



AYF Summer Camp

Important Camper/Parent Information

Please read carefully

PLEASE INCLUDE PHOTO OF CAMPER

HOW TO REGISTER YOUR CAMPER

Complete the following forms and mail them back to the AYF Summer Camp Office:

- | | |
|-----------------------------------------------|---------------------------------|
| 1. Application for Enrollment (Paid in full) | AYF Summer Camp |
| 2. AYF Campers Rules and Regulations (Signed) | 104 N. Belmont Suite 203 |
| 3. Health History Form (Signed) | Glendale, CA 91206 |

ARRIVAL & DEPARTURE

Busses: If your child has enrolled for the bus, then we ask you to please drop your child off in Hollywood at *Rose & Alex Pilibos Armenian School 1615 N. Alexandria Ave. Los Angeles, California 90027* - **NO LATER THAN 8:30 AM** on the Sunday beginning their camp session. Campers should be picked up at their respective location between **2:00 PM and 3:00 PM** on the Sunday ending their stay, or you may call our toll free number 1-866-775-AYFC after **12:00 PM** to find out approximate time of arrival.

Personal Transportation: Camper's arrival time is between **11:00 AM and 12:00 PM** on the Sunday beginning their camp session. Campers pick up time is between **9:00 AM and 11:00 AM** on the Sunday ending their stay.

Sunday Schedule:

- | | |
|--------------|-------------------------------------------------------------------------------|
| 12:30 – 1:00 | Staff introductions (Directors, Counselors, EMT, etc.) |
| 1:00 – 1:30 | Cabin assignments (Parents can help their children settle into their cabins). |
| 1:30 – 2:00 | Parents farewell |
| 2:00 PM | Program begins - NO PARENTS ALLOWED |

DIRECTIONS TO CAMP

From San Fernando Valley:

- Take the Golden State Freeway 5 North to the Antelope Valley Freeway 14
- Follow Freeway 14 to the Pearblossom Highway 138 exit, stay on the left side of the exit ramp
- You are now on an access road, travel 5 miles and turn right at the Pearblossom Hwy 138
- Continue on Highway 138 until Largo Vista Rd. (State road N4)(you will see a big red tank) turn right
- When you come to a stop sign, turn left and continue for approximately 3.5 miles.

East Los Angeles:

- Take the San Bernardino Freeway 10 East to the Barstow Freeway 15 North.
- Follow to the Pearblossom Highway 138 West (Turn left at stop sign). Continue on 138 until you come to Angeles Crest Highway 2, heads towards Wrightwood (turn left).
- After Wrightwood you will come to an information center, take the middle entrance on to Big Pines Highway N4 (heading towards Jackson Lake).
- Camp Big Pines is on the left hand side of the road half a mile past Jackson Lake.

MEDICATIONS

All medications (prescription and over-the-counter) must be given to the counselor and will be kept in the infirmary. **NO MEDICATION OF ANY KIND IS TO BE LEFT WITH CAMPERS.**

CABIN ASSIGNMENTS

Cabin assignments are determined by age and sex. We **cannot** guarantee campers will be assigned to the cabin of their choice; however, every attempt will be made to honor requests of this nature if appropriate.

TELEPHONE CALLS

We seek the counsel of parents whenever a camper is ill, abnormally homesick, or whenever something extraordinary occurs; therefore, please do not be alarmed if you receive a call from us. Be sure to indicate, in the space provided on each form (Health, Camper Application), how we may reach you during the camping season.

CALLS TO YOUR CAMPER SHOULD BE MADE ONLY IN CASE OF AN EMERGENCY

Telephone calls to and from your camper are a real management problem for us. Since the camp has only one main telephone line, it is important to keep the line clear for the business operation of the camp and emergencies. Parents calling the camp line for any other reason than an EMERGENCY will be refused to speak to the camper. Campers are not allowed to make phone calls. Only with the director's discretion will a camper be allowed to make a phone call home in extreme cases.

VISITING CAMP

AT NO TIME WILL VISITORS BE PERMITTED. The only period you can visit the camp is on Sundays when you are picking up or dropping off your camper.

SNACK SHOP

A camp store is maintained to provide campers with limited refreshments, Chap Stick, snacks, etc... Parents should leave a sum of money on deposit for their camper's use. We recommend \$15.00 to \$20.00 per camper. Unspent funds are refunded upon camper's departure. Camper's counselor will collect money.

WHAT TO BRING

PLEASE DO NOT PACK EXCESS BAGGAGE! Cabin space is limited and must be shared with other campers. Please limit baggage to NO MORE THAN ONE FOOTLOCKER OR LARGE SUITCASE AND ONE CARRY BAG. The following is a suggestion of amounts and types of clothing a camper should bring to camp. Old clothes are appropriate.

1 dozen pairs of underwear	1 warm jacket	2 swimsuits
1 dozen pairs of socks	1 light jacket	1 hat or cap
2 hand towels	1 sweater	1 pillow
3 pairs of jeans	6 T-shirts	1 sleeping bag
4 pairs of camp shorts	1 pr of sandals	1 flashlight
3 bath towels	2 pairs of sneakers	2 Chap Sticks

Personal items: Comb, toothbrush, toothpaste, soap, shampoo, sunscreen, and insect repellent.

WHAT NOT TO BRING

The following articles will be confiscated and will be returned at camper's departure.

- 1) Food
 - a. Snacks, candy, sodas
- 2) Weapons
 - a. firearms, pocket knives, blades, or any sharp items
- 3) Electronic equipment
 - a. mp3 players (iPods), boombox, gaming systems, CD players, **cell phone**
- 4) Drugs/Cigarettes/Alcoholic beverages
- 5) Magazines or inappropriate reading materials



2010 AYF Summer Camp Camper Application

104 North Belmont, Suite 203, Glendale, California 91206

Toll Free: (866) 775-AYFC Office: (818) 242-7494

www.ayfcamp.org

info@ayfcamp.org

Please use ONE application per child

Camper's Name: _____ Male Female

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Birthday: _____

Father's Name: _____ Daytime Telephone: _____

Mother's Name: _____ Daytime Telephone: _____

Camper's Email: _____

Parent's Email: _____

List two persons to contact in case of an emergency:

Name: _____ Daytime Telephone: _____

Name: _____ Daytime Telephone: _____

Please enroll my child to the desired week(s) below.

Application will be processed on a first come first served basis

_____ **Week 1** - July 5 - July 11

_____ **Week 5** - August 1 - August 8

_____ **Week 2** - July 11 - July 18

_____ **Week 6** - August 8 - August 15

_____ **Week 3** - July 18 - July 25

_____ **Week 7** - August 15 - August 22

_____ **Week 4** - July 25 - August 1

\$ _____ \$400 per camper (\$350 for Week 1 Only)

\$ _____ \$350 per additional camper or additional week.

\$ _____ \$50 late fee (**IF POSTMARKED AFTER MAY 15**)

\$ _____ \$20 for roundtrip bus service from Alex Pilibos Armenian School in Hollywood

\$ **TOTAL**

ABSOLUTELY NO APPLICATION WILL BE ACCEPTED AFTER JULY 1ST

Registration Information

Campers must be between the ages of eight and seventeen. A camper who desires to attend more than one week may do so only if space is available. The maximum capacity provision of the camp will be strictly enforced. Therefore, to ensure registration in your priority week, please apply early, as priority will be given to early registration. A **\$50 late fee** will apply from **May 15th - July 1st**. All applications will be processed daily on a **first-come-first-serve basis**.

Camp fees must be **PAID IN FULL** with the application. A **\$200.00 non-refundable** application processing fee will be applied in case of cancellation. This fee is included in the participation fee.

Roundtrip bus service is available for a nominal fee. Please reserve seating with this application.

Acceptance is conditioned upon receipt of completed welcoming packet forms and payment of all fees. The welcoming packet will be sent out as soon as AYF Summer Camp receives the camper's application.

I (or we), the undersigned parent(s) of _____ a minor, do hereby authorize the Armenian Youth Federation Camp, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the Medical Practice Act on medical staff of a licensed hospital whether such diagnosis is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance for any specific diagnosis and treatment of hospital care, which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given in pursuant to the provision of section 25.8 of the Civil Code of California. This authorization shall be effective until sooner revoked in writing delivered to said agents.

Parent or Guardian Signature: _____

Date: _____

AYF Summer Camp Camper Rules & Regulations

1. Follow all directions given by the director and counselors.
2. Absolutely no weapons allowed (Swiss Army Knives, Pocket knives, etc.)
3. No smoking, alcoholic beverages, or drugs (All medication should be turned over to counselors).
4. No leaving the campgrounds.
5. No food or snacks should be brought up to the campgrounds.
6. No vandalizing or destruction of camp property
(Parents will be liable for any damage done by their children).
7. No fighting or use of foul language.
8. No writing on camp property (i.e., walls).
9. No shaving cream.
10. Pool must be used ONLY under supervision.
11. No using the telephone without the consent of the director **(No cellular phones or pagers).**
12. No destruction of other people's property, stealing, No touching of others' personal belongings without their permission.
13. No electronic devices (stereos, ipods, portable video games, etc....).
14. Please dispose of trash and paper appropriately. You are responsible for the cleanliness of the cabins you are using. The cabins are to be swept and trash is to be emptied daily.

Campers violating any of these rules and regulations can be sent home at the discretion of the director. Parents will be expected to pick up their child.

Parent or Guardian Signature: _____

Date: _____

Camper Signature: _____

Date: _____

AYF Summer Camp

Health History Form for Children Attending Camp

Name _____ Birth Date _____ Age at Camp _____
Last First Middle

Home address _____
Street address City State Zip

Social Security number of participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address _____
(if different from above) Street address City State Zip

Business address _____
Street address City State Zip

Second parent or guardian or emergency contact _____

Home Phone _____

If not available in an emergency, notify:

1st Name _____ Relationship _____

Home Phone _____ Day Phone _____

2nd Name _____ Relationship _____

Home Phone _____ Day Phone _____

Insurance Information

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

If so, indicate carrier or plan name _____ Group # _____

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

Important – These boxes must be complete for attendance

Parent/Guardian Authorizations: This Health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment,

Referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child.

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 name above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____

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 _____ Date _____

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 if necessary. Keep a copy of the complete

form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

ALLERGIES - List all known.

Describe reaction and management of the reaction.

Medication allergies (list)

_____	_____
_____	_____
_____	_____

Food allergies (list)

_____	_____
_____	_____
_____	_____

Other allergies (list)

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the

original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the of the medication, the dosage, and the frequency or administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that the participant does/may not take during the summer: _____

DIETARY RESTRICTIONS

The following restrictions apply to this individual.

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

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

GENERAL QUESTIONS (Explain “yes” answers below)

		Yes	No
1.	Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have a chronic or recurring illness / condition?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Ever been dizzy during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>
12.	Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
25.	If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any “yes” answers, noting the number of the questions.

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____