

YMCA CAMP OCOEE

## CAMPER INFORMATION FORM

**To be Completed by Parent: Return to camp two weeks prior to your session** The information given on this form is necessary to enable the counselor to more effectively guide your child through a successful experience and will be held in the strictest confidence by the counselors and administration.

| Session(s): 🛛 R1 🗆 R2 🗆 | R3 🛛 R4 🗆 R5 🗆 R6 🗆 R7 💷 R8 🔤 CIT4 🔤 CIT1 🔤 CIT2 🔤 CIT3 🔤 Horse Camp  |  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|--|
| amper Name: Birth date: |   |  |  |  |  |  |  |  |
| Nickname (if any):      | Age: Grade (in Sept):   |  |  |  |  |  |  |  |
| Camper lives with:      | Both Parents Mother Father<br>Grandparents Other  |  |  |  |  |  |  |  |
| Dad's Name:             | ad's Name: Mothers Name:  |  |  |  |  |  |  |  |
| Family Pets (type and   | name):  |  |  |  |  |  |  |  |
| 1                       | sh the camper to achieve at camp?   |  |  |  |  |  |  |  |
| 2<br>3                  |   |  |  |  |  |  |  |  |
|                         | opriate words that describe your camper or add your own.<br>I Nervous Caring Trusting Enthusiastic<br>Shy Responsible                               |  |  |  |  |  |  |  |
| · ,                     | e for your camper's counselors:   |  |  |  |  |  |  |  |
|                         | ienced Bedwetting/ Sleepwalking/ Talking in sleep? Please explain:  |  |  |  |  |  |  |  |
| Has your camper ever    | been to a sleep-away camp before?  PYes  No Pre?  |  |  |  |  |  |  |  |
| How many years has y    | your camper been to YMCA Camp Ocoee:  □ First Time  |  |  |  |  |  |  |  |
| Does your child know    | how to swim? 🗆 Yes 🗆 No   |  |  |  |  |  |  |  |
| What food does your o   | camper refuse to eat?   |  |  |  |  |  |  |  |
| What is your campers    | favorite food to eat?   |  |  |  |  |  |  |  |
| years (death of loved   | tuation, challenges or hardships that your child has faced in the past 2<br>one, death of pet, divorce, etc.)? If yes, explain how you feel Camp Oc |  |  |  |  |  |  |  |

## To be Completed by Camper:

| Camper's | Name:                       |                            |              |             |                |                     |
|----------|-----------------------------|----------------------------|--------------|-------------|----------------|---------------------|
| 1<br>2   |                             | -                          |              |             |                |                     |
| summer:  |                             |                            |              |             |                | ding camp this      |
|          |                             | Nervous<br>I like to learr |              |             | Reduy          |                     |
| Describe | yourself in a               | ı few sentend              | ces:         |             |                |                     |
|          | else you wo<br>p experience |                            | ll your coun | selor about | yourself or yo | our expectation for |
|          |                             |                            |              |             |                |                     |
|          | -                           | •                          |              |             | and friendship | os. I understand    |

the importance of listening to others, cooperating with my cabin group, and being respectful to my camp family. I understand I am responsible for my own learning and for the depth of the friendships I make at camp. I will do my best to make my cabin the best it can be and the camp experience rewarding for others and myself.

| Camper Signature: | Date |
|-------------------|------|
|                   |      |

Send to: YMCA Camp Ocoee 111 YMCA Drive Ocoee, TN 37361 Fax: 423-338-5507 info@campocoee.com