



TRIANGLE Y CAMP CAMPER INFORMATION

The following information will be used to provide a rich and meaningful camping experience for your child and will only be available to your child's Cabin Counselor, Health Officer and our Camp Director. Parents please fill out the front page of the form and have your child fill out the back side. If there is any additional information you may share it when you check in at camp.

Campers Name:	Age:
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My child is registered for Camp Session # _____ Date _____ Camp Program _____

1. Has your child been away from home at an overnight camp before? YES () NO () If yes, was it a positive experience? Please explain

2. Describe any portion of your child's medical history or present condition that your Cabin Counselor should be aware of: (ex. fears, allergies, bedwetting, etc.)

3. What would you like your child to gain from this camping experience?

4. Are there any specific programs you do not want your child to participate in?
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5. Does your child have a birthday while at camp _____ If so what day?
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Additional comments for your Cabin Counselor.

Thank you for your help in making this "An Experience That Last's a Lifetime" for your child.
Any questions about your child's experience should be addressed to the Camp Director.

CAMPER'S LETTER TO MY COUNSELOR

My name is:

Dear Counselor,
Here are a few things you should know about me.

This will be my _____ year at Triangle Y Camp I am _____ years old

1. Things I really want to do when I get to Camp.

2. Things I do not want to do at Camp.

3. My favorite food is:

Other comments

Thanks for the information. We look forward to seeing you at
Triangle Y Camp this summer.

If you have any other comments for concerns
please contact the
YMCA (701)852-0141