

Camp Jorn YMCA 2024 FAMILY CAMP

Family Campers: Submit an [online registration](#) form with \$200 deposit to reserve your space. Please note that you will be invoiced for your deposit via square. This is a manual process and may take up to 1 week to process after your submission.



Any questions? Please call 715-543-8808 or email
jenn@campjornymca.org

TIERED PRICING

Here at Camp Jorn we believe that all families should have the opportunity to attend Family Camp. We know camp families have differing abilities to pay, so we offer a voluntary, three-tiered pricing program to better meet all financial need. You self-select the rate you can afford.

Tier	Select the rate you can afford	Rate
Rate A	Most accurately reflects the true cost of Family Camp	Full price
Rate B	Partially subsidized to make camp more affordable	10% discount
Rate C	Reflect the subsidies by events, donations, and endowments	20% discount

SESSIONS & ACCOMODATIONS

Please note that Families attending successive family camp sessions, have first right to reserve their same accommodation unit until January 15TH. After existing family campers have been placed in the requested cabin, then remaining units will be filled on a first come basis.

☐ Family Camp Session 1: Sunday, June 30th-Saturday, July 6

☒ Family Camp Session 1: Sunday, August 11th-Saturday, August 17th

PRICING	
Deluxe Cabins	\$2,400 / week
Cabin/Yurt	\$2,200 / week
Platform Tent	\$1,980 / week
Nash Lodge Exclusive Use (price includes 12 guests)	\$6,300 / week

****All prices include 4 people, see per person fee for additional guests**

AGE	PRICE PER ADDITIONAL PERSON
18+	\$420
10-17	\$350
4-9	\$300
3 & younger	FREE

Own Tent/Trailer

Come for as many nights as you'd like!

AGE	PRICE PER ADDITIONAL PERSON
18+	\$60 / per night
Children 4-17	\$40 / per night
3 & younger	FREE

Registration

1. Complete an online application form here- <https://forms.gle/5H6qYzSVKHjvxQ7M79>
2. Receive an online invoice via square- Debit/Credit Cards, Cash, Check Accepted
3. Complete & return your registration packet by June 14th, 2024

WELCOME TO THE OUTDOORS!

Camp Jorn YMCA, we believe the time you spend with your family and loved ones is special. For decades we've been the destination for families to grow together, and when you visit our Wisconsin location, it's easy to see why.

OUR MISSION

At Camp Jorn YMCA, our mission is building character, confidence, and community through enriching outdoor experiences.

LOCATION

Located in Manitowish Waters, Camp Jorn YMCA is just a car ride away approximately 6 1/2 hours from Chicago, 4 1/2 hours from Milwaukee, 4 hours from Madison, 3 hours from Green Bay, and 4 hours from Minnesota's Twin Cities.

Policies and Procedures Guide for Family Camp

To satisfy all current health and safety guidelines and American Camp Association standards, Camp Jorn YMCA requires the following information and forms as part of the Family Camp registration process:

- A. Names and addresses of all the participants.
- B. Emergency contact names and contact information to include preferred phone numbers.
- C. A listing of any persons with known allergies or health conditions requiring treatment, restriction, or other accommodations while on site.
- D. For minors without a custodial parent/guardian on site, a record of current medications, both prescribed and over the counter.
- E. For minors without a custodial parent/guardian on site, signed permission to seek treatment or a signed waiver for the refusal of treatment for religious or personal reasons.

Carefully review the **Policies and Procedures** with your family and guests of your family. This information will help you prepare for an enjoyable stay at Camp Jorn YMCA. Please call the office at 715.543.8808 if you have additional questions.

CAMP JORN ARRIVAL AND DEPARTURE

Families can arrive any time after 3:00 PM and must check out by 10:00 a.m. Please check in at the Dining Hall after 3:00 p.m. Please pick up your program schedule at that time. After 9:00 PM during the summer, the Dining Hall will be closed.

AFTER HOURS ARRIVAL: If you need assistance after office hours have closed, please review the **Staff Location** information below in the policies and procedures section.

WHAT TO BRING

TOWELS & BEDDING

You will need to bring bath, dish, and beach towels, bedding or sleeping bag and pillows for your family.

CLOTHING

The weather in northern Wisconsin is variable at any time of the year. Bring, walking shoes or hiking boots, swimsuits, warm clothes for cool nights as well as clothes for warm days, and rain gear.

OTHER

Hat, first aid kit, flashlight, suntan lotion, toiletries, & dish towels. We are located in the north Wisconsin woods where there are plenty of bugs. Please bring insect repellent.

CAMP POLICIES & PROCEDURES

EMERGENCY INFORMATION

Emergency numbers are posted in cabins in the first aid kits as well as the Dining Hall & Program Center. The nearest hospital is located in Woodruff (Howard Young Medical Center 356-8000). An AED is located at in the Dining Hall by the office door. The defibrillator should be used by competent individuals. Please ask the Camp Jorn staff if you have any questions. **For medical emergencies call 911.**

REPORTING INJURIES/ACCIDENTS, AND/OR EMERGENCIES

The Camp does not carry medical, accident, or loss of personal property insurance for any program participants. All injuries, accidents, and /or emergencies must be reported promptly to Camp staff and Group shall provide Camp with all copies of reports generated as a result of accidents, incidents, injuries, or damages to property involving the group's participants, volunteers and staff.

FIRST AID KITS

First Aid Kits are located in cabins as well as the Dining Hall, Health Center, & Program Center.

SWIMMING BEACHES & BOATING ACTIVITY All campers including guests are required to read and adhere to the included waterfront policy.

LIFE VEST REGULATIONS

Every boat/Canoe/Kayak must have at least one PFD (personal floatation device) cushion in the boat.

Every person in a watercraft **MUST** have a life vest on and secure it properly. Pick up your seat cushions and life vests at the life vest rack located in Hibbard Hall. **It is the responsibility, of all boat operators, to know and abide by the WI boating regulations.**

FACILITY USER/VISITOR AGREEMENT

All families and guests of families must sign the Camp Jörn YMCA Facility User/Visitor Agreement prior to attending camp. The agreement is part of every registration process.

QUIET HOURS

Quiet hours begin at 10:00 PM (during the summer). Please respect these hours; children may be sleeping in the cabin next to you.

PARKING

There are designated parking areas by the Dining Hall and long-term parking by the Maintenance Building. Family Camp participants are expected to park in the parking lot by the Maintenance Building.

INCLEMENT WEATHER, FOREST FIRE or MISSING PERSON

In case of severe weather conditions like a tornado, family campers will be designated to the following locations: - Longhouse Basement, Program Center Basement, Dining Hall Basement, Kick/Winn Basement. Staff will designate where each cabin will go. When power goes out because of windstorms or fallen branches on power lines, the Camp Jörn staff will call the power company immediately. It may take several hours for power to be restored. **In the event of Emergencies such as severe weather, forest fire, or missing person, the staff will sound the siren located on the Program Center.** Please send one family member to the Program Center for instructions.

MAINTENANCE REQUESTS If you have a **Cabin or Building Maintenance Request**, please inform the Office Staff from 9:30 a.m. to 5:30 p.m. or the Camp Director. If you have a maintenance emergency after the Dining Hall is closed, please contact the staff member(s) on site or listed in the Welcome Packet.

ALCOHOL, ILLEGAL DRUGS, & SMOKING

The consumption of **Alcoholic Beverages** should remain at your cabin or group vicinity. **Alcohol and Smoking** is not allowed on the beaches, in the vicinity of the Dining Hall, Program Center, or other community building. This includes the social and bench area near the Dining Hall. Walking around camp and attending any programs or public areas drinking alcohol and/or smoking is not allowed.

SMOKING is not permitted on the Camp Jorn YMCA property. ILLEGAL DRUGS of any kind are not allowed on Camp Jorn YMCA Premises.

INTERNET

We offer wireless internet in the Dining Hall. We only provide the connection; you must have your own computer. We want to encourage families to unplug during this time and to keep internet access to a minimum.

SUPERVISION OF CHILDREN

Parents or Group leaders are responsible for the supervision of their children while at camp. Programs are designed for family or group participation. **It is also imperative that parents and group leaders supervise their children while swimming or boating whether there are lifeguards on duty or not.**

FIREARMS, WEAPONS, AND FIREWORKS

Guests are not allowed to bring or use firearms, fireworks, BB guns, sling shots, or any other device that may be interpreted as a weapon at Camp Jorn YMCA. Pocket knives may be used for camping purposes

CAMPFIRES

Build fires only in campfire rings provided. Firewood is provided throughout camp. Extinguish all fires completely after each use.

CABIN CLEANING

Although Camp Jorn staff conduct a thorough cabin cleaning after your departure, it is expected that you leave your cabin in a respectable condition after you leave. Please do any dishes, take out the trash, clean out your refrigerator, sweep your floors and remove any other unnecessary debris.

TRASH

Garbage dumpsters are located by the dining hall, Recycling dumpster is up a bit further on the right. **WARNING:** Please deposit garbage during daylight hours as animals can be found at the dumpsters during the night. There are wild animals in the area, and **all wild animals act in an unpredictable way.** Please take time to secure the garbage lids.

CAMP JORN YMCA WATERFRONT POLICY

(EFFECTIVE MARCH 1, 2020)

Camp Jorn YMCA is proud of its 65-years-plus of water safety. Please read the following in its entirety so you and your family and guests of your family are prepared for these procedures.

Parents are responsible for supervising their children and guests while they are swimming, boating, or participating in all waterfront activities. It is the responsibility of all parents or group coordinator (“in loco parentis”—in place of a parent) to inform their family or group members that all children **(12 and under)** need to be supervised at all times while on the waterfront. Camp Jorn’s shoreline rests on a public lake; it is the responsibility of all members of any group or family to be familiar with and adhere to all **Wisconsin Boating Laws and Regulations** (<https://dnr.wi.gov/files/pdf/pubs/le/le0301.pdf>).

PRACTICES AND PROCEDURES:

1. **The Camp Jorn swim beach is guarded**, by a certified lifeguard. Typical lifeguard hours, for Camp Jorn’s Waterfront, are Sunday – Friday 10:00 A.M. to 6:00 P.M.; Saturday hours vary.
Hours are subject to change as deemed necessary by the Camp Jorn staff, e.g. inclement weather, staffing, program conflicts.
2. **WHEN THERE ARE NO LIFEGUARDS ON DUTY, SWIMMING IS AT YOUR OWN RISK, WHETHER BY YOU, YOUR CHILDREN, OR YOUR GUESTS.** Signs stating “NO LIFEGUARD ON DUTY. SWIM AT YOUR OWN RISK!” are posted at the Camp Jorn swimming beach, when life- guards are off duty.
3. **All children 12 and under must:**
 - **Be accompanied and supervised by a responsible individual, age 16 or older, designated by the parents or guardians**, when swimming and when participating in all boating and water- front activities.
 - **Take a swim evaluation** to determine the child’s skill level. Camp Jorn provides each child with a wristband designating the child’s swimming ability. Children are required to wear their wristband when on the waterfront.
 - **Wear a life vest if they do not meet the deep-water (water above child’s shoulders) skill level** and are boating or swimming in deep water.
4. **WI state law boating regulations** (<https://dnr.wi.gov/files/pdf/pubs/le/le0301.pdf>) require that all watercraft (including canoes, kayaks, and paddleboards) must have at least one approved **wearable** life vest for each person on board. Children 12 and under, who do not meet the deep-water skill level swim test, are required to wear and properly secure a life vest while boating.

5. **DANGER** – NO prolonged underwater swimming or breath holding. Competitive or repetitive breath holding can be deadly. **AND AS ALWAYS, PLEASE REMEMBER:**
- a. Alcohol is not allowed at the beaches.
 - b. No boats, canoes, kayaks, or paddleboards are allowed inside the swimming areas.
 - c. Fishing is not permitted in the swimming areas or off the swimming docks.
 - d. Running, pushing, or horseplay is not allowed on the piers or rafts. Your safety is our primary concern!

CAMP JORN PHONE NUMBERS

If you have an important facility issue or need assistance, please contact a Camp Jorn staff member listed below:

The camp office phone number is (715) 543-8808.



***FOR MEDICAL EMERGENCIES CALL:
911 on your Cell phone.**

*If an emergency vehicle is called, please send a person to the Dining Hall and have them stand next to the Welcome sign to direct the responders.

HELPFUL NUMBERS:

Camp Jorn YMCA Office Phone

715-543-8808

Camp Jorn YMCA Fax

608-901-0593

ACKNOWLEDGMENT

I, _____, have read the Camp Jorn YMCA family camp policies and procedures in the this document and will have my family abide by them to the best of my abilities.

Signed: _____

Date: _____

Camp Jorn Family Camp Emergency Information

Name	Address	Age or Adult	Sex M or F
<i>JOHN Q. SAMPLE</i>	<i>123 Anywhere Street, Hometown, WI 51234</i>	14	M
1.			
2.			
3.			
4.			
5.			
6.			
7.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Emergency Contact Information for the family:

Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

Medical Conditions

Name	Medical Conditions, limitations, allergic reactions, etc. Please list camper's name, allergy, reaction, and treatment plan
<i>JOHN Q. SAMPLE</i>	Peanut allergy- administer epi pen if peanuts are ingested
1.	
2.	
3.	
4.	
5.	
6.	
7.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Dietary Needs

Name	Please list any dietary restrictions or needs for your time at camp.
<i>JOHN Q. SAMPLE</i>	Lactose Intolerant- no dairy products
1.	
2.	
3.	
4.	
5.	
6.	
7.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

****Please make additional copies if necessary.**



This form must be completed for any minor(s) without a custodial parent/guardian on site.

Health history forms are essential for the health and safety of our campers. Please take some time to fill it out completely and accurately so we can provide the best care possible for your camper while they are at camp.

Here are some tips for filling it out.

- A parent or guardian should complete and sign the health forms. Your camper does not need a physical or visit to your doctor.
- Please provide us with an emergency contact other than custodial parents.
- If your camper does not have any allergies, please don't leave it blank, just fill in with NA.
- We have over the counter medications available to campers when needed. Please send only prescription meds.
- Please provide any additional information you think we should be aware of.
- **THE EASIEST THINGS TO FORGET?!- Your Insurance Card.**
 - o Please include a copy of the front and back of your HEALTH INSURANCE CARD!! Our local clinic requires the date of birth of the policy holder so please include that on the health form.

Questions? Comments! Contact Jenn Davis Jenn@campjornymca.org • 715 543 8808

Please complete this form and return it to Camp Office

Registration
Camp Jorn YMCA
13591 Zenner Lane
Manitowish Waters, WI 54545

Email: Jenn@campjornymca.org

Fax: 608-901-0593

CAMPER HEALTH HISTORY FORM

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

american **CAMP** association®

Send this form to the address below by May 5th, 2018

CAMP JORN YMCA
13591 ZENNER LN.
MANITOWISH WATERS, WI 54545

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1) Complete pages 1, 2 and 3 of this form and make a copy.

2) Send the original, signed to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)

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

Diet, Nutrition: This camper has the following dietary restrictions: ☐ None ☐ Other: _____ please explain in this space

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.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____ DOB of Policy Holder _____
Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

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Camper Name
First

Middle

Last

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

- Medication:**
- ☐ This camper will not take any daily medications while attending camp.
- ☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

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

Acetaminophen (Tylenol)
 Phenylephrine decongestant (Sudafed PE)
 Antihistamine/allergy medicine
 Diphenhydramine antihistamine/allergy medicine (Benadryl)
 Sore throat spray
 Lice shampoo or cream (Nix or Elimite)
 Calamine lotion
 Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
 Pseudoephedrine decongestant (Sudafed)
 Guaifenesin cough syrup (Robitussin)
 Dextromethorphan cough syrup (Robitussin DM)
 Generic cough drops
 Antibiotic cream
 Aloe
 Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

CAMPER HEALTH HISTORY FORM

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

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

Phone: (_____) _____

Name of dentist(s): _____

Phone: (_____) _____

Name of orthodontist(s): _____

Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.