

1. Before camp, children should be told they may be homesick. Talk with your child and let him or her know it is normal to miss home. Tell him/her to find a friend and/or activity to make the lonely times turn into fun.

2. Make them understand they will not be able to call home or come home when they are homesick. This is a part of the growing up process.

3. Expect a few homesick letters the first few days of camp. Usually the letters do not say, "I'm homesick," but things like, "I don't like camp," "My leader hates me," "I have been real sick," or something like this in order to gain your sympathy and immediate response. One boy even wrote that he had been bitten by a rattlesnake. Of course, this was not true.

4. Make your farewell brief. Do not linger for several hours.

5. Make your letters newsy but do not make statements like: "We all miss you; the dog misses you, your brother and sister miss you" or what a wonderful time the rest of the family is having at the beach. Tell him or her how fortunate they are to be at camp because all of their friends are out of town, and it is 109 degrees at home.

6. Do not call camp. If your child is homesick, our staff knows, and is helping them to solve the problem. The most detrimental thing you can do is talk to your child.

7. Please do not pick your child up early or come for a visit. Camping is one of the finest experiences a child can have. Homesickness can in some cases interfere with camping, but it is a sickness the child must learn to overcome. It is much easier to overcome homesickness at an early age than to wait until college age. If you tell them you'll pick them up early, they will expect it and not try to enjoy camp.

8. Sometimes homesickness is brought on by a strained relationship between two campers, etc. in the cabin. Tell your child if he/she has any problems with another camper or staff member that he/she should report the problem to his/her unit supervisor, and if the problem persists to report it directly to the director.

CAMP GUIDELINES

Because we strive to provide a wholesome quality Christian environment, it is important to us campers abide by our regulations. Campers are not allowed to have alcohol, drugs or tobacco of any kind at camp. Inappropriate behavior such as sexual misconduct, fowl language, persistent belligerence and disobedience is not allowed. Explicit material including music, magazines and posters is not allowed. Campers not abiding by the rules will be sent home without a refund of fees.

Athens Y Camps

P.O. Box 8

Tallulah Falls, Georgia 30573

The Paradise of



Young Men's Christian Association

Tallulah Falls, GA

Dear Parents of Athens "Y" Camps Campers,

We are excited your child is joining us for a "Y" Camp adventure! We have continued working and planning during the off-camp months to improve the facilities, grounds and programs to ensure you and your child a memorable and quality camp experience.

In order to simplify the preparation of coming to camp, enclosed is an information booklet which zeroes in on topics such as payments, deadlines, medical forms, what to bring to camp, homesickness, etc. Please visit www.athenscamps.org for more information.

We are partnering with you to provide an uplifting and educational Christian camping experience for your child. Our desire is for the camps to emphasize and hold true to the values you teach your child while also introducing him or her to living, playing, learning and competing with other youngsters in a forum away from home.

AYC and Camp Chattooga have proven to be solid stepping stones on the road of maturity. We hold with high regard the trust you have placed in us by sending your child to camp with us this summer. We look forward to seeing you soon!

Athens "Y" Camps Staff
Tallulah Falls, GA



FEES AND PAYMENTS

All camp and store fees are due in full by **May 1**. A late fee of 10% of the balance will be charged to your account if the balance is not received by the due date. Checks, money orders and credit card payments are accepted. There is a \$35.00 returned check fee. Credit card payments must be made in full at the time of registration unless other arrangements have been made.

REFUNDS

No deduction will be given for late arrivals, early withdrawals or dismissal. The deposit is non-refundable unless cancellation occurs 30 days prior to the opening of the session for which the camper is registered. A \$25.00 processing fee will be deducted from all refunds. In the event of an early withdrawal (due to illness), you will receive a refund for the remaining days of the session. All refunds are subject to approval by the Camp Director.

CAMP STORE

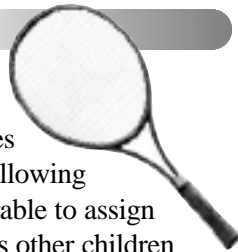
An extra fee is required for your child's camp store account. With their fee, a camper may purchase store items on their account. Any money not spent may be sent home with the camper or may be donated to the camp scholarship fund. Items available in the store include: toiletry items, pens, camp memorabilia, gatorade and stamps. Group photos are taken at the beginning of the session.

This photo and a theme t-shirt are included in the registration fees. View store fees at: www.athensycamps.org



CABIN ASSIGNMENTS

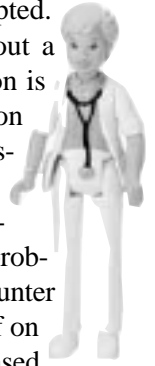
Cabin assignments are made on the basis of grade and age level. Years of camping experience prove the advantages of assigning friends to separate cabins, allowing new friendships to blossom. It is undesirable to assign groups of friends together because it puts other children in the cabin at a disadvantage. Please limit your request to one cabinmate. We will try to honor all cabinmate requests, however, we do not make any guarantees.



MEDICAL FORM

All medical forms are due **one month** before your child arrives in order for staff to review it. Section A is to be completed by a parent or guardian. Sign the health insurance segment and **send a copy of your health insurance card**. Section B is to be completed by a physician. Physicals are required within 12 months prior to camp attendance. Immunization records must be completed with dates either by parent or physician. Please mail medical

forms; no faxed medical forms will be accepted. No camper will be accepted into camp without a medical form. Please make sure all information is completed. Additional copies are available on our web site. Our infirmary is staffed by a registered nurse or doctor to care for your child while at camp. Prompt attention is given to any accident or injury, and parents will be notified if a problem is serious. All prescription and over the counter medicines should be given to the infirmary staff on opening day, and these medicines will be dispensed as requested by you or your child's doctor.



ACA

Both the boys and girls camps are members of the American Camp Association and are accredited by The ACA. What does ACA membership and accreditation mean for you? It means both camps are members of a community of camp professionals joined together to share knowledge about camping and to ensure quality camp programs. Accreditation identifies those programs that have a solid foundation of health, safety and program quality. Learn more about the ACA at www.acacamps.org.

DIRECTIONS

Tallulah Falls is located in the corner of Northeast Georgia and is accessible via U.S. Highway 441. GA State Highway 365, I-985 (which branches from I-85 North), U.S. Highway 17 and 23 all meet Highway 441, which runs through Tallulah Falls. Going north on Hwy. 441, cross the Tallulah Gorge bridge and 1/10th mile past this, there will be a large AYC sign on the left. Print a map from www.athensycamps.org

ARRIVAL / DEPARTURE

Check your invoice for correct arrival and departure dates and time. All arrivals before and departures after the designated times must be pre-arranged with the Director and will incur a \$75.00 charge. Please pick your child up on time.

PACKING LIST

This list is not all inclusive, so be thoughtful in packing. *See online lists for all non-traditional programs.

8 shirts (no spaghetti straps)	Bible
7 pairs of shorts	bath towels
8 pairs of undergarments	washcloths
2 pairs of jeans	laundry bag
2 pairs of tennis shoes	beach towel
blanket	water bottle
1 pair sandals	toothpaste/toothbrush
8 pairs of socks	deodorant

Parental Information

sweatshirt/warm hat	soap/soap dish/shampoo
rain jacket or poncho	comb/brush
swimsuit (one piece)	sleeping bag
1 set of twin sheets	flashlight
pillow/1 pillowcase	pencil/pen/stamps
sunscreen	stationary
insect repellent	trunk or duffel bag

*for horseback-riding bring closed toe shoes and extra jeans

OPTIONAL:

tennis racket/balls	fishing pole/tackle	riding helmet
baseball glove	camera and film	costumes
musical instrument		

DO NOT BRING:

(outlawed items will be confiscated if found in camp)

food/candy	knives/weapons	electric fan
DVD/CD player/walkman/gameboy/ipod		
waterballoons	pets	firecrackers
		cell phones/pagers

MAIL AND PHOTO GALLERY

Campers are not allowed to use the phone. However, they may write letters as often as they like. You may send postal mail or email to your child at camp. Email is available through our website along with our daily photo gallery. Email is downloaded once daily at 9:30am and distributed at mail call. Campers will not be able to email you back. **Email sent to the office will not be processed. Both camps offer a free on-line photo gallery.** This service is provided by the camps for your enjoyment! Candid camp pictures will be taken daily and uploaded to the website for parents to view and purchase. (Instructions on how to access this feature are given out on opening day when you arrive.) *Mail call occurs once daily.*

POSTAL MAIL:

Camper's Name	Camper's Name
ATHENS Y CAMP FOR BOYS	CAMP CHATTOOGA FOR GIRLS
PO Box 8	PO Box 8
1000 Y Camp Rd. (for ups and fed ex)	1010 Y Camp Rd. (for ups and fed ex)
Tallulah Falls, GA 30573	Tallulah Falls, GA 30573



STAYOVERS

Parents who have children staying consecutive one-week sessions may choose to pick up their child on Saturday and return on Sunday or have them remain at camp for special weekend activities. There is a fee for stayover campers with the exception of any dedicated two week sessions.

FLY INS / OUTS

Campers will be met at Greenville/Spartanburg (GSP) Airport in Greenville, SC on opening day by camp staff and transported to camp in a camp vehicle. Those flying home from GSP will be taken to the airport on closing day and escorted until placed under the care of an airline representative. **THERE IS A \$50.00 FEE EACH WAY PER CAMPER FOR THIS SERVICE.** Please arrange your child's flight arrival prior to 3:00pm for opening days and their departure flight after 9:00am on closing day. Your child's flight schedule should be sent to the Director's attention at least one week prior to arrival. It is your responsibility to call and make sure it has been received.

LAUNDRY / LOST & FOUND

Laundry is done for campers staying more than one week during the stayover weekend. Please mark all your child's personal belongings with a permanent black marker or sew a name label on their clothing. Make a list of clothing and equipment and attach it to the inside lid of the trunk. This list assists the leaders in helping your child pack for closing day. We do not assume responsibility for lost or broken items. Please do not send valuable items to camp. **Stress to your child it is their responsibility for keeping up with personal possessions.** All unclaimed items will be kept until one week after your child's camp session and then donated to charity. Items, when claimed, can be mailed to you for the price of postage.

BIRTHDAYS

If your child has a birthday while at camp, a birthday cake will be given by the camp, and your child will have one of the largest birthday parties ever! Please verify your child's birthday was recorded accurately in the space provided on the registration form.

HOMESICKNESS

In most children, homesickness is a normal occurrence that manifests itself in many ways. Some children will openly cry, and others will keep it inside. Often we hear of a homesick camper, but, when we find them, they are swimming or having fun while engaged in an activity. Then later during quiet time the camper feels the homesickness again. Unfortunately, this is when letters are written. If a camper wrote letters when he was on the tennis court, athletic field, or in the gym, there would be no homesick mail. What can parents do to help with this?


Athens Y Camps
HEALTH EXAMINATION FORM

Year _____

Check the appropriate boxes: Athens Y Camp Camp Chattooga
 Day Traditional Adventure LIT Staff
 Attending Session(s) (circle) 1 2 3 4 5 6 7 8

SECTION A SECTION A TO BE COMPLETED BY PARENT/GUARDIAN AND SIGNED

Name _____
 Birthdate _____ Age _____
 Parent or Guardian _____ Business Ph. _____
 Home Address _____ Home Ph. _____
 City _____ State _____ Zip _____ Cell Phone () _____
 Second Parent or Guardian or Emergency Contact _____
 Home Phone () _____ Business Ph.() _____
 If not available in an emergency, notify _____
 Home Phone () _____ Business () _____

NO CHILD WILL BE ACCEPTED AS A CAMPER WITHOUT HEALTH INSURANCE OR OFFICIAL PROOF OF MEDICAID

(Please attach a copy of your health insurance card)

FRONT

BACK

PARENT/CAMPER AGREEMENT:

This health history is correct so far as I know, and the child named above has permission to engage in all prescribed camp activities except as noted. The staff of the Athens "Y" camps exercise caution in the conduct of all camp activities; however, they do not assume responsibility for accidents, injury, or illnesses suffered by its campers.

I, as a parent or guardian of the child named above, individually and on behalf of the camper, hereby release, discharge, and agree to indemnify the Athens "Y" Camps, their directors, and employees from all liability for damage, injury or illness to the camper or their property relating to or deriving, from their stay at the Athens "Y" Camps or participation in or travel to or from the Athens "Y" Camps activities.

I, as a parent or guardian of the child named above, hereby grant permission for the Athens "Y" Camps to use any photographs of the camper taken during the camping session in newspapers, magazines, or brochures or other media for promotional purposes.

AUTHORIZATION FOR TREATMENT:

I, as a parent or guardian of the child named above, hereby give permission to the medical or dental personnel selected by the camp to order X-rays, routine tests, treatment for camper and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. The completed forms may be photocopied for trips out of camp. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided.

 SIGNATURE OF PARENT/GUARDIAN

 Date

Allergies to drugs _____

Any other known allergies _____

Recent exposure to contagious disease yes _____ no _____

If yes, name disease and date _____

List: serious or chronic illnesses that the child has ever had and operations or serious injuries.

Name of Camper _____

HEALTH HISTORY - Does your child have any of the following? For all yes answers please mark "x" in the box and explain in the space provided, include your usual method of treatment and have your child bring to camp the medication required.

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> sleepwalking | <input type="checkbox"/> frequent sore throats | <input type="checkbox"/> seizures | <input type="checkbox"/> stomach upsets |
| <input type="checkbox"/> reactions to insect bites / stings / poisonous plants | <input type="checkbox"/> bedwetting | <input type="checkbox"/> bronchitis | <input type="checkbox"/> fainting spells | <input type="checkbox"/> ear problems |
| <input type="checkbox"/> other | <input type="checkbox"/> skin rashes / problems | <input type="checkbox"/> asthma | <input type="checkbox"/> ADHD | <input type="checkbox"/> hayfever / sinus problems |
| | | <input type="checkbox"/> diabetes | <input type="checkbox"/> ADD | |

List medicines taken daily / dosages: _____

List medicines taken when necessary / dosages: _____

Describe any other health conditions requiring treatment or restrictions: _____

SECTION B SECTION B TO BE COMPLETED BY PHYSICIAN AND SIGNED

Every child is required to have a medical examination performed by a physician within 12 months prior to camp attendance. Section B must be signed and completed by a physician at that time.

Date of examination: _____

General condition or Appraisal: _____

Height _____ Weight _____ Blood Pressure _____

Allergies: Animals _____ Food _____

Drugs _____ Other _____

List any current or on-going treatment and/or medications: _____

_____ I believe this child is able to attend camp and participate in all camp activities

_____ I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations:

Examining Physician Name: _____ Signature: _____ M.D.

Address: _____

Phone (_____) _____ Date: _____

<p>Which of the following has your child had?</p> <p>____ Measles</p> <p>____ Chicken pox</p> <p>____ German measles</p> <p>____ Mumps</p> <p>____ Hepatitis</p>	<p>IMMUNIZATION RECORD (to be completed by parent or physician)</p> <p>Please send a copy of the immunization record or complete below, listing the last date vaccine was given:</p> <p>DTP/DPTA _____ Tetanus _____</p> <p>Polio _____ MMR _____</p> <p>Hepatitis B _____</p>
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