



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# The Kennebec Valley YMCA Spring Fling Family Fun Dance

MEET AND RECONNECT WITH FRIENDS FROM CAMP!

## WHEN:

Friday, April 7, 2017  
6:00pm - 8:00pm

## WHERE:

Harold Alfond Gymnasium  
at the Kennebec Valley YMCA  
31 Union Street, Augusta

**Come enjoy a fun evening with  
friends and family as we  
celebrate the upcoming summer  
camp season!**

**Event will include dancing, fun  
photos, raffles for camp and  
concessions.**

\* All children under the age of 13 need to  
be accompanied by an adult.

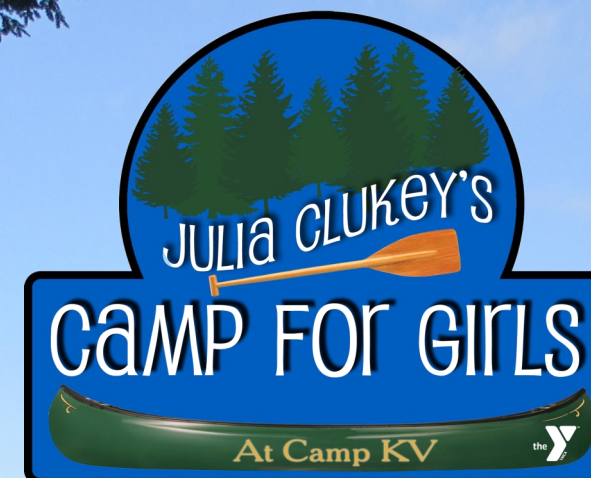
This event is FREE and open to the public!

Pre-registration is required and space is limited!

\*There will be concession items for sale costing \$.50 - \$2.00



FOR YOUTH DEVELOPMENT®  
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WWW.CLUKEYLUGE.COM

## Spring Fling Family Dance

Friday, April 7, 2017  
6:00pm-8:00pm  
at the KV YMCA

## CAMP OPEN HOUSE

Saturday, June 3, 2017  
10:00am—12:00pm  
at the  
KV YMCA Camp KV  
916 Main Street  
Readfield, ME



The Y.™ For a better us.™

Kennebec Valley YMCA at CAMP KV  
Summer 2017 Program

www.kvymca.org

P: 207 622 9622  
P: 207 685 4644 (CAMP)



# JULIA CLUKEY'S CAMP FOR GIRLS



## A Message from Julia

The 6<sup>th</sup> year of camp is right around the corner. I am excited for another year of camp and the opportunity to connect with the girls in our community. I look forward to sharing new experiences, activities, and discussions with the girls. Having the opportunity to encourage each and every camper to be proud of themselves, to believe in themselves, and to be leaders in their own lives has been one of the most joyful experiences in my life. This year we will have two weeks filled with kayaking, swimming, sports, arts and crafts, and spending valuable time with each other learning the importance of gaining self-confidence, setting goals, and keeping our minds and bodies in good health. In luge and in life I am always looking for ways to improve and I hope to make this year's camp the best yet. I'm already counting down the days to both seeing the familiar faces of returning campers, and meeting the new campers that are joining us for the first time!

See you soon!

- Julia

## ABOUT JULIA CLUKEY

Olympian, Julia Clukey, is from Augusta, Maine and was a member of the U.S. National Luge Team. She competed in the 2010 Olympics in Vancouver. She loves living in Maine and giving back to the community. Since 2010, Julia has been a spokesperson for the Maine Beer & Wine Distributors Association and has shared her "Julia Inspires" presentation at more than 60 schools across the state, reaching more than 20,000 Maine students. Julia is a life-long member of the YMCA. She was 12 years old when she first tried the sport of luge and later went on to achieve her dream to become an Olympian. She is now focusing on life after luge and sharing her story to inspire other Mainers to go after their own dreams.

To learn more about Julia visit: [www.clukeyluge.com](http://www.clukeyluge.com).



## ENROLLMENT

In order to reserve a slot for your child/children, a \$100 non-refundable deposit, and a complete registration packet for each child must be submitted by June 12th. The Kennebec Valley YMCA requires all campers to submit all required medical forms AND immunization record (s) completed by a Physician. Please see our parent handbook for more information which can be found at [kvymca.org](http://kvymca.org)

[www.kvymca.org](http://www.kvymca.org)

(207) 622-YMCA

## TRANSPORTATION

We offer transportation to Camp KV from our two KV YMCA locations:

**AUGUSTA CAMPUS**  
DEPART TIME: 7:40 AM  
(Please arrive at 7:30 AM)  
RETURN TIME: 4:30 PM

**MANCHESTER CAMPUS**  
DEPART TIME: 7:50 AM  
(Please arrive at 7:40 AM)  
RETURN TIME: 4:15 PM

\*An adult **must** wait for the bus with their child(ren). Parents may also transport their child(ren) directly to and from camp. Please drop off by 8:00 AM and pick up by 4:00 PM. We do not offer before or after care. Please be considerate of our staff, and ensure that children are dropped off and picked up promptly at the times listed.

## GENERAL INFORMATION

Julia Clukey's Camp for Girls at Camp KV is a state-licensed day camp for girls entering grades 4-8 located on 70 acres of beautiful, naturally preserved land on Maranacook Lake in Readfield. Our camp day begins at 8:00 a.m. and ends promptly at 4:00 p.m.

Olympian Julia Clukey and the Kennebec Valley YMCA offer traditional camp activities, such as swimming, boating, arts and crafts, nature hikes, field sports, archery and valuable time with Julia. The girls will be part of a noncompetitive, nurturing environment that focuses on character development. Julia and the YMCA staff will work daily with the girls to build self-confidence and build positive friendships and experiences based on our core camp values of caring, honesty, respect, and responsibility. In addition, camp will also include a diverse list of guest speakers who will be invited to camp to share their experiences with the girls and encourage them to dream big.

## 2017 CAMP RATES

Dates: June 19th - June 23rd, June 26th - June 30th  
(Overnight on Jun. 29th; 1/2 day on June 30)

Members:	\$300
Program Members:	\$325
Non-Members:	\$350

Camp pricing includes a nutritious lunch, as well as drinks and snacks, water bottle, and a T-shirt!  
(Space is limited and registration will fill up quickly).  
**Become a member of the KV YMCA!**  
Let your child enjoy all the benefits of our facilities and recreational opportunities. Sign up today to be a member.



## SPEND THE NIGHT AT CAMP

Julia and our staff from the YMCA invite all campers to be part of the one-night overnight experience on Thursday, June 29th. Campers will enjoy their final night with a dinner BBQ celebration and special campfire. Parents are invited to attend the camp fire. The following morning - Friday, June 30th - parents are invited to join the campers for the closing ceremonies starting at 10:00AM and ending at 12:00PM.

## WHAT TO BRING

Campers should bring a backpack, sunscreen, sweatshirt, a one piece bathing suit or "tankini", towel, and water bottle. Campers' names should be clearly marked on all belongings, including clothing. Open-toed sandals or open-toed shoes are NOT permitted unless at the waterfront.

**Campers should not bring cell phones or electronic devices. A camp phone is available for emergencies.**

## FINANCIAL ASSISTANCE

Julia Clukey's Camp for Girls and the Kennebec Valley YMCA are proud to offer need based scholarships for qualifying children to attend camp. Scholarship applications are available at either of our Membership Services Desks and must be submitted by May 5, 2017. All scholarship recipients will be notified by June 5, 2017.

## NEW DISC GOLF PROGRAM!

This summer will feature Disc Golf as a brand new program at Camp KV. We have 5 new portable baskets and numerous discs for campers and families to use and play with throughout the summer. A very big thank you to Mike Alden and the team at State Farm Insurance in Winthrop for their generous donation.

HAS/DOES THE CAMPER:

CHECK YES/NO

1) Had any recent injury or illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Problem with joints?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Chronic or recurring illness/condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Ever been hospitalized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Ever had surgery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Have frequent headaches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Ever had a head injury?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Have any skin problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Ever had frequent ear infections?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Ever passed out during or after exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Ever been dizzy during or after exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Ever had chest pain during or after exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Ever had seizures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Ever had high blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Ever been diagnosed with a heart murmur?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Ever had back problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Ever had problems with joints?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Have asthma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Have diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) History of sleep walking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20) History of bed wetting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) Had mononucleosis in the past 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22) Ever had an eating disorder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23) Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24) Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25) Heart Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26) Cancer/leukemia	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27) Hemophilia	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28) Had a significant life even that continues to affect the camper’s life?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please explain any “yes” answers or any chronic issues not listed here and explain what kind of support will be needed

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**PARENT/ GUARDIAN AUTHORIZATION**  
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 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 named above.

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

BUSSING & EMERGENCY FORM

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: (Entering Fall 2017) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

WILL YOUR CHILD BE RIDING THE BUS? ☐ YES ☐ NO

PLEASE INDICATE WHERE YOU WILL BE DROPPING OFF YOUR CHILD:

☐ Augusta Campus (Bus Stop) ☐ Manchester Campus (Bus Stop) ☐ Camp KV

Please list the names and phone numbers of any additional people that would be picking up your child from camp. Anyone that picks up your child will be asked to show a photo ID for safety purposes. Also list anyone who will assume temporary care of your child if you cannot be reached in case of any emergency.

ACCEPTABLE ALTERNATIVE PICK UP FOR MY CHILD:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

LIST ANYONE WHO WILL ASSUME TEMPORARY CARE OF YOUR CAMPER IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE LIST ANY CURRENT HEALTH CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESRICTIONS WHILE AT CAMP?

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HOW WELL DOES YOUR CHILD SWIM?

☐ non-swimmer ☐ beginner ☐ intermediate ☐ advanced

I authorize the KV YMCA to take and use photos and video for KV YMCA marketing purposes:

☐ YES ☐ NO

PLEASE LIST ANY ADDITIONAL INFORMATION CAMP STAFF SHOULD BE AWARE OF: (CUSTODY, LEGAL ORDERS, BEHAVORIAL, ETC.) \_\_\_\_\_

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CAMPER HEALTH FORM

This form is to be completed by the parent/guardian. This form needs to be completed at the time of registration. We also require an up to date immunization record which can be submitted in person or by faxing it to us at 207-621-6212

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Grade Entering Fall 2017: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
I, \_\_\_\_\_ hereby give authorization to the KV YMCA to obtain emergency medical treatment for my child in case of sudden illness or accident.

PHYSICAL DESCRIPTION OF CAMPER

Body Build: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Special identifying marks (birthmarks, scars, etc.) \_\_\_\_\_

**ALLERGIES** List all known. Describe reaction and management of the reaction.  
Medication allergies: \_\_\_\_\_  
Food allergies: \_\_\_\_\_  
Other allergies: —include insect stings, hay fever, asthma, animal dander, etc. \_\_\_\_\_

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription 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 medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis.

☐ This person takes medications as follows:

**PLEASE NOTE: Any medications are to self-administered by a camper must be accompanied by a note signed by medical professional**

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 participant does/may not take during the summer.

\_\_\_\_\_

\_\_\_\_\_

Describe any behavioral issues that your child’s counselor should be aware of. (aggressive behaviors, sensory issues, etc.) Also, please list any of the aforementioned medications that may affect your child’s behavior/mood.

\_\_\_\_\_

\_\_\_\_\_

JULIA CLUKEY’S CAMP FOR GIRLS

REGISTRATION FORM

**Please complete one registration form per child.**  
Return registration form(s) along with Bussing Emergency Form, Camper Health Forms, immunization Record(s) and \$100.00 non-refundable deposit to the Kennebec Valley YMCA’s Membership Services Desk  
(PLEASE PRINT)

CAMPER’S NAME: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

Last First M.I.

ADDRESS: \_\_\_\_\_

Street City State Zip

FATHER/GAURDIAN’S NAME: \_\_\_\_\_

HOME PHONE:( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

WORK PHONE:( ) \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street City State Zip

MOTHER/GAURDIAN’S NAME: \_\_\_\_\_

HOME PHONE:( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

WORK PHONE:( ) \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street City State Zip

[Our Parent Handbook can found and printed from our website at www.kvymca.org](#)

PLEASE SELECT CAMPER’S SHIRT SIZE:

YOUTH: S M L -or- ADULT: S M L XL

My signature below signifies that I agree with all information on this application. **I understand the KV YMCA prohibits my child from attending camp if all required medical forms and immunization records are not submitted prior to the beginning of camp.** Permission is also granted for the YMCA to take and use photographs/video of the person named on this application and use it for marketing purposes. I authorize YMCA officials to secure medical/emergency attention and treatment for the camper listed above. I have enclosed a \$100.00 non-refundable deposit per child/per camp session. **I also agree to pay the balance of camp fees the Monday prior to the beginning of the camp session(s).** I have read and understand the parent handbook. Permission is granted for the camper to participate in all planned camp activities including field trips and walking trips. THE UNDERSIGNED VOLUNTARILY AGREES TO HOLD THE YMCA HARMLESS FOR INJURIES OR ACCIDENTS RESULTING IN BODILY OR PROPERTY DAMAGE DURING MY CHILD’S PARTICIPATION IN PROGRAMS AT THE KV YMCA CAMP KV. I FURTHER WAIVE, RELEASE, ABSOLVE, AND INDEMNIFY THE KENNEBEC VALLEY YMCA, YMCA CAMP KV, ITS DIRECTORS, VOLUNTEERS, OFFICERS, OR EMPLOYEES FOR INJURIES OR ACCIDENTS OCCURRING WHILE PARTICIPATING IN THE PROGRAMS OF KV YMCA Julia Clukey Camp for Girls at Camp KV.

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

Date Signed: \_\_\_\_\_