

# YOUTH BRIDGE CAMP 2023

Sunday, July 30 to Friday, August 4, 2023

Thank you for your interest in Youth Bridge Camp 2023.

For the past 14 years 300+ rising 6<sup>th</sup>–10<sup>th</sup> graders (from 19 states) spent a week at a residential camp, learning about bridge, themselves, and the world around them. Moms and dads have commented that having the kids in an intense bridge-learning environment for a whole week with other kids their own age, balanced with lots of fun activities, was a maturing experience they all wished they had as kids.

We are focused on youth who are interested in learning how to play bridge or interested in improving their existing game. We offer multi-level, play-as-you-learn instruction as well as daily ACBL sanctioned (duplicate and Swiss Team) tournaments with the opportunity to earn silver masterpoints. Our instructors have many years of teaching experience and are accomplished duplicate bridge players.

Please note, for campers to receive credit for silver masterpoints earned, they must be ACBL members. Go to [acbl.org/juniors](http://acbl.org/juniors) to learn more about membership in the ACBL organization.

Youth Bridge Camp is held at Lake Williamson, a retreat center that features air-conditioned accommodations in motel and dorm style lodging, with cafeteria style buffet meals.

(Note: Though held at a Christian Retreat Center, our camp does not have a religious component)

Balancing the learning sessions, we also have indoor/outdoor recreation that includes gym sports, ping pong, archery, billiards, 9-square, black-light dodgeball, miniature golf and more. Campers will also enjoy access to pool and lake activities where they can ride the plunge slide down twists and turns, get launched off the famous water blob, climb the iceberg, jump on the water trampoline, relax on the sand, go canoeing or ride on a paddleboat. Lifeguards are on duty always. A sample schedule is included in this application.

**Camper fee is \$450, and we have a limit of 40 campers. The postmark date of your completed application packet will determine your camper's place on the list.**

Scholarship money is available. If you wish to request financial aid, please indicate yes on the application. Camper must submit a one-page letter with the title "Why I Want to Go to Youth Bridge Camp?" Include letter with the application.

Other optional expenses might include the linen bundle – sheets, blanket, pillow, towel, and washcloth. Details will be available in the camper information packet received after registration. This bundle costs \$15.

We will follow the Covid-19 protocols for ACBL tournaments and reigning governmental regulations at the time of the camp.

**Camper registration deadline and final payment due date is July 2 or when we reach maximum capacity.**

Additional information about the camp can be found at [bridgeisfun.org](http://bridgeisfun.org).

Pam Ames

Youth Bridge Camp Registrar

Email: [registrar@bridgeisfun.org](mailto:registrar@bridgeisfun.org)

<http://bridgeisfun.org/>

# YOUTH BRIDGE CAMP APPLICATION

1. Complete the application/health form and ACBL Consent/Release form.
2. Include \$50 non-refundable deposit, made payable to YBEO.

Mail to:  
YBEO, c/o Pam Ames  
137 Summit Rdg  
Maryville, IL 62062

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Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
(At time of camp)

Home Address \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City) (State) (Zip Code)

Circle Camper T-Shirt Size:    Small        Med        Large        XL        XXL    *(All Adult sizes)*

Linen Bundle \$15 \_\_\_\_\_ Yes or No (Can be ordered as late as July 14, if you don't know now)

Financial aid requested? \_\_\_\_\_ (X if applying)

Grade completed as of June 2023 \_\_\_\_\_

Is the camper currently a member of the American Contract Bridge League (ACBL)? \_\_\_\_\_ Yes / No

If so, please fill in their ACBL number \_\_\_\_\_.

*If camper does not have a number, please visit [acbl.org/juniors](http://acbl.org/juniors) to learn more about membership in the ACBL organization.*

Please tell us how you heard about Youth Bridge Camp \_\_\_\_\_

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**FOR THE CAMPER:** If you have any bridge experience, what aspect of your game would you like to improve?

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# YOUTH BRIDGE CAMP APPLICATION - continued

## CONTACT INFORMATION

Primary Contact:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home/Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home/Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

In the unlikely event that we cannot reach a parent or guardian, we ask that you provide an additional emergency contact with whom we might consult.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

## Youth Bridge Camp Basic Rules and Expectations

Every camper and staff member agree to follow all rules and expectations set forth by the Youth Bridge Education Organization (YBEO) and Lake Williamson, 17280 Lakeside Dr., Carlinville, IL 62626. These expectations include any Covid-19 precautions in place at the time. Those details will also be in the camper information packet sent to you after registration and shortly before camp starts.

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

- possession of illegal drugs
- possession of alcohol or tobacco
- possession of weapons
- smoking
- leaving the Lake Williamson premises
- racial taunts
- theft
- physical aggression
- destruction of property

**A VIOLATION OF ANY OF THE ABOVE WILL RESULT IN DISMISSAL FROM CAMP. Repeated non-compliance or harassment will also result in dismissal from camp.**

Camp is a place to learn Bridge and participate in recreational activities. To achieve this goal, we will be technology free for the week!!

**Camper's will NOT be allowed to have cell phones, tablets, IPADS, IPODS, laser pointers or electronic handheld games/devices of any kind at camp.** Failure to comply with this rule will result in disciplinary action.

Any electronic devices brought to camp must be turned into the Camp Coordinator or taken home by your parent. If left with Coordinator, items will be returned at end of camp. At registration, the Coordinator's cell phone number will be given to the Camper's primary contact.

**Your signature on the camper application page means that you have read, understand, and will comply with all rules, and participate to the best of your ability in all bridge camp activities.**

I, \_\_\_\_\_, agree to follow all rules & expectations. *(Camper's full signature)*

I, \_\_\_\_\_, have witnessed my child's signature and fully expect my child to comply with all rules & expectations. *(Parent or Legal guardian full signature)*

Please indicate (by your initials) the mode of transportation

1. \_\_\_\_ I will be escorting and picking up my child

2. \_\_\_\_ Another adult will be escorting and picking up my child Name/Relation/Cell Phone

\_\_\_\_\_

3. \_\_\_\_ My child will be flying into Lambert St. Louis Airport.

(An Air Transportation form must be downloaded from the web [www.bridgeisfun.org](http://www.bridgeisfun.org) and completed)

# Consent to Treat/Consent to Administer Medication

I, \_\_\_\_\_ represent that the information included here is correct. My child has permission to take part in all camp activities under supervision unless limitations are noted here, 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. 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; (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 below. 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.

I understand that Youth Bridge Camp (YBC) does not staff medical professionals. I further authorize YBC to dispense non-prescription analgesics for minor medical problems such as headaches, sunburn, insect bites, etc.

Stocked medications may include but are not limited to:

Acetaminophen (e.g. Tylenol), ibuprofen, antacids (e.g. Tums, Pepto, Alka-Seltzer), oral allergy medication (e.g. Benadryl, Sudafed), topical ointment (e.g. Benadryl cream, hydrocortisone), throat lozenges, antibiotic cream, anti-diarrheal meds, cold medication (e.g. Nyquil/Dayquil)

This authorization is effective from July 30-August 4, 2023.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian printed name: \_\_\_\_\_

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper's Physician \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Camper's Dentist \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

## Family Medical Insurance

Parents/guardians are financially responsible for healthcare costs. All campers must have health insurance during their stay.

Insurance Carrier or Plan Name \_\_\_\_\_ Carrier Phone (\_\_\_\_) \_\_\_\_\_

Company/Guarantor \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

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 child.

# HEALTH HISTORY FORM

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_(Yes / No) Does this child have any food allergies? If YES, please list and describe the type

severity of allergic reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_(Yes / No) Does this child have any medicine allergies or medicines your child may not take?

If YES, please list and describe the type and severity reaction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_(Yes / No) Does this child carry rescue medication? If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_(Yes / No) Does this child have any other **significant** allergies? If YES, please list and describe the type and severity of allergic reactions?

\_\_\_\_\_

\_\_\_\_\_(Yes / No) Does this child have dietary restrictions (due to medical condition) If YES, please list:

\_\_\_\_\_

\_\_\_\_\_(Yes / No) Has this child had surgery in the past 12 months? If YES, explain: \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_

Describe any medical, psychological, emotional, or behavioral conditions the camp staff needs to know about 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. (i.e., asthma, seizures, bedwetting, menstrual issues, ADD/ADHD, autism, diabetes, migraines, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

# HEALTH HISTORY FORM (continued)

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please list any activities in which the camper should NOT participate for health reasons.

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## Medication Policies

- Emergency medications, such as inhalers or EpiPen's, may be kept in the camper's possession. Other medications will be turned into the camp staff upon arrival.
- All medications (prescription and non-prescription) to be administered at camp must arrive WITH their prescription and/or identifying bottles. ALL medications must be placed in weekly pill organizers.
- Bring enough of each medication to last throughout camp.
- It is the responsibility of the camper to come to the designated camp staff to obtain his/her medications as prescribed.

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

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For Female Campers: Has this person menstruated? Yes / No If not, has she been told about it? Yes / No

Has the camper had the following immunizations/vaccines:

Yes / No Varicella (chickenpox)

Yes / No MMR (Measles, Mumps, Rubella)

Yes / No Meningococcal (meningitis)

Yes / No Diphtheria, Tetanus, Pertussis

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- Any illness that persists longer than 24 hours, including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, or 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.

## 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 changes 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: \_\_\_\_\_

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(Signature of Parent or Legal Guardian)

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(Print Name of Parent or Legal Guardian)

Home Address \_\_\_\_\_ (Street)

\_\_\_\_\_ (City) (State) (Zip Code)

Print Name of Minor Child \_\_\_\_\_



# Youth Bridge Camp 2023

## Tentative Schedule

### Sunday, July 30

4:00 – 5:00	Camper arrival – Room assignment and unpack
5:15	Supper
6:30-9:30	Orientation & Assessment/ Bridge Lesson
10:30	Lights Out

### Monday through Thursday (July 31-Aug 3) will follow the same schedule.

7:00	Early morning walk– for the early risers
8:15	Breakfast
9:00 – 10:10	Bridge Lesson
10:10 – 10:20	Break
10:20 – 11:20	Bridge Lesson
11:20 -12:20	Recreational Activities
12:30	Lunch
1:15 – 2:20	Bridge Lesson
2:20 – 2:30	Break
2:30 – 3:30	Bridge Lesson
3:30 -5:45	Recreational Activities
5:45	Get ready for Dinner
6:15	Dinner
7:00 – 9:00	Bridge Tournament (Lesson on Monday for Beginners)
9:00	Special Activity
10:30	Lights Out

### **Friday, August 4**

7:00	Early morning walk– for the early risers
8:15	Breakfast
9:00 – 10:30	Bridge Tournament (continuation from previous evening tournament)
10:30 -11:30	Awards/Closing
11:30-noon	Camper Pick-Up