

Checklist for Camp Wyoming 2019

- _____ National Casualty Company Insurance Form
Please read and follow instructions that print off in front of the Insurance form, as it is a new form! PLEASE fill out all the highlighted information.
- _____ Use of Photos and Images/Chapter Identification form (do not cut apart)
Have parents complete Use of Photos and Images portion, you complete Chapter Identification portion. (MUST be available during camp.)
- _____ Camp Wyoming Parent-Counselor Form
Have parent complete
- _____ Expectations and Permissions
Have parent and camper sign
- _____ Camp Wyoming Health Form
Have parent complete. Have both parent and camper sign
- _____ Camp Wyoming Non-Prescription Medication Content Sheet
Must be signed by parent
- _____ Camp Wyoming Medication Sheet
If not applicable, please return with camper name and NONE written behind allergies.
- _____ Cabin Photos Form
The photo the camper receives is free. If you want a photo for your Historian books, return this form with check, payable to **National T.T.T. Society**, of \$5.00/photo
- _____ Camp Wyoming Registration Form
Make 4 copies – RETURN two copies with paperwork to **Mary Jo**; keep one copy for your chapter and give one copy to the family so that they know how to get in touch with you for emergencies.

***** The above forms must be fully and accurately completed and returned
NO LATER THAN MAY 8, 2019 to
Mary Jo Messerli, 700 Kaitlynn Ave, Anamosa, IA 52205**

- _____ Head Lice Examination form (MANDATORY)
Needs parent signature as well as the signature of a Qualified Person verifying that they have examined the camper for lice within FOUR days of attending camp. If a camper requires treatment for lice, the cost is \$12 per treatment. Please note – if your camper arrives with lice and was not treated prior to arriving to camp she will be treated twice at \$12 per treatment. Bring this form with you or to the bus, as it is required at registration.

Things to Know

- Clothing List – check with the families to see what is needed to complete the list. Mark EVERYTHING with the camper's name with laundry pen or Sharpie marker.
- Give T.T.T. brochures to the camper and family on your first visit. Do not leave forms with the parent/guardian
- Prescription medications must be in the original containers. Give them to the bus chaperone or to camp personnel at check-in. DO NOT send any over the counter medications, as the camp already has them.
- Keep all clothes and suitcases at your house; not the camper's house
- **Please have a change of clothes in a separate Ziploc bag at the top of the suitcase.**
- Do send stationary and preaddressed stamped envelopes with the campers
- Do NOT send Food, Money, or Cell Phones with the campers
- Know the bus schedule and driving instructions – DON'T BE LATE

Please make sure to print the insurance form on one page (2 sided) if possible and all other forms on one page (one sided) as they need to be split to go different places.

Helpful Hints for Completing Forms for Your Campers

Each year, our Area Project Chairman experience difficulties with chapters getting their campers' forms returned on time. Occasionally forms are returned either incomplete or missing parent signatures. Please remember, **every camp has a deadline** for our campers' forms to be turned into to them in order for us to be guaranteed a spot for the number of girls we are sending to camp. Here are some helpful hints that may make your task easier and help get all forms returned on time.

Never leave forms with parents. This is a Project Board policy. The only exception would be the health form, if necessary to have a parent take to a doctor. If this is the case, make sure you make a copy of it before leaving it with the parent, in case it gets lost. Complete all forms with the parents and then take the forms with you.

Highlight all areas on the forms where a parent signature is needed. If you do this before you visit parents, you won't have to return to the home for a missed signature!

Fill in information related to address, phone, etc. that you already have available, again before you meet with the parents. This will save you much time during the visit and help ensure that the forms are accurate and complete. Don't forget – if you lose a form or need a replacement, most every camp's forms are available on the T.T.T. website.

Be sure you return the Photo Release form and the National Casualty Company insurance form to your Area Chairman along with your other forms. These are required by law to remain in our National Office files until each camper reaches the age of 21.

Double and triple-check to make sure every form is properly completed before sending them to your Area Project Chairman.

Please make copies of every completed camper form before sending them to the Area Project Chairman. Occasionally, a form gets misplaced.

Finally, get the forms in on time - it is extremely important that you adhere to the deadline for returning forms to your Area Project Chairman. She must check every form to make sure it is complete. If she is responsible for 100 campers and each camper has 8 forms, she has to check 800 forms before she forwards them to camp! Let's all help make her job easier!!

[Type text]



2019 USE OF PHOTOS AND IMAGES

I understand, acknowledge, and give my permission that during participation in the camp and its related activities, photographs, video recordings, drawing, sketches, or other images (“Images”) may be made or captured of campers, staff, or visitors, including me or my child. I agree that all such Images, whether in hard copy or electronic form, will be the sole property of National T.T.T. Society, and that National T.T.T. Society reserves the right to use any and all Images for the promotional and advertising purposes, in whatever form, of National T.T.T. Society and its affiliate organizations and entities. No party other than National T.T.T. Society shall have any right, title, or interest in the Images, except as may be expressly granted by National T.T.T. Society. I also acknowledge and agree that no camper, staff or visitor (including me and my child) shall be entitled to compensation or remuneration of any kind for the use of any Images.

Please print or type:

Camper’s Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name of Camp attending _____ T.T.T. Chapter _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

2019 CHAPTER IDENTIFICATION

(To be filled out by T.T.T. chapter)

It is necessary that your Camp Chairman be at home during the time your camper(s) is/are at camp. If this is not possible, please provide (below) the name of the T.T.T. member of your chapter who will be home and will be the contact person.

Session _____ Camp _____ Town _____ State _____

Camper’s Name _____

Camp Chair _____ Contact Person _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Email _____ Email _____

CHAPTER/CITY _____

**Please mail this page to your Project Area Camp Chairman
PRIOR to camp session**

[Type text]



USO DE FOTOGRAFÍAS E IMÁGENES 2019

Entiendo, reconozco y doy mi permiso para que durante la participación del campamento y las actividades relacionadas a éste, fotografías, grabaciones de video, dibujos, esquemas, u otras imágenes (“Imágenes”) sean realizadas o capturadas de los campistas, miembro del personal o visitantes, incluyéndome a mí y a mi niño(a). Estoy de acuerdo que todas las Imágenes, ya sea en copia física o de forma electrónica, serán propiedad única de la Sociedad Nacional T.T.T., y la Sociedad Nacional T.T.T. se reserva el derecho de usar cualquiera de esas Imágenes para propósitos promocionales y de publicidad, en cualquier forma, de la Sociedad Nacional T.T.T y sus organizaciones y entidades afiliadas. Ninguna entidad distinta de la Sociedad Nacional T.T.T. tendrá ningún derecho, título o interés en las Imágenes, excepto que éste sea expresamente concedido por la Sociedad Nacional T.T.T. También reconozco y estoy de acuerdo con que ningún campista, miembro del personal o visitante (incluyéndome a mí y a mi niño(a)) tendrá derecho a una compensación o remuneración de ningún tipo por el uso de cualquier Imagen.

Por favor escriba o llene a máquina:

Nombre del campista _____

Dirección _____

Ciudad _____ Estado _____ Código postal _____ Teléfono _____

Nombre del campamento al que asiste _____ Sede T.T.T. _____

Nombre del padre/encargado

Firma del padre/encargado

IDENTIFICACIÓN DE SEDE 2019 (Para ser llenado por la sede T.T.T.)

Es necesario que su Director del Campamento esté en el lugar, mientras su(s) campista(s) esté(n) en el campamento. Si esto no es posible, por favor proporcione (abajo) el nombre del miembro T.T.T. de su sede, quien va a estar en el lugar y será la persona de contacto.

Sesión _____ Campamento _____ Ciudad _____ Estado _____

Nombre del campista _____

Director de campamento _____ Persona de contacto _____

Dirección _____ Dirección _____

Ciudad, Estado, Código Postal _____ Ciudad, Estado, Código Postal _____

Teléfono _____ Teléfono _____

Correo electrónico _____ Correo electrónico _____

SEDE/CIUDAD _____

**Por favor enviar por correo ésta página a su Director de Campamento
ANTES de la sesión de campamento. Válido Febrero-2019**

**DIRECTIONS FOR COMPLETING THE TWO FORMS NOW
REQUIRED FOR T.T.T. INSURANCE
THE REVISED T.T.T INSURANCE FORM
AND
THE NEW AUTHORIZATION FORM FOR USE AND DISCLOSURE
OF HEALTH INFORMATION**

The T.T.T. insurance form has been updated. The new form is now 2 pages, but is much easier to read and fill out. If possible please run the form on the front and back of one page.

Directions for filling out insurance form:

PAGE 1, SECTION I

- Completely fill in the information for your chapter and chapter contact.
- Complete lines 3 -6 (camper information)
- The rest of SECTION I is not filled out unless a camper becomes ill or is involved in an accident at camp, and a claim is filed with Nationwide Insurance.

PAGE 2, SECTION II

- Fill in Lines 15, 16, and 17 – camper information
- Lines 18 and 19 are already filled in with **NA**
- Fill in lines 20 – 23 List insurances under which the camper may be covered. There are spaces for 3 insurances
- Parent/Guardian signs , dates, and lists their telephone number

PAGE 2, SECTION III

- Parent/Guardian signs and dates

AUTHORIZATION FORM FOR USE AND DISCLOSURE OF HEALTH INFORMATION

This is a new form. It is in accordance with the law for Nationwide Insurance to maintain privacy of health information.

This form must be completed by the parent/guardian who signs the T.T.T. insurance form in order for anyone, even another parent of the camper, to discuss a claim with Nationwide Insurance.

Directions for filling out Authorization and Disclosure Form:

- Name of the parent/guardian who signed the T.T.T. insurance form.
- 2. – Fill in any other persons the parent wishes to be able to discuss a claim for a camper

Spouse – spouse of parent/guardian or parent of camper
name
address

Family member – step-parent, grandparent, etc.
name
relationship to camper
address

Friends or others -
name
relationship to camper
address

- 5. – Parent/guardian and the relationship to the camper
Example: mother of –name of camper
- 8. Leave Eligible Person Signature blank

Personal Representative Name – printed name of parent/guardian

Personal Representative Signature - signature of parent/guardian

[Type text]

NATIONWIDE LIFE INSURANCE COMPANY
NATIONAL CASUALTY COMPANY
CLAIM FORM (please print or type)
GROUP INSURANCE



Submit to: Nationwide Specialty Insurance, PO Box 420, Springfield, MA 01101

SECTION I: TO BE COMPLETED IN FULL BY THE PLAN SPONSOR ORGANIZATION. Plan Sponsor Signature required
(You may submit proof of membership or Certificate of Coverage in place of Plan Sponsor signature)

1. Policy Number _____ 2. Name of Plan Sponsor Organization: NATIONAL T.T.T. SOCIETY

Chapter State/Letters/City _____

Chapter Contact _____

Phone _____ **Email** _____

3. **Name of Camper** _____ 4. Sex: FEMALE 5. **School Grade** _____

6. **Address of Camper** _____

COMPLETE IF ACCIDENT IS INVOLVED	<p>7. Date and Time of Accident: ____ / ____ / ____ Time ____ AM <input type="checkbox"/> PM</p> <p><input type="checkbox"/> DISMEMBERMENT/PLEGIA <input type="checkbox"/> FATALITY</p> <p>8. WHAT injuries were received? _____</p> <p>9. WHERE did the accident take place? _____</p> <p>10. HOW did the accident take place? <i>(be specific, explain exactly what happened)</i> _____</p> <p>11. Did the accident occur:</p> <p><input type="checkbox"/> While taking part in an activity sponsored and directly supervised by the plan sponsor. Describe type of activity involved _____</p> <p>Name of Supervisor _____ Title _____</p> <p>Phone (____) _____</p> <p><input type="checkbox"/> During direct travel to or from the meeting place to take part in a Patient activity.</p>
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COMPLETE IF SICKNESS IS INVOLVED	<p>12. Nature of sickness _____</p> <p>13. Date symptom first appeared ____ / ____ / ____</p> <p>14. Date of first expense resulting from the sickness ____ / ____ / ____</p>
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I certify that the above information is correct to the best of my knowledge and belief, that the person named in item 3 is insured by the policy, and that his or her insurance was in effect on the date the accident or sickness occurred. The signature can not be by the Patient, a Patient's spouse, son, daughter, father, mother, brother or sister, other relative or agent.

Signature of Plan Sponsor _____ Date ____ / ____ / ____

Title _____ Phone (____) _____

CONTINUED ON NEXT PAGE

[Type text]

SECTION II: TO BE COMPLETED BY THE PATIENT (PARENT OR GUARDIAN, IF MINOR)

15. Camper's Name _____ 16. Date of Birth _____ / _____ / _____

17. Social Security Number _____ / _____ / _____

18. Patient's Employer/Address _____ NA _____

19. Spouse's Employer/Address _____ NA _____

20. If a MINOR, Parent's Name/Address _____

21. Father's Employer (Name/Address) _____

22. Mother's Employer (Name/Address) _____

23. Is the camper covered by any of the above employer's health plan or by any other plan? Yes No.

If Yes, give the names and addresses of the insurance companies or plans, show the types of plans (group, HMO, individual, etc) and attach itemized copies of the expenses paid by them:

Basic Coverage with: _____ Type of Plan _____

Major Medical with: _____ Type of Plan _____

Other Coverage with: _____ Type of Plan _____

I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or insurance company, the Medical Information Bureau, Inc., consumer reporting agency or employer, having information available regarding either: (a) benefits for which either I, or the minor child for whom I am either parent or guardian, may be entitled to for this claim, or (b) the diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or the minor child for whom I am the parent or guardian; to give NATIONWIDE SPECIALTY INSURANCE CLAIMS, Columbus, Ohio, or it's legal representatives, any and all such information. I AGREE that a photographic copy of this Authorization will be valid as the original. This authorization will remain valid for the term of coverage of the policy.

Signature of Patient _____ Date _____ / _____ / _____
(Parent or Guardian, if minor)

Phone (_____) _____

SECTION III: ASSIGNMENT OF BENEFITS

I AUTHORIZE Nationwide Specialty Insurance Claims, Columbus, Ohio, to pay benefits in connection with this claim directly to the doctor, hospital, or other supplier.

Signature of Patient _____ Date _____ / _____ / _____
(Parent or Guardian, if minor)

[Type text]



NATIONWIDE MUTUAL INSURANCE COMPANY
NATIONWIDE LIFE INSURANCE COMPANY
NATIONAL CASUALTY COMPANY

AUTHORIZATION FORM FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Nationwide Life Insurance Company and Nationwide Mutual Insurance Company and National Casualty Company (collectively referred to as "Nationwide") are required by law to maintain the privacy of our members' health information. Unless you have signed a form authorizing the use or disclosure, we will not use or disclose your health information for any purpose other than Nationwide's role in treatment, payment or for health care operations. With your written approval, we may disclose your health information to others, including designated family, friends, or others who are involved in your health care or in payment for your health care. This form allows you to designate this/these person(s). A copy of this form is as valid as the original.

I understand that I am not required to sign this authorization form and that Nationwide will not condition coverage or the provision of payment to me on the signing of this authorization.

A SEPARATE FORM MUST BE COMPLETED FOR EACH ELIGIBLE PERSON. This form can be copied if more forms are needed.

I, _____, hereby authorize the use or disclosure of health information about me as described below. (Instructions for above: print eligible person's name if over age 17, or if age 17 or under, the eligible person's parent or personal representative.)

As parent or personal representative, I authorize the use or disclosure of health information about the eligible person who is age 17 and under, as described below.

- 1. Person(s) or group of persons authorized to disclose the information:
- Nationwide
2. Person(s) or group of persons authorized to receive and use the information from Nationwide.

Family and friends: check all that apply if you wish a family member or friend to be able to discuss your coverage and claims with Nationwide, and to receive health information which Nationwide maintains about you:

- Spouse (write in name and address):
Family member and relationship (write in name and address):
Friend(s) or Other(s) and relationship (write in name and address):

3. Description of the information that may be used or disclosed:
- All health information pertaining to me or my minor dependent(s) or the eligible person, if applicable, related to the diagnosis, treatment or prognosis with respect to any physical, accident, illness, medical or mental condition and any other policy related information.

4. I understand that if the person or entity that receives the information described herein is not a health care provider or health plan covered by federal privacy regulations, the information described here may be redisclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.

5. If the person completing this authorization is the personal representative of the eligible person or dependent, describe your authority to act on this person's behalf.

6. As described in the Notice of Privacy Practices I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Nationwide in reliance on this authorization by sending a written signed and dated revocation to Nationwide Specialty Insurance, P0 Box 420, Springfield, MA 01101. A copy of the Notice of Privacy Practices is also available upon request at this address.

7. I understand that either my personal representative or I may receive a copy of this authorization upon request and that I may inspect or copy the information to be used or disclosed.

8. This authorization will expire 36 months after the policy termination date.

Eligible Person Signature _____ Date: _____

Personal Representative Name, if applicable (as described above in #5) _____

Personal Representative Signature _____ Date: _____

[Type text]

Parent/Counselor Form

This form is to be completed by the parent or guardian and will not be shown to your camper, as this is strictly confidential.

Camper's Name _____

Camp Session _____ Session Dates _____

Who lives in the home? Father Mother Brothers Sisters Other _____

If parents are divorced, who has custody of the camper during the camp session? _____

Has your camper been away from home without parents for more than 4 days? Yes No

Your camper makes friends: Easily Fairly easily With difficulty

Personality: Shy Quiet Loner Leader Boastful Independent Aggressive

Sleep Habits: Light Heavy Sleepwalker Nightmares Bedwetting Falls from bed

What is your campers's swimming ability? _____

Are there any activities from which your camper should be exempt due to health reasons? _____

Please list some of your camper's interests and hobbies _____

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions/considerations while your camper is at camp:

Is there any additional information you would like us to know (please include special fears)?

Expectations and Permissions

Camper Behavior Contract

Because Camp Wyoming will be my home for a period of time this summer, I agree to make it a safe place for myself and others; therefore, I agree to conduct myself in the following manner:

- I will listen to others including staff and fellow campers.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will not engage in or threaten abuse of any kind.
- I will respect the environment, camp equipment, property, and other campers' belongings.

Discipline Policy: Camp operates on a three strike policy. A strike can be given by any staff member for any infraction of the above behavior contract. After a second strike is given, the Director will contact my parent(s)/guardian(s). Upon a third strike, I will be sent home and my parent(s)/guardian(s) will be required to pick me up that day. **Camp Wyoming has a zero tolerance policy on bullying and the possession or use of alcohol, tobacco, or illegal substances.** Breaking this policy will result in an immediate three strikes, and I will be sent home.

By signing below, I am indicating that I have reviewed this Camper Behavior Contract with my parent(s)/guardian(s) and agree to abide by the rules. I understand that in the event I am sent home, no refund will be given. Following these rules will help camp be a safer environment for everyone.

Camper Dress Code

In order to create an appropriate atmosphere whereby all campers can grow and learn, I agree to abide by the following dress considerations:

- I will wear clothing that completely covers my undergarments and does not expose my chest or stomach.
- I will not wear sleeveless t-shirts with the sleeves cut below my armpit.
- I will wear a modest one piece swimming suit or tankini
(Camp Wyoming discourages the wearing of leggings, spandex, or yoga pants)

By signing below, I agree to abide by the above considerations for my attire.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

[Type text]

Health Form

In the event of an injury or emergency, this information will be provided to medical personnel.

Name _____ Age _____ DOB _____ Gender _____

Address _____

Parent/Guardian _____ Home Phone _____ Cell _____ Work _____

2nd Parent/Guardian _____ Cell _____ Work _____
(if applicable)

Emergency Contacts

1. Name _____ Relationship _____ Home Phone _____ Cell _____

2. Name _____ Relationship _____ Home Phone _____ Cell _____

Insurance Information

Carrier or Plan Name _____ Group _____

Name of Insured _____ Relationship to Participant _____

SS# of Policy Holder or Insurance ID# _____ DOB of Policy Holder _____

Health History

Does this camper have a history of asthma? Yes No

If yes, list any regular or as-needed medications used to treat _____

**you are required to bring all asthma meds to camp*

Does this camper have an epi-pen or epi-pen jr. for emergency allergy reactions? Yes No

If yes, what allergy may require the use of epi-pen or epi-pen jr? _____

**you are required to bring all epi pens to camp*

List any dietary restrictions/allergies and describe their severity and treatment _____

List all other allergies (environmental, seasonal, etc.) and their reactions/treatment _____

Primary Doctor _____ Clinic Name _____ Phone _____

Current medications to be taken at camp _____

Are all immunizations required for school up-to-date? Yes No

Date (month/year) of last Tetanus (must have current Tetanus prior to camp) _____

Past & Current Medical History (Include all procedures & ongoing medical conditions) _____

I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. I further give permission to the medical personnel selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above. In the case of a severe allergic reaction, I give permission for the camp nurse or health officer to administer emergency epinephrine on-site.

Parent Signature _____ Date: _____

If I have any physical or health conditions that may restrict my participation in camp activities, I agree to abide by those restrictions.

Camper Signature _____ Date: _____

[Type text]

Non-Prescription Medication Consent

Camper Name _____

Please list any medication allergies and reactions/how to treat _____

Camper's Current Weight _____

The following non-prescription medications are available at the Camp Wyoming Health Center. Please read over the list and initial those medications that you give the nurse or health officer authorization to give your camper. The medications will be administered as needed **only** if initialed by the camper's parent/guardian. Medication will be administered using the recommended dose based on the camper's age and weight.

Initials

Medication

- | | |
|-------|---|
| _____ | Acetaminophen (Tylenol) |
| _____ | Ibuprofen (Motrin) |
| _____ | Cough Drops |
| _____ | Sudafed (Sinus & Nasal De-Congestant) |
| _____ | General Cold Reliever |
| _____ | Antihistamine (Benadryl/Diphenhydramine) |
| _____ | Antacid (Tums) |
| _____ | Pepto Bismol |
| _____ | Milk of Magnesia |
| _____ | Artificial Tears |
| _____ | Hydrocortisone Cream |
| _____ | Triple Antibiotic Ointment |
| _____ | Aloe Vera (sunburn) |
| _____ | Calamine Lotion (bug bites) |
| _____ | Antiseptic spray (Bactine) |
| _____ | Wound wash (hydrogen peroxide/alcohol wash/ non-alcohol wash) |

REQUIRED CONSENT: I authorize the camp nurse or health officer to administer the non-prescription medications that I initialed above in brand name or generic form if necessary for my camper's comfort.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

Cabin Photos – OPTIONAL FOR CHAPTER HISTORIAN BOOKS

A 4x6 group photo will be taken of each cabin. Each camper will receive a complimentary cabin photo on her last day of camp to take home.

If your **chapter** would like **ADDITIONAL** copies of your camper(s) cabin photos for your chapter historian book, please **fill out the form below** and send it to the South Central Co-Chair listed on the Registration Form along with all of the other camper paperwork. (Do not include this form if you are NOT ordering a copy of the photo.)

Remember that your camper(s) will most likely not be sharing a cabin together, so plan on submitting \$5.00 for each cabin photo payable to "National TTT Society" for each camper you have.

Chapters can expect to receive their pictures by July 1.

Cut and SEND IN PACKET!!!

Cabin Photos – OPTIONAL FOR CHAPTER HISTORIAN BOOKS

Chapter _____

Camp Chairperson _____

Mailing Address _____

City, State, Zip _____

Telephone # _____ e-mail _____

Names of Camp Girls _____

Number of campers _____ @ \$5.00 = Total enclosed _____

Check # _____ Chapter check or Personal check (circle one)

[Type text]

[Copy 1 to be returned to Area Chairman]

2019 Camp Wyoming – Registration

Session #1: June 2 - 7

Chapter _____ (letter & city) _____

Camper _____ Birthday _____

Parent/Guardian _____

Home Address _____

T.T.T. Emergency Contact Person:

Mary Jo Messerli, Cell # 319-350-5688

Sarah Nemmers, Cell # 319-480-2277

T.T.T. Chapter Sunday Contact Person ****Must have a cell phone****

Name _____ Phone#: _____ Cell#: _____

Name _____ Phone#: _____ Cell#: _____

T.T.T. Chapter Friday Contact Person ****Must have a cell phone****

Name _____ Phone#: _____ Cell#: _____

Name _____ Phone#: _____ Cell#: _____

RETURN BY MAY 8, 2019

Mary Jo Messerli

700 Kaitlynn Ave

Anamosa, IA 52205

scareatttcampchairs@gmail.com

2019 CAMP SESSIONS

Session #1 June 2nd – 7th

Chapter	Town	# of Girls
AB	Mediapolis	2
AN	Agency	2
AV	Keota	2
BD	Burlington	2
CK	Donnellson	6
CW	West Branch	1
DM	Vinton	3
DU	Davenport	4
EA	Chariton	2
EG	Keokuk	5
EY	Brooklyn	2
F	Packwood	2
FG	Iowa City	3
FT	Chariton	2
G	Wapello	4
I	Eldon	2
J	Wayland	2
L	Crawfordsville	3
Q	Bloomfield	3
R	Columbus Ju	3
U	MT. Union	5
W	Batavia	2

62

Session #2 June 9th - 14th

Chapter	Town	# of Girls
A	Mt. Pleasant	4
AD	Wellman	3
AF	Davenport	8
AR	Lone Tree	2
BJ	West Liberty	2
BX	Dubuque	4
BZ	Ottumwa	2
CJ	Cedar Rapids	3
DD	Mt. Pleasant	4
DI	Dubuque	8
DL	Washington	4
E	Fairfield	2
EQ	Cedar Rapids	2
EW	Mt. Vernon	4
EX	Dewitt	2
FM	Anamosa	4
FX	Marion	4
FZ	Osceola	2
GB	Muscatine	2
GD	Dubuque	4
GE	Cedar Rapids	4
GH	Muscatine	4
GK	Douds	2
GO	Muscatine	4
GR	Monticello	4
GV	Muscatine	2
GX	Dubuque	3
M	Muscatine	4
T	Letts	3

100

[Type text]

SESSION 1 ROUTE 1

PICK UP SCHEDULE JUNE 2, 2019 Hawkeye Stages

PICK UP OTTUMWA @11:30 AM MARKET ST. LOT – CORNER OF MARKET & RIVER DR.

AN	AGENCY	2
I	ELDON	2
Q	BLOOMFIELD	3
W	BATAVIA	2

PICK UP OSKALOOSA @12:15 PM PENN CENTRAL MALL – BIG MALL SIGN 200 HIGH AVE. (HWY 92)

EA	CHARITON	2
FT	CHARITON	2

PICK UP BROOKLYN @1:00 PM – TRAVELAMERICA EXIT 197 I-80

EY	BROOKLYN	2
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PICK UP IOWA CITY @ 1:45 PM EXIT 91 CONOCO STATION HWY 218 & HWY 1

FG	IOWA CITY	3
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ARRIVE CAMP WYOMING @3:00 PM

DROP OFF SCHEDULE JUNE 7, 2019 HAWKEYE STAGES

DROP OFF IOWA CITY @ 4:20 PM EXIT 91 CONOCO STATION HWY 218 & HWY 1

FG	IOWA CITY	3
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DROP OFF BROOKLYN 5:10 PM TRAVELAMERICA EXIT 197 ON I-80

CHAPTER	TOWN	# GIRLS
EY	BROOKLYN	2

DROP OFF OSKALOOSA @5:50 PM PENN CENTRAL MALL – BIG MALL SIGN 200 HIGH AVE. (HWY 92)

EA	CHARITON	2
FT	CHARITON	2

DROP OFF OTTUMWA @6:35 PM MARKET ST. LOT – CORNER OF MARKET & RIVER DR.

AN	AGENCY	2
I	ELDON	2
Q	BLOOMFIELD	3
W	BATAVIA	2

[Type text]

SESSION 1 ROUTE 2

PICK UP SCHEDULE JUNE 2, 2019 BURLINGTON TRAILWAYS

PICK UP BURLINGTON @12:15 AM BIG LOTS 3220 AGENCY ST. BURLINGTON, IA

BD	BURLINGTON	2
EG	KEOKUK	5
CK	DONNELSON	6

PICK UP MEDIAPOLIS@12:45 PM D&S FOODS 111 WAPELLO ST. (HWY 61) MEDIAPOLIS

G	WAPELLO	4
AP	MEDIAPOLIS	2

PICK UP MT. PLEASANT @1:15 PM WALMART 700 E. GRAND AVE. (OLD HWY 218)

L	CRAWFORDSVILLE	3
U	MT. UNION	5

PICK UP AINSWORTH @1:45 PM –AINSWORTH FOUR CORNERS RESTAURANT, 2113 HWY 92

AV	KEOTA	2
F	PACKWOOD	2
J	WAYLAND	2
R	COLUMBUS JUNCTION	3

ARRIVE CAMP WYOMING @3:15 PM

DROP OFF SCHEDULE JUNE 7, 2019 BURLINGTON TRAILWAYS

DROP OFF AINSWORTH @4:30 PM –AINSWORTH FOUR CORNERS RESTAURANT, 2113 HWY 92

AV	KEOTA	2
F	PACKWOOD	2
J	WAYLAND	2

DROP OFF MT. PLEASANT @5:00 PM WALMART 700 E. GRAND AVE. (OLD HWY 218)

L	CRAWFORDSVILLE	3
U	MT. UNION	5

DROP OFF MEDIAPOLIS@5:30 PM D&S FOODS 111 WAPELLO ST. (HWY 61) MEDIAPOLIS

G	WAPELLO	4
AP	MEDIAPOLIS	2

DROP OFF BURLINGTON @6:00 PM BIG LOTS 3220 AGENCY BURLINGTON, IA

BD	BURLINGTON	2
EG	KEOKUK	5
CK	DONNELSON	6

[Type text]

**THIS FORM IS MANDATORY
BRING THIS FORM WITH YOU
(TO THE BUS OR TO THE CAMP)**

Examination and treatment for head lice is necessary for the health of other campers and Camp Wyoming staff. The presence of head lice does not exclude any girl from the Camp Wyoming T.T.T. program. **Your camper MUST be examined by a QUALIFIED person no more than 4 days before camp session begins.** If your camper is found to have head lice and needs to be treated – YOUR CHAPTER – will be responsible to pay for the hair washing kit.

CAMPER _____ from CHAPTER _____ was examined

By _____

In examining her scalp, I found:

A. NITS

I treated this camper for head lice _____
(sign and date)

B. OTHER (specify) _____

C. NOTHING

I grant permission for my child to be treated (ONLY if needed), for head lice. I will be notified if my child has been treated during her camping session.

Parent/Guardian Signature & Date

[Type text]

Camp Wyoming Suggested Clothing List for

Clothing:

- 2 white t-shirts for crafts and new activity “Paint Battles” (pre-washed but no fabric softener)
- 1 old outfit for creek stomping, shoes included (will get very muddy)
- 1 pair of jeans or slacks (grubbies)
- 1 pair of sweat pants
- 4 pairs of shorts
- 1 shirt/top (long-sleeved)
- 5 t-shirts/tops (not crop tops)
- 1 hooded sweatshirt or jacket (long-sleeved)
- 1 hooded poncho or waterproof jacket
- 1 swimsuit (one piece) (swim cap optional)
- 1 beach towel
- 2 t-shirts for sleeping or pajamas (for warm or cold weather)
- 6 changes of underwear – bras optional depending on your camper
- 6 pairs of socks (some longer length for hikes)
- 1 hat or cap
- 1 pair of rubber flip-flops to wear to the shower
- 2 pairs of canvas tennis shoes (must be in good condition for walking)*CHECK SHOELACES*

Toiletries:

- 1 dirty bag/backpack to carry toiletries/hygiene products (can be hung up in the shower room)
- Soap and soap dish
- Toothbrush &, toothpaste
- Shampoo
- Comb and/or brush
- Deodorant
- Small mirror

Other Items:

- Stationary and pen
- Pre-stamped envelopes or postcards and list of addresses to write family members
- 1 autograph book with camper’s name in it
- Disposable camera with flash (optional)
- Sunscreen
- Insect repellent
- Water Bottle
- 1 stuffed animal (not too large)—packed in suitcase

Camp

Items:

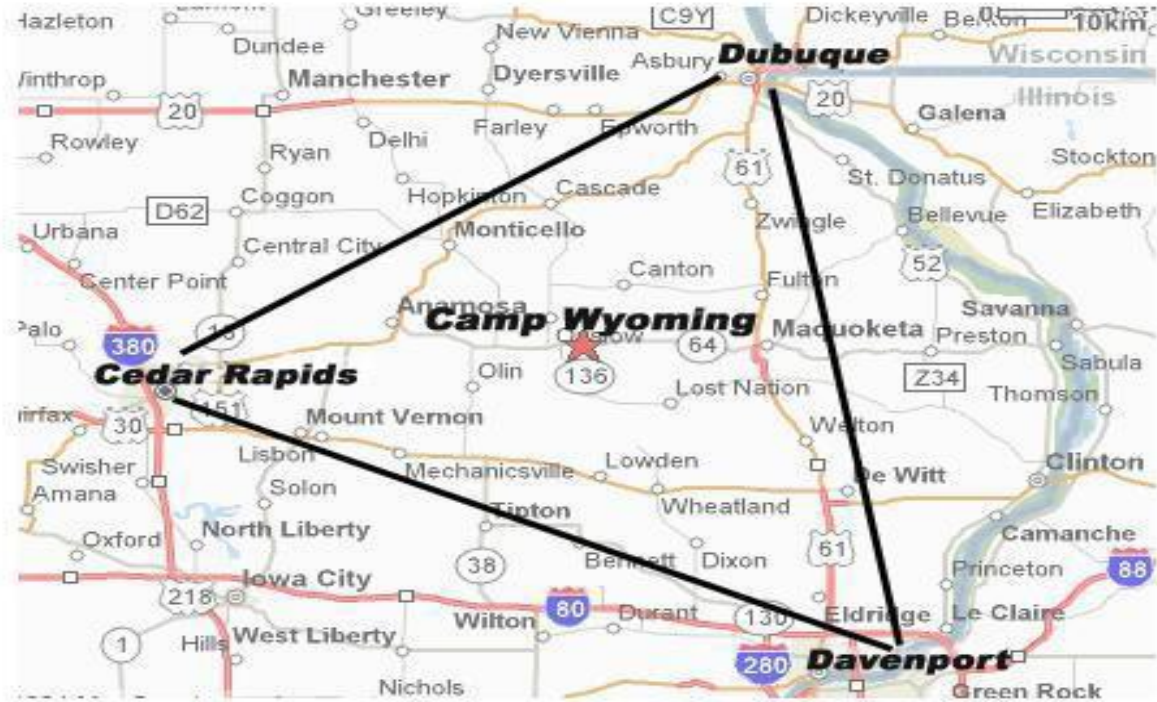
- 1 lightweight suitcase or duffel bag – wheeled bags work great for the campers to pull
- 2 extra-large plastic garbage bags (one for wet, dirty clothes and one for dry, dirty clothes)
- 4 bath towels
- 4 washcloths
- 1 washable sleeping bag
- 1 single, non-fitted bed sheet
- 1 pillow and pillow case (pack in sleeping bag along with towels if it all fits)
- 1 mesh or cloth laundry bag
- 1 regular-size flashlight with extra batteries (Size D works well)

Mark all things with Camper’s name and Chapter letters and remind the girls of their Chapter letters. They should recognize their suitcase and sleeping bag and be able to manage them. Possibly tag them in a special way that they will see because they are all unloaded into a huge pile if they ride a bus.

REMEMBER!!!—Think rugged clothes, sturdy shoes, and dark colors—as she is going camping. Please mark camper’s name on ALL CLOTHES. It would be VERY HELPFUL to place one outfit including underwear in a baggie marked with your camper’s name. Put this on the very top of the packed suitcase for easy removal in case the camper needs a quick change of clothes upon arrival at camp.

[Type text]

CAMP WYOMING
9106 42nd Avenue
Wyoming, IA 52362



Camp Wyoming is located 2.5 miles east of Wyoming on Highway 64.

Arriving from the West: Camp Wyoming is located 20 miles east of Anamosa on Highway 64. At the "T" intersection at the eastern most edge of Wyoming, turn left staying on Highway 64. Drive 2.5 miles outside of town and turn right onto 42nd Avenue. This is a gravel road and will lead you straight into camp.

Arriving from the East: Camp Wyoming is located 18 miles west of Maquoketa on Highway 64. Turn left onto 42nd Avenue. This is a gravel road and will lead you straight into camp



T.T.T. Camp FAQ: Camp Wyoming

What is T.T.T.?

The National T.T.T. (pronounced Tri-T) Society is a non-profit, philanthropic organization of women who donate their time, talent and treasures to send girls to camp. Founded on June 30, 1911 at Mt. Pleasant Iowa, the Society has approximately 3,600 members throughout the United States.

How did you select my daughter?

Names are generally provided to us from school counselors, school nurses and teachers.

How much does it cost?

There is no cost to you. The National T.T.T. Project Board pays for the camp costs and the local T.T.T. chapter arranges for transportation and supplies.

What do we have to do?

First, talk to your daughter about a camping experience. For some girls, this may be the first time away from home. If you agree to allow your daughter to attend camp, you will meet with the T.T.T. Camp Chairperson to fill out paperwork and review the clothing list. While your daughter is at camp you are encouraged to write to her.

Where is Camp & what is it like?

Camp Wyoming is located in the Mississippi River valley of East Central Iowa. Camp Wyoming owns 380 acres within a larger hardwood forest area. Bear Creek wanders on and around the site and the Frog Pond is a watering hole for deer, turkeys and other wildlife. The Camp uses the pond as its place to kayak. The Swinging Bridge, steep bluffs, and caves add excitement to the Camp. The facilities include cabins, lodges, covered wagons, tree houses, platform tents, campground and a large central dining hall where meals are served family style. Camp Wyoming also has lots of hiking trails and a swimming pool. Camp is located just four miles outside of Wyoming, Iowa and 16 miles from Maquoketa, Iowa. The address for Camp Wyoming is 9106 42nd Ave, Wyoming IA 52362.

How does she get there and back?

Transportation is arranged by the local T.T.T. Chapter. Some Chapters have members drive the girls to camp and some chapters pay to have their campers ride a chartered bus to camp.

How long is camp? When is it?

Camp runs from Sunday through Friday. Specific dates may not yet be set but sessions run the first two weeks in June.

[Type text]

Who runs this camp?

All Camps used by the National T.T.T. Society are American Camp Association (ACA) accredited. Camp Wyoming is a Presbyterian Camp. During the two weeks that T.T.T. sends girls to camp (approximately 200 each year), the camp will emphasize character values in a non-denominational manner.

How does the Camp screen its staff?

Camp Wyoming receives three references and performs a criminal background check on each summer staff member and volunteer who supports their program. They also interview each candidate. About 2/3rds of their staff are former Camp Wyoming campers.

What activities will she be doing at Camp?

While at camp, the girls take part in music, crafts and games, as well as kayaking, low ropes challenge course, nature hikes, creek stomping, swimming and evening programs.

What if it rains at Camp?

Regarding activities, most would continue but be based inside and other “rainy day” activities would be substituted (i.e. beauty spa, crazy concoctions, etc). The girls can still swim as long as there is no lightning. If there was a forecast for continual rain for a long period of time they could also hike but would need to wear ponchos.

Where is she going to sleep?

All girls sleep in cabins in single/bunk beds with a counselor present in each cabin.

What will she eat at Camp?

Meals are prepared and served in the central dining hall. Arrangements can be made for special dietary restrictions.

What if there is an emergency event at Camp?

Camp Wyoming has three large facilities that serve as shelters during inclement weather. The Camp office is equipped with a weather radio as well as an indoor weather system scanner to be aware of any weather alerts in the state. In addition, T.T.T. has an emergency procedure for contacting parents, camp chairpersons, the National Project Board chair and National T.T.T. president.

What if she is sick/homesick? Can we call her at Camp?

Homesickness is very common the first day or two of Camp for campers. Counselors are trained to handle campers who are experiencing these feelings. Overcoming homesickness builds perseverance and strength in your child. It is important to allow your child the opportunity to overcome their homesickness. Therefore, the Camp does not allow campers to receive phone calls during their time at Camp. If there is an emergency or question about your child, we ask that you contact your T.T.T. camp chairman. They will be able to speak with the Area Chairman who will contact the Camp to facilitate any questions and concerns.

Why should I send my daughter to Camp?

T.T.T. members have found that a week at summer camp can have a profound impact on a growing child. Girls make new friends, gain independence, build self-esteem and experience personal growth. The T.T.T. experience involves more than a week at camp. Members interact with the girls on other occasions as well. And happily, some campers grow up to be T.T.T. members themselves.

T.T.T. Chapter _____ of _____ looks forward to providing your daughter with a wonderful T.T.T. summer camp experience. Your TTT contact person is:

Name _____

Phone _____