about it?		

**Please explain any “yes” answers, noting the number of the question (above).**

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**FOR FORMER CAMPERS ONLY**

*If you have been a camper at YMCA Camp Hanes previously, please complete the information below.*

While at camp during the previous summer(s), the things which helped me grow the most were:

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I have decided to return to camp because:

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What concerns do you have about returning to camp for another year?

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What was the best part about your last summer at camp?

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What was the worst part about your last summer at camp?

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Did you accept the challenges of a "Rag" last year? Which color?

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*Thank you for taking the time to provide your counselors with this information.*

## WHAT TO BRING LIST

### NECESSARY EQUIPMENT FOR ONE WEEK:

#### CLOTHING:

T-shirts  
Underwear  
1 or 2 Bathing Suits  
Sweatshirt  
Sweater  
Light Jacket  
Shorts  
6 or 7 Pairs of socks  
Tennis Shoes\*  
Pajamas  
Rain Gear

#### TOILET ARTICLES:

Washcloths  
Towels  
Toothbrush  
Toothpaste  
Laundry Bag  
Shampoo  
Soap  
Deodorant  
Water Bottle\*  
Bug Spray (stick recommend)  
Sun Block

**BEDDING:** sleeping bag\* or sheets to fit a twin bed/mattress cover and pillow

#### PAINTBALL:

Old clothes that can get dirty\*  
Long sleeve shirts\*  
Jeans/Long Pants\*  
Tennis Shoes

#### HORSEBACK RIDING:

Jeans/Long Pants  
Boots/Hard Sole Shoes

#### OPTIONAL EQUIPMENT:

Cards/Paper  
Tennis Racket  
Tennis Balls  
Flashlight  
Camera  
Pen /Pencil/Paper

Baseball gloves  
Musical Instruments  
Sunglasses  
Bible/Books  
Stamps  
Frisbee

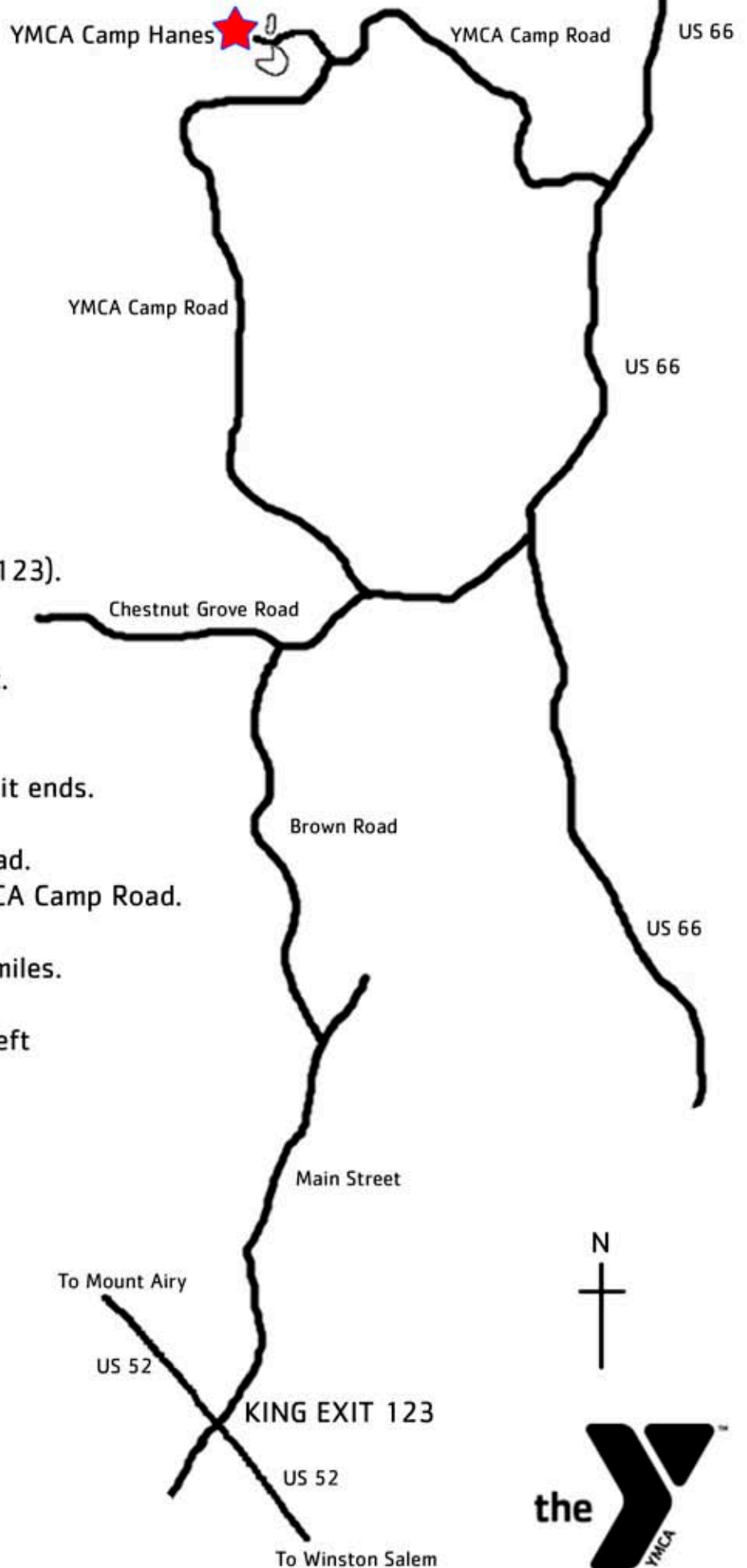
#### WHAT NOT TO BRING:

Knives/firearms  
iPods/MP3 Players  
Electronic Games  
Jewelry  
Soda/Pop  
Snacks

Radio/TV  
***Cell Phones***  
Expensive Items  
Cash  
Food  
Animals

*Items with \* are required for Adventure Camp*

# YMCA Camp Hanes Road Map



Take US 52 North out of Winston-Salem, North Carolina to the King/Tobaccolville Exit (Exit 123).

At the top of the ramp, take a right toward King onto Main Street.

Go 2.1 miles and turn left onto Brown Road and go 2.2 miles until it ends.

Turn right onto Chestnut Grove Road. Go 0.6 miles and turn left onto YMCA Camp Road.

Stay on YMCA Camp Road for 3.6 miles.

Camp Hanes Road will be on your left just past the Camp Hanes sign. Turn left onto Camp Hanes Road and follow it into camp.

Welcome to YMCA Camp Hanes  
1225 Camp Hanes Road  
King, NC 27021  
P 336 983 3131  
[www.camphanes.org](http://www.camphanes.org)



# YMCA Camp Hanes

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