

PRESENTING

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YOUTH BRIDGE CAMP 2013

WHO: Students entering 6th through 10th grades
WHAT: A 7-day residential camp in a first class facility with great food
WHEN: Sunday, June 30th to Saturday, July 6, 2013
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, emergency contact, 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 March 1st. **The remainder of the camp fee will require a postmark date no later than June 15, 2013.**



**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 😊

YOUTH BRIDGE CAMP 2013

TENTATIVE SCHEDULE

Sunday, June 30th

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, July 6th

8:15 AM Breakfast
9:15 AM Awards and Pictures
10:00 AM Parkside Lodge for pick-up and goodbyes

YOUTH BRIDGE CAMP 2013



Sunday, June 30th to Saturday, July 6, 2013

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 2013. The postmark date of your thoroughly completed application packet will determine your camper's place on the list.

1. **THOROUGHLY** complete the application, emergency contact, 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 2013 _____

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 2013.



YOUTH BRIDGE CAMP 2013

****ATTENTION PARENTS and STAFF MEMBERS****

This emergency information form and two-page health form must be filled out **clearly and completely** for this application to be accepted.

EMERGENCY INFORMATION

Camper/Counselor Name: _____

Parent/Spouse Name: _____

Phone Home () _____ Cell () _____

Phone Work () _____

Emergency Contacts

If the parent/spouse cannot be reached in an emergency, we will contact one or both of the parties listed below.

Name: _____ Relationship to camper/counselor _____

Phone Home () _____ Cell () _____

Phone Work () _____

Name: _____ Relationship to camper/counselor _____

Phone Home () _____ Cell () _____

Phone Work () _____

YOUTH BRIDGE CAMP

Health Form

Please be sure to notify the camp coordinator if this camper has been exposed to any communicable disease or has suffered an injury during the three weeks prior to camp attendance.

Camper/Participant _____ Birthdate _____
Age _____ Sex _____

Parent or Guardian (or spouse) _____ Phone (H) _____

Phone (W) _____ Phone (C) _____

Home address _____

Insurance Company _____ Policy No . _____ Type () group () individual

Name of Policy Holder _____ Policyholder's Employer and Employer's
Address _____

Parent/Guardian Social Security Number _____ (Requested by hospital)

AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned parent/guardian/person authorizes Unit 223 to secure medical treatment for _____ (name of person) in case of any illness or accident for which the camp director or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the camp director/first aid personnel to hospitalize, secure proper treatment for, or to order injection, anesthesia or surgery for me/my child as named.

Signature of Parent or Guardian or self _____ Relationship _____ Date _____
(or camper if of legal age)

Family Physician _____
Name _____ Phone number _____

Family Physician Address _____

IMPORTANT- *No camper will be accepted at camp unless the following section is **fully completed**. All campers and counselors are required to complete this form.*

Please complete the health history as accurately as possible. A health examination by a physician is only necessary if a camper has been exposed to contagious disease or is recovering from severe injury or illness. This information will enable a health care facility to treat you/your child with minimum delays in case of an emergency.

HEALTH HISTORY: (Check- giving approximate date)

Diseases:

Anorexia/bulimia _____	Rheumatic Fever _____	Ear Infections _____	Asthma _____
Convulsions _____	German measles _____	Lethargic _____	Diabetes _____
Ear Infections _____	Mumps _____	Hyperactive _____	Hearing _____
Lethargic _____	Respiratory _____		

Allergies (list, if any): _____

Operations or serious injuries (dates): _____

Chronic or recurring illnesses and/or concerns of a physical or emotional nature (please be specific).

IMMUNIZATION HISTORY (MUST BE COMPLETE)

Approximate dates of basic immunizations and most recent booster doses (May copy doctor or school forms.)

DPT Series _____ **Booster** _____ **Tetanus booster** _____

Polio OPV (Sabin) _____ **Booster** _____

Typhoid _____ **Measles Vaccine (live)** _____ **Tuberculin Test** _____

German Measles (Rubella) _____ **Mumps Vaccine (live)** _____ **Smallpox** _____

Other _____

GENERAL PHYSICAL CONDITION

Height _____ Weight _____

Eyes- () Normal () Glasses () Contacts Ears- () Normal () Hearing device () Hard of Hearing

Hernia _____ Extremities _____

Posture (spine) _____

Skin _____

General Appraisal _____

For Girls and Women

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special Considerations _____

Medications the Child Currently Uses (INCLUDE ANY AND ALL MEDICINES THE CHILD WILL BRING TO CAMP):

AM	Noon	PM
_____	_____	_____

Is parent sending it? () Yes () No

****Prescriptions must be in pharmacy container with proper dosage and child's name (pharmacy label).****

Swimming, diving permitted? _____ Strenuous activity? _____ Any professional counseling within the last two years? () Yes () No

If yes, briefly describe _____

UPDATE AT TIME OF ARRIVAL AT CAMP

- Has camper experienced any medical problems within the last three weeks? Yes No
- Is camper still recovering from any medical problem, injury, or accident? Yes No

•Is camper bringing any medication? Yes No

Signature of person bringing child to camp if not parent _____

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 _____