



P.O BOX 19999 RALEIGH, NC 27619-9916  
919.781.7979 / FAX: 919.881.9909  
TOLL FREE: 800/662-7044

## 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 1, 2019**

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



Dear Parents, Guardians, and Leaders:

**Camp Challenge** is a Sunday – Friday overnight camp located 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, 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. Admissions decisions are made based on grades, recommendations, 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 Camp ends at 5:30 p.m. on Friday evening. 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 basics 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 another fun group activity.

Below is the Camp Challenge 2019 date available to CAHEC residents.

- **Sunday, July 14 – Friday, July 19**

Please contact Jessica James at YMCA Camp Weaver at (336) 697-0525 or via email at [jessica@campweaver.org](mailto:jessica@campweaver.org) with any questions.

# Camp Challenge Application Checklist

Please include the following materials in your application packet:

## Camper Application

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

# CAMP CHALLENGE

## Camper Application - 2019 Registration 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 the YMCA Camp Weaver Facility.

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, Communities In Schools, School): CAHEC Foundation

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

Week Requesting July 14 - 19

Name of Organization Supervisor/How did you hear about Camp Challenge: CAHEC Foundation

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

### CONTACT INFORMATION

Parents /Guardians / Caregivers:

(Please check preferred # for us to call)

Mother / Guardian 1 \_\_\_\_\_  Home Phone # (\_\_\_\_\_) \_\_\_\_\_

(First)

(Last)

Cell # (\_\_\_\_\_) \_\_\_\_\_

Email Address : \_\_\_\_\_  Business # (\_\_\_\_\_) \_\_\_\_\_

(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? \_\_\_\_\_

**\*Please attach a copy of your applicant's most recent report card.**

**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

## Camper Recommendation Form - 2019 Registration 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 \_\_\_\_\_

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 <sup>®</sup> 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?				<b>For female campers:</b>		
14	Lice?			27	Has this person menstruated?		



# Camper Profile 2019

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 Challenge Clinic Choices

Every day at Camp, you will have three “clinics” that you participate in each morning. These three activities will be the same throughout the week. Please write down your top 8 choices in the box to the right.

- Please note that ***Financial Literacy*** is a required clinic and will take the place of one of your three clinics, so there is no need to add it again.
- Although these morning activities will remain the same throughout the week, campers **WILL** have the opportunity to go to different activities each afternoon, even if they are not chosen on this sheet.

Archery
Arts & Crafts
Beatmaking
Canoes/ Kayak
Ceramics
Cooking
Dance
Drama
Exotic Animal Care
Garden
Mountain Biking
Movie Making
OLS (Outdoor Living Skills)
Paddleboards and Corcls
Paint Ball Obstacle Course
Podcasting / Journalism
Riflery
Ropes Course
Skate Park
Sports

<u>Clinic Choices</u>	
1 <sup>st</sup>	<u>Financial Literacy</u>
2 <sup>nd</sup>	<u></u>
3 <sup>rd</sup>	<u></u>
4 <sup>th</sup>	<u></u>
5 <sup>th</sup>	<u></u>
6 <sup>th</sup>	<u></u>
7 <sup>th</sup>	<u></u>
8 <sup>th</sup>	<u></u>

# **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 produce 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) (Please circle):**

**Mother and/or Father      Mother ONLY      Father ONLY      OTHER GUARDIAN(S)**

Please Print ALL Name(s): \_\_\_\_\_

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

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 afternoon pick-up.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **NCBA / Camp Weaver Waiver**

I agree not to hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in camp programs. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical insurance on my child and will provide the YMCA with that information.

I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities. Activities such as horseback riding, skateboarding, high ropes and target sports (such as archery and riflery) can present a greater risk of injury.

I understand that YMCA policy states that staff is not allowed to connect with summer camp participants via social networks and will face disciplinary action if policy is violated.

It is our policy not to allow staff to be baby sitters for program participants. In addition we don't endorse or recommend staff to be baby sitters even after their employment period with the YMCA.

I understand that the camp director reserves the right to decline the application of any child, or send home any child who, according to the Director's discretion, is not a desirable associate for the other campers, or puts themselves or others at risk. If a child is dismissed from camp, there will be no refund issued.

I hereby give my consent for my child to be photographed and/or videotaped for use by North Carolina Bankers Association (NCBA) & Camp Challenge/YMCA Camp Weaver in the production of any and all media for marketing purposes. This may include use of my child's image on video materials produced for broadcast circulation as well as for the organization's printed materials, website and/or social networking tools such as Facebook.

I consent for the use of my child's photograph or video image or likeness to be used in any product that NCBA/Camp Weaver may produce for educational purposes, with the assurance that my child's true name will not be associated commercially with the photograph, so as to provide my child with anonymity.

In giving my consent for my child's photograph or video to be used by NCBA/Camp Weaver, I waive any current and future claims against the organization, financial and otherwise, and release NCBA/Camp Weaver from any obligations to me currently or in the future for compensation for use of my child's photographic image or likeness.

**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/J Jeans(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
- 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.