

PRESENTING

YOUTH BRIDGE CAMP 2014

- WHO:** Students entering 6th through 10th grades
- WHAT:** A 7-day residential camp in a first class facility with great food
- WHEN:** Sunday, June 22 to Saturday, June 28, 2014
- WHERE:** Lake Williamson Christian Center (LWCC) www.lakewilliamson.org
17280 Lakeside Dr.
Carlinville, IL 62626
- WHY:** To have fun while learning the most challenging card game on the planet
- HOW:** Taking classes and playing in ACBL sanctioned sectional tournament events

PURPOSE: Learning duplicate bridge is the focus of the Unit 223 Youth Bridge Camp. All other activities are secondary. Please plan to attend only if you are **serious** about learning bridge or are **serious** about strengthening skills you already have. Bridge Camp provides campers the opportunity to develop inferential reasoning skills using the game of contract duplicate bridge. Inferential reasoning is a key component of critical thinking and math skills. Campers will also develop their social skills through interaction with their peers and counselors and **have fun** in both bridge and various recreational activities.

CAMPER FEE is \$300: Some scholarships may be available from your ACBL Unit or Club. Please use the "Find a Club" function at www.acbl.org to identify a club near you.

Applications will NOT be processed until ALL information is provided. Follow the steps below:
1. **THOROUGHLY** complete the application, the two-page health form and sign the ACBL Consent and Release form.

2. Include a \$50 non-refundable deposit made payable to: Unit 223 Youth Bridge Camp.

3. Proof read the application to be sure all items on the forms are answered correctly.

4. Mail the application and the deposit check to:

Steve Reiss/Amy Stabenow, Camp Registrars

6525 Lawnside Drive

St. Louis, MO 63123

314-481-1838

or streiss@earthlink.net

An e-mail confirmation will be sent upon receipt of your deposit and thoroughly completed forms. Additional camper information will be sent out after May 1. **The remainder of the camp fee will require a postmark date no later than Friday, June 13, 2014.**

**UNIT 223 YOUTH BRIDGE CAMP
BASIC RULES AND EXPECTATIONS
FOR CAMPERS AND STAFF**

Every camper and staff member agrees to follow all rules and expectations set forth by YBEO and LWCC.

Any behavior endangering the physical, spiritual or psychological well being of a camper or staff member will not be tolerated. These include but are not limited to:

- ✦ possession of illegal drugs
- ✦ possession of alcohol
- ✦ possession of weapons
- ✦ smoking
- ✦ leaving the LWCC premises
- ✦ harassment
- ✦ teasing
- ✦ racial taunts
- ✦ theft
- ✦ destruction of property
- ✦ non-compliance
- ✦ physical aggression

A VIOLATION OF ANY OF THE ABOVE RULES WILL RESULT IN DISMISSAL FROM BRIDGE CAMP.

CAMPERS WILL NOT BE ALLOWED TO HAVE CELL PHONES, COMPUTERS, ELECTRONIC OR HAND-HELD GAMES OR DEVICES OF ANY KIND AT CAMP. FOR EXAMPLE: E-READERS, iPADS, IPODS, etc.

Please leave these items with your parent at check-in on Sunday. Failure to comply with this rule will result in disciplinary action. Your signature on the camper application page means that you have read, understand and will comply with these rules.

Camp is a place to learn how to play Bridge and participate in recreational activities. Let's have fun together without these items 😊

Bidder the Bridge Bug!



YOUTH BRIDGE CAMP 2014

TENTATIVE SCHEDULE

Sunday, June 22

4:00-5:00 PM Arrival and unpack
5:15 PM Supper
6:30-9:30 PM Orientation and Assessment/Bridge Lesson
10:30 PM Lights Out

Monday through Friday Schedule: Tentative

8:15 AM Breakfast
9:00-10:10 AM Bridge Lesson
10:10-10:20 AM Break
10:20-11:20 AM Bridge Lesson
11:20-12:20 PM Recreational activities
12:30 PM Lunch
1:15-2:20 PM Bridge lesson
2:20-2:30 PM Break
2:30-3:30 PM Bridge lesson
3:30-3:45 PM Change for waterfront fun
4:00-5:30 PM Waterfront activities
5:45 PM Change clothes for supper
6:15 PM Supper
7:00-9:00 PM Bridge tournament
9:00 PM Special evening activity (different every day)
10:30 PM Lights Out

Saturday, June 28

8:15 AM Breakfast
9:15 AM Awards and Pictures
10:00 AM Check-out Activities Center/Pick-up Williamson
Lodge



YOUTH BRIDGE CAMP 2014
Sunday, June 22 to Saturday, June 28, 2014

CAMPER APPLICATION

The YBEO Youth Bridge Camp provides campers the opportunity to develop their inferential reasoning skills using the game of contract duplicate bridge. Inferential reasoning is a key component of critical thinking and math skills. Campers will also develop their social skills through interaction with their peers and counselors **and have fun** in both bridge and recreational activities.

CAMPER FEE is \$300: Follow the steps below to guarantee your child a slot in Youth Bridge Camp 2014. The postmark date of your thoroughly completed application packet will determine your camper's place on the list.

1. **THOROUGHLY** complete the application, the two-page health form and sign the ACBL Consent and Release form.
2. Include a \$50 non-refundable deposit made payable to: Unit 223 Youth Bridge Camp.
3. Mail to: Steve Reiss/Amy Stabenow, Camp Registrars

6525 Lawnside Drive
 St. Louis, MO 63123
 314-481-1838 or streiss@earthlink.net

Camper Name _____ Parent e-mail _____

Address _____

Street City State Zip

Phone Home () _____ Cell () _____

Phone Work () _____

Birthday (MM/DD/YY) _____ Age _____ Sex _____ Grade Completed June 2014 _____

ACBL Unit of parent or grandparent (if known) UNIT _____

Circle your T-shirt size (all are **adult** sizes) Small Medium Large XL XXL

Any special dietary needs: _____

If you have any Bridge experience, what aspect of your game would you like to improve?

I, _____, agree to follow all rules & expectations of
 Camper's full signature

LWCC & Unit 223 Youth Bridge Camp.

I, _____, have witnessed my child's signature and fully
 Camper's parent full signature

expect my child to comply with all rules & expectations.

Please tell us how you heard about Youth Bridge Camp 2014.

American Contract Bridge League
6575 Windchase Blvd. • Horn Lake MS 38637-1523
662-253-3100 • Fax 662-253-3187 • www.acbl.org

CONSENT & RELEASE (MINOR CHILD)

I hereby agree that the minor child identified below may be photographed, interviewed, questioned, make comments, be videotaped/filmed or otherwise recorded on terms hereinafter stated for use in a video production by the American Contract Bridge League ("Producer"). I give the Producer, its licensees, its assigns, etc. the right to use said minor's name, likeness, identity, and the exclusive right to use, display and exhibit any or all of the photographs, videotape/film and/or interview for use in any manner, including, but, not limited to, broadcast or non-broadcast video, posting on the internet, and the advertising and marketing thereof. The Producer and its licensees and assigns may use, duplicate, and distribute by any means whether now known or hereafter developed the photograph, interview, video/film, or any portion of it, or related materials, without limitation. I acknowledge that Producer has complete discretion to edit or truncate the photograph, interview, video/film and the production. I understand that the Producer has no obligation to use or broadcast the photograph, interview film/video or production, and that I, or the minor child, will receive no monetary compensation for the rights granted herein. I irrevocably consent to any use by the Producer of the name and/or photograph of the minor child identified below in any manner and for any purpose, including, but not limited to, the advertising and promotion of the Producer and/or any of its programs, in any medium of communication or publication.

I completely release and hold harmless the Producer, its agents and assigns, from any and all claims and demands which may arise out of or are otherwise related to such use of the name and/or photograph, or video of the minor child identified below, including, but, not limited to, any and all claims and demands in relation to libel and invasion of privacy.

I represent that I am over eighteen years of age, and I may freely and competently contract for in my own name regarding the above and in the name of my minor child or children, or a child or children for whom I serve as a legal guardian.

I also acknowledge that this Agreement is the entire agreement and understanding between Producer and myself, and that it replaces and supersedes any other discussions and agreements between us. I did not hear and I am not relying on any statement or representation by anyone connected with Producer that affects, in any way, my decision to sign this agreement. I acknowledge that I cannot amend this Agreement orally and that any changed or amendment to this agreement must be in writing, signed by myself and the American Contract Bridge League (ACBL).

This Consent & Release shall also inure to the benefit of the legal representatives, employees, members, assigns, licensees, and consultants of the ACBL.

I have read the foregoing release, authorization and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

I intend to be legally bound by this release which is governed by Mississippi law.

Dated: _____

Signature of Legal Guardian

Print Name of Legal Guardian

Address of Legal Guardian:

Print Name of Minor Child

Youth Bridge Camp Health History Form

This completed form (2 pages) must be sent with the camp application in order for your application to be considered complete

Camper Name: _____ Birthdate: ____/____/____

Gender: M F Age at time of Camp: _____ Mailing Address: _____

Parent or Guardian: _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Address if different from above: _____

EMERGENCY CONTACT:

Contact the following person in an emergency if parent or guardian above is not available

Name _____ Relation to camper _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

HEALTH HISTORY:

Please list allergies, and describe the severity of allergic reactions and circumstances that may contribute to them:

Medications: _____

Food Allergies: _____

Other Allergies: _____

Dietary restrictions (due to medical conditions): _____

Physician Name: _____ Address/Phone: _____

Describe any medical, psychological, emotional, or behavioral conditions the camp staff needs to know about in order to support and protect the welfare of your camper, to enable him/her to participate fully in the camp program, and to receive appropriate emergency care. (e.g. asthma, seizures, bed-wetting, menstrual issues, ADD/ADHD, autism, diabetes, etc.)

Describe preferred response if issues with these conditions arise. Attach an additional page if needed:

Please list any activities in which the camper should NOT participate for Health Reasons _____

Please list any surgeries _____

If the camper takes prescribed or over-the-counter medications, please list them here (or attach an additional page): _____

NOTE: any prescriptions to be administered at camp must be sent WITH their prescription bottles. Ideally, medications will already be placed in weekly pill organizers for the camper

Is camper current on all immunizations as required by the public school system? Y N Date of last Tetnus Shot: ____/____/____

For Female Campers: Has this person menstruated? Y N If not, has she been told about it? Y N

PERMISSION TO ADMINISTER MEDICATIONS:

I, the (parent of/guardian of/camp participant) Please circle which

_____, give permission to the camp Health Care Provider or his/her designate to give the following over-the-counter medications (or the generic equivalents) to the camper listed above, in accordance with recommended package dosing for the specific indications below. These medications are available at camp and need not be brought by participants.

	Yes	No
Tylenol: Mild fever or discomforts		
Ibuprofen: Mild fever or discomforts		
Throat Lozenges: Coughs/sore throat		
Topical Creams: Itching, sunburn, or insect bites		
Permission to follow recommendations by local poison control centers		

	Yes	No
Benadryl: Allergy symptoms		
Sudafed: Allergy symptoms		
Antacid: Upset stomach		
Anti-diarrheal: For diarrhea		

Signature of Parent/Guardian/Self: _____

Date: ___ / ___ / _____

Note: The camp personnel will notify you or the emergency contact if you or your child displays the following symptoms:

- Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness
- Any injury that causes severe prolonged pain, discoloration and/or swelling.
- Any condition that cannot be sufficiently treated by camp personnel.
- Any condition requiring transportation to other medical services.

FAMILY MEDICAL INSURANCE:

Family Medical Insurance Yes No Name of Policyholder: _____

Individual's First and Last Name

Company/Guarantor: _____ Group Number: _____ Policy number: _____

NOTE: Some emergency rooms ask for the parent's Social Security Number. It is not required that this information be provided to YBC, but you may be asked by the hospital to provide it before they will treat your camper.

PARENT/GUARDIAN/PARTICIPANT AUTHORIZATION:

I, represent that the above information is correct for either me or my child. I or my child has permission to take part in all camp activities under supervision unless limitations are noted above, and I agree that the camp or camp personnel will not be held responsible for accidents arising therefrom. I hereby give permission to the camp to provide medical health care, 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 me or my child. In the event of an emergency: (for child) if I cannot be reached, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injection, surgery and anesthesia for the person named above; (for myself) and in which I am incapacitated and/or the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injection, surgery and anesthesia for the person named above. This completed health form may be photocopied for trips out of camp. My signature below represents that the above information on this form is correct for the camper listed.

Signature of Parent/Guardian: _____

Date: _____

Any changes to above at Start of Camp?
