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CONTACT INFORMATION

Jessica James
Business Manager
YMCA Camp Weaver
Phone: 336-697-0525
campweaver.org
Email: Jessica@campweaver.org

Return applications to:
YMCA Camp Weaver
4924 Tapawingo Trail
Greensboro, NC 27406

**Deadline: post marked by
April 30, 2021**

**Applications received
after this date will be
placed on the waitlist**

Fax: 336-697-0596
Email: info@campweaver.org



Dear Parents, Guardians and Leaders:

Camp Challenge takes place during a Sunday – Friday overnight camp session at YMCA Camp Weaver in Greensboro, North Carolina. Rising 6th, 7th, and 8th graders classified as high achieving students with low to moderate incomes are eligible to attend Camp Challenge. Each student applicant must complete the attached **camper information packet** and submit a copy of his or her **most recent report card and immunization record**.

After the NONREFUNDABLE \$10 application fee, the cost for one week at Camp, including meals, overnight stays in the cabins and all activities, is paid for entirely by contributions from the North Carolina banking industry, as well as other corporate donors, private foundations, and individual donors throughout North Carolina. If your child is accepted, the \$10 application fee will provide a drink and snack for your student each day. If you cannot afford the \$10 application fee, financial assistance may be available through your sponsoring organization. **There are a limited number of spots at Camp Challenge, making it a very competitive application process. Admission decisions are made based on grades, recommendations, completeness and order of applications received.**

Camp Challenge is located just off of Interstate-40 in Greensboro, North Carolina. **Transportation is not provided, but a sponsoring organization may provide transportation for your camper.**

Students arrive at Camp for check-in at 2:00 p.m. on Sunday afternoon, and check out on Friday evening at 5:30pm. While at Camp, students participate in a variety of activities including archery, swimming, teambuilding, gardening, and hiking. The unique benefit of Camp Challenge is a weeklong session of personal finance course, which includes lessons on responsible spending, saving, investing, and entrepreneurship. Students also learn basic etiquette skills and practice reading, writing, and speaking skills. In the evenings, campers may sit around a campfire, attend a block party, or participate in other fun group activities.

Below are the Camp Challenge 2021 dates:

- **Sunday, June 6 – Friday, June 11**
- **Sunday, June 13 – Friday, June 18**
- **Sunday, June 20 – Friday, June 25**
- **Sunday, June 27 – Friday, July 2**
- **Sunday, July 4 – Friday, July 9**
- **Sunday, July 11 – Friday, July 16**
- **Sunday, July 18 – Friday, July 23**
- **Sunday, July 25 – Friday, July 30**

Please contact Jessica James at YMCA Camp Weaver at (336) 697-0525 or via email at jessica.james@ymcagreensboro.org with any questions.

2021 Camp Challenge Application Checklist

Please include the following materials in your application packet:

Camper Application

- Attach a photo of your camper on front page
- \$10 application fee. **(NON-REFUNDABLE)**
Please send cash or a check made payable to "YMCA Camp Weaver."
- Copy of your child's most recent report card
- Camper Application Form
- Recommendation form completed and signed by student applicant's teacher
OR by another adult not related to the student
- Health History Form
 - Include copy of Immunization Record
- Camper Profile Form completed and signed by parents/guardian.
- Clinic Choices Form
- Authorized Release Form
- Camp Weaver Participant Waiver

CAMP CHALLENGE

2021 Camper Application Form

The NCBA Foundation's *Camp Challenge* is a summer camp experience for high-achieving, low-resource students from across the state. The camp is open to boys and girls **entering the sixth, seventh, and eighth grades**. *Camp Challenge* is held during the summer months in week-long sessions at YMCA Camp Weaver.

Please complete ALL QUESTIONS on this form.

CAMPER INFORMATION

Camper's Name (Please Print) _____

(First)

(MI)

(Last)

Preferred Name _____ Date of birth _____ Age _____ Male Female

Address _____

(City)

(State)

(Zip)

(County)

Camper's Rising Grade (Grade Next Year): _____ Shirt Size: ___YM ___YL ___S ___M ___L ___XL

Organization (ex. Boys & Girls Club, CIS, School, Individual): CAHEC Foundation

Organization Location (ex. Wake Co. Boys & Girls Clubs, CIS Mecklenburg) Raleigh, NC

Week Requesting (*Please mark your 1st - 3rd choices*): June 6-11 _____ June 13-18 _____

June 20-25 _____ June 27-July 2 _____ July 4-9 _____ July 11-16 _____ July 18-23 _____ July 25-30 _____

Name of Organization Supervisor/How did you hear about Camp Challenge? Stefanie Lee

Organization Supervisor Phone # 919-645-9825 Organization Supervisor Email slee@cahec.com

Cabin mate Request (up to 2 names of friends your child would like to room with, we make every effort to honor requests but they are not guaranteed):

CONTACT INFORMATION

Parents / Guardians / Caregivers:

(Please check preferred # for us to call)

Mother / Guardian 1 _____ Home Phone # (_____) _____

(First)

(Last)

Cell # (_____) _____

Email Address* : _____ Business # (_____) _____

***Email is the primary method of communication for Camp Weaver and how your acceptance will be announced.**

(Please check preferred # for us to call)

Father / Guardian 2 _____ Home Phone # (_____) _____

(First)

(Last)

Cell # (_____) _____

Email Address: _____ Business # (_____) _____

Who has legal custody of this child? _____

CAMPER INFORMATION (To be completed by Parent/Guardian)

Please indicate race or ethnicity (OPTIONAL):

African American Asian American/Asian Caucasian/White
Hispanic/Latino Native American Pacific Islander Multi-ethnic
Prefer not to answer

Has the applicant ever had a serious illness, injury, or disability? Yes No

If yes, please explain. _____

Has the applicant ever been suspended from school? Yes No

If yes, please explain. _____

Has the applicant ever repeated a grade? Yes No

If yes, please explain. _____

School Information:

Present School _____ School Phone # () _____

School Applicant will attend next year _____ School Phone # () _____

Does the applicant qualify for free or reduced school lunch? Yes No



CAMP CHALLENGE

2021 Camper Recommendation Form

The NCBA Foundation's *Camp Challenge* is a summer camp experience for high-achieving, low-resource students from across the state. The camp is open to boys and girls **entering the sixth, seventh, and eighth grades**. *Camp Challenge* is held during the summer months in week-long sessions at YMCA Camp Weaver in Greensboro, NC.

RECOMMENDATION FORM (To be completed by teacher or adult not related to child)

Applicant _____
(First) (MI) (Last)

Evaluator _____
(First) (MI) (Last)

Employer _____
(First) (MI) (Last)

Daytime Phone # () _____ **Email Address** _____

Relationship to applicant _____

How long have you known the applicant? _____

What are the first few words that come to mind to describe the applicant?

ACADEMIC QUALITIES

Academic Ability:

- Outstanding
- Good
- Average
- Below Average

Intellectual Curiosity:

- Strong and varied
- Good
- An occasional spark
- Limited

Seeks help when needed:

- Always
- Sometimes
- Never

Academic Achievement:

- Outstanding
- Good
- Average
- Below Average

Ability to work with others:

- Always works well
- Usually effective
- Sometimes unable to cope
- Has great difficulty in group

Concentration:

- Exceptional
- Usually good
- Occasionally distracted
- Easily Distracted

Effort and Drive:

- Outstanding
- Good
- Sporadic
- Occasional

PERSONALITY TRAITS

CIRCLE all the words that best describe the applicant:

- | | | | |
|---------------|--------------------|--------------------|------------------|
| Aggressive | Disobedient | Manipulative | Responsible |
| Anxious | Easily discouraged | Motivated | Self-centered |
| Articulate | Follower | Negative leader | Self-disciplined |
| Assertive | Helpful | Over-protected | Shy |
| Cheerful | Honest | Passive aggressive | Social |
| Confident | Influential | Perfectionist | Vivacious |
| Conscientious | Irritable | Positive leader | Well-liked |

PERSONALITY QUALITIES

Maturity:

- Very mature
- Appropriate
- Somewhat immature
- Very immature

Sense of humor:

- Delightful
- Good
- Inappropriate
- Humorless

Integrity:

- Very trustworthy
- Usually trustworthy
- Occasionally trustworthy
- Untrustworthy

Consideration of others:

- Exceptionally thoughtful
- Usually considerate
- Rarely considerate
- Selfish

Attitude of parents:

- Cooperative & Involved
- Uninvolved
- Overly protective
- Antagonistic

Conduct:

- Well-behaved
- Usually obeys rules
- Occasionally misbehaves
- Frequently misbehaves

Social interaction with peers:

- Healthy relationships
- Occasional minor problems
- Frequent minor problems
- Relates poorly

Self-Confidence:

- Has healthy self-image
- Needs some support
- Appears overly confident
- Needs much reassurance

ADDITIONAL INFORMATION

Is there any additional information you would like to provide about the applicant?

May we contact you for further information? Yes No

My signature below indicates that all of the information submitted on this application form is factually correct, complete, and honestly presented.

Evaluator's signature _____ **Date** _____



YMCA Camp Weaver HEALTH HISTORY FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The following information must be filled out by a parent/guardian/adult camper. This information is required by camp healthcare personnel in order to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp healthcare personnel upon arrival to camp. Please provide complete information.

Camper's Name: _____ Birthdate: _____ Age at camp: _____ Gender: Male Female

Home Address: _____
Street Address City State Zip

Custodial Parent/Guardian: _____ Phone: _____ Work/Cell #: _____

Address: Same as Above (or) _____
Street Address City State Zip

Second Parent/Guardian: _____ Phone: _____ Work/Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Second Emergency Contact: _____ Relationship: _____ Phone: _____

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement

Has the camper:

-Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?

Yes No

-Ever been treated for emotional or behavioral difficulties or an eating disorder?

Yes No

-During the past 12 months, seen a professional to address mental/emotional concerns?

Yes No

-Had a significant life event that continues to affect the camper's life?

Yes No

Please explain yes answers in space below:

Allergies: No known allergies This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other (**Please specifically indicate what the camper is allergic to and reaction seen**)

Diet & Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper has special food needs (**Please describe below**)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (**Please describe below**)

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

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

Carrier Address _____

Name of policy holder _____ Relationship to Participant _____

Is camper covered by a prescription plan? Yes No

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: _____

Name of dentist(s): _____ Phone: _____

Name of orthodontist(s): _____ Phone: _____

May we contact your child's health care providers, if needed? Yes No

Permission to Provide Necessary Treatment for Emergency Care: I hereby give my permission to the YMCA staff or any competent medical authority to provide, seek, and consent to routine health care, administration of medications, and emergency treatment for me/my child as may be necessary, including but not limited to x rays, routine tests and treatment and/or hospitalization. The 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 _____

Printed Name _____ Date _____

Camper Agreement: I also understand and abide by the restrictions placed upon my camp activities.

Signature of camper: _____ Date: _____

The following non-prescription medications are commonly stocked in the camp infirmary and are used on an as-needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

Acetaminophen (Tylenol)	Guaifenesin (Mucinex)
Antidiarrheal (Maalox)	Ibuprofen (Advil)
Bismuth Subsalicylate (Pepto-Bismol products)	Loratadine (Claritin products)
Calamine Lotion	Pediculosis Treatment (Nix)
Chamomile Tea	Poison Ivy Treatment (Ivy-Dry)
Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup)	Pseudoephedrine Hydrochloride (Advil Cold & Sinus products)
Cough Drops (Generic)	Tolnaftate (Tinactin)
Diphenhydramine (Benadryl)	

Will your child need any medications while at camp? Yes No

***If yes, a medication log form must also be attached to this form.**

Has the participant had any of the following illnesses?

Measles Chicken pox Rubella Mumps Hepatitis A Hepatitis B Hepatitis C

Please attach a copy of the camper's immunization record.

General Questions (Explain yes answers below)

Please explain any "yes" answers, noting the question number in the space below

Has/does the participant had:		Yes	No	Has/does the participant:		Yes	No
1	Anorexia, bulimia?			15	Mononucleosis in the past 12 months?		
2	Back problems?			16	Orthodontic appliance required at camp?		
3	Bed wetting?			17	Other issue?		
4	Bleeding/clotting problems?			18	Seizures/ convulsions?		
5	Chest pain, dizziness, passed out?			19	Short of breath/wheezing?		
6	Diarrhea/constipation?			20	Skin Problems (itching/rash)?		
7	Wear glasses, contacts, or protective eyewear?			21	Sleep walk?		
8	Head injury?			22	Have Asthma?		
9	Heart murmur?			23	Have Diabetes?		
10	High blood pressure?			24	Operation or serious injury?		
11	HIV?						
11	Immunodeficiency?			25	Any other physical health issues?		
12	Problems with joints (eg knees, ankles)?			26	Left the country in the last 9 months?		
13	Knocked unconscious?				For female campers:		
14	Lice?			27	Has this person menstruated?		

Camp Weaver Camper Profile 2021

Camper Name: _____ Rising Grade Level: _____ Date of Birth: ____/____/____

T-Shirt Size: __YM __YL __S __M __L __XL __2XL

How many years has your campers attended Camp Weaver previously? _____

Is this the camper's first time away from home for a week or more? _____

What are his/her hobbies or talents? _____

Camper Characteristics (Please circle those that describe your child.):

Active	Confident	Outgoing	Aggressive	Cooperative
Moody	Selfish	Self-Conscious	Shy	Antagonistic
Tense	Happy	Easy-Going	Follower	Leader

Child's Development Level (Please circle most applicable choice.):

Excellent Above Average Average Below Average

Child's Attitude toward Cooperation (Please circle most applicable choice.):

Excellent Above Average Average Below Average

Does your child make friends easily? Yes No

How does your child deal with social interaction, group living, etc.?

Excellent Above Average Average Below Average

What is your child most looking forward to in his or her camping experience?

List the camper's fears and concerns, if he or she has any.

Is your child coming with any friends to Camp? _____

Does your child have any emotional or behavioral issues? If so, please explain.

Please list and explain any special accommodations (including orthodontics, bed-wetting, allergies, etc.). _____

Please provide any other information, suggestions, or ideas that will help your child's counselor in fulfilling his or her duties to make your child's camping experience as enjoyable as possible. _____

If your child ever attended Camp Challenge in the past, how was their experience?

Camper Discipline Policy: The safety of your child, and ALL children entrusted to us, is our top priority. We believe that spending time at Camp Weaver is a privilege, and a camper's behavior should reflect his or her appreciation. Camp Weaver has a zero tolerance policy for bullying, inappropriate language, and inappropriate behavior. Early dismissal due to disciplinary issues does not warrant a refund of fees.

Behavior Warranting Immediate Expulsion: Any illegal activity or extreme behavior deemed unacceptable by the camp directors warrants immediate expulsion. Examples include, but are not limited to, drugs, alcohol, running away, violence, bullying, fighting, or any behavior that would endanger the camper himself or herself or other campers. The camp director reserves the right to analyze the information available in each disciplinary situation and make appropriate decisions for the good of the camp community.

I, (Parent or legal guardian) _____ have read and discussed the Camp Discipline Policy and my own behavioral expectations with my child.

Signature: _____ **Date:** _____

Camp Weaver Camper **Authorized Release Form**

The safety of your child is of the utmost importance to us. This form is designed to avoid confusion during the check-out process. Camp Weaver intends to follow your instructions concerning designated pick up persons. You/pick-up person will be asked to show photo ID at check-out. Do not leave with your child until you have signed him/her out of the Camp.

Camper's Name: _____ **Name Called:** _____

The above named camper will be picked up at Camp Weaver by the following person(s)

The person(s) listed below have my permission to pick up the above named camper at Camp Weaver: (Please list ALL persons who might be picking up your child including parents)

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

Name: _____ **Relation to Camper:** _____

My signature below indicates that the above named individuals have my permission to pick up my camper and agree to protect Camp Weaver, the YMCA, and their employees from any liability (including attorney fees) for following my instructions. If the pick-off person(s) are to change I will notify the camp office prior to Friday 12 noon by calling 336-697-0525.

Signature: _____ **Date:** _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue, Media Release

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING YMCA OF GREENSBORO INC FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor name below ("Minor"), acknowledge and agree that any use of YMCA of Greensboro, Inc. Facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensboro, Inc. programs and activities ("Programs") come with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensboro, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including , but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Media Release

In consideration of my Minor's use of facilities and participation in programs, I **GRANT PERMISSION** to use my minor child(ren) likeness in a photograph, video or other digital media ('photo') in any and all of its publications, including web-based publications, without payment or other consideration. I also understand and agree that all photos will become the property of the YMCA of Greensboro/Camp Weaver and will not be returned.

Camper Name Printed: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ **Date:** _____

KEEP THIS SHEET AT HOME

YMCA CAMP WEAVER

PACKING LIST



All clothing and personal items should be clearly marked with your child's name. Do not send expensive or favorite clothing to camp. Knives, firearms, water guns, fireworks, cell phones, iPods/iPads, tablets, trading cards, and jewelry are **not** allowed at Camp Weaver. Please make sure items have no offensive logos.

Clothing:

- Sweatshirt
- Raincoat
- T-shirts **(6)**
- Shorts **(6)**
- Long Pants/Jean**s(1)**
- Undergarments **(7)**
- Sandals/Flip Flops
- Socks **(7)**
- Pajamas
- Closed-toe shoes
- Swimsuit **(2)* (1 piece or tankini for girls, trunks for boys)**

Additional Items:

- Backpack
- Facemask **(2)**
- Water bottle
- Plastic Bag for wet swimsuit
- Bug Spray
- Flashlight
- Swim Towel
- Labeled laundry bag
- Hat

Optional Items:

- Camera
- Sunglasses
- Bible/ Devotional Items
- Postcards and Stamps
- Books/Magazines

Toiletries:

- Towels **(2)**
- Wash cloths **(2)**
- Shower Shoes
- Shampoo
- Soap
- Toothbrush/ Toothpaste
- Deodorant
- Brush/Comb
- Sunscreen

Bedding:

- Sheets/Blanket or sleeping bag (Twin)
- Pillow and pillow case

Items required for Horseback riding:

- Long pants for riding
- Closed-toe shoes/Boots

If clothing or swimwear is deemed inappropriate in style or printed images, campers will be asked to cover up or change. Do not send expensive or favorite clothing to Camp.

Anything you might have at home is fine, no need to buy new items. We suggest play clothes, because there are activities at Camp where items could be stained.