Health Form YMCA CAMPING SERVICES



Participant Information

				/_	/		□ M □ F
First Name	Last Name			Birthdate			
Home Address							
Tity		State	Zip		Home Phone		
Parent/Guardian 1 Name		Home Phone		Work Phone	Ce	ll Phone	
Parent/Guardian 2 Name		Home Phone		Work Phone	Cel	ll Phone	
and staff to inform have a physical co	vide a complete camping m us of any disabilities, in ompleted within 12 mont re that potential accomm	mpairments or rest hs of attending can	rictions. 1p. We us	We recomme	end that all	camper	s and staff
Please note any ir	npairments, disabilities o	r restrictions:					
Please indicate an	y history of the following	g injuries or illnesse	25:				
🗌 Chicken Pox	🗌 Bee Sting Allergy	🗌 Ankle Injury	🗌 Fre	quent Ear Ir	nfections)iabetes
🗌 Knee Injury	🗌 Asthma	🗌 Back Injury	🗌 Hea	art Problem	(s)		onvulsions
🗌 Other (please d	describe)						
Any allergies or di	rug sensitivities? 🗌 Yes	🗌 No If yes, pleas	e describ	e:			
	significant medical or su				r doctor visi	its for a	n illness in
ls there any other	health related informati	on or further sugge	stions fo	r camp pers	sonnel:		
Vegetarian? 🗌 Ye	es 🗌 No Any other diet	ary concerns?					
Does your camper	r take Medicine? 🗌 Yes*	□ No					
If yes, Name of M	edication:						
* If yes please also comp	lete the Request for Dispensing Me	edication Form					
Important—this	box must be complete	d for attendance					

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care as per the camp physician's standing orders for my child at YMCA Camp Ohiyesa and YMCA Camp Nissokone.

Signature of parent/guardian or adult camper/staff

I. Camper Confidential Information

Does camper need "Toilet	– Night Call?" 🗌 YES 🗌 N	10 Is child a "Bed wetter?" 🗌 YE	S 🗌 NO		
Does camper have other nighttime problems, such as sleepwalking, nightmares, etc.? 🗌 YES 🛛 🗌 NO					
f yes, please explain:					
Has camper ever had prof	essional counseling? 🗌 YES	□ NO If YES, explain:			
Describe any Therapist re	commendations that might h	elp camper adjust to camp:			
ls your camper in his/her	appropriate grade based on	age? 🗌 YES 🔄 NO			
Who encouraged your car	nper to attend camp?				
Has your camper been se	parated from parents? 🗌 YE	S 🗌 NO Longest period?			
Has child been to summer	camp? Camp Name:	🗌 Day	🗌 Resident (overnight)		
# of years child has previo	ously attended camp:	Problems with homesi	ckness? 🗌 YES 🗌 NO		
Does your camper have a	ny fears?				
II. Statement of Camper	⁻ Immunizations				
-		ling your campers immunization	history:		
	-	attest that all immunizations for	•		
OR					
Custodial Parent/Guardian	_ of c	choose not to immunize.			
Signature of parent/guardian		Date			
III. Tetanus Shot/Boost	er Information				
		Tetanus Shot/Booster is	<u> </u>		
Signature of parent/guardian		DatePrimary Docto	or & Insurance Information		
Primary Doctor & Insura	ance Information				
Name of Insurance	ID#	Employer Name			
Subscribers Name		Relationship to Child			
Name of Primary Doctor		Doctors Office Telephone			
Name of Dentist		Dentist Office Telephone			

Emergency Contact Information

Please provide information for 2 people other than yourself that can be called in case of a medical emergency for your camper and you cannot be reached.

Emergency Contact #1 Name	Telephone	Relationship
Emergency Contact #1 Name	Telephone	Relationship

Request for Dispensing Medication Form YMCA CAMPING SERVICES



This section to be completed by PARENT/GUARDIAN

Please use a separate form for each medication

Child's Name	Age	Camp Sessions/s
A.1.		
Address		

Address

Because the above named child requires medication during camp hours. I request that authorized YMCA personnel be permitted to give this medication as directed below. I will provide the medication in an original pharmaceutically filled container whose label will clearly indicate the physician's instructions for administration and physician's name.

	to be given		from	to	
Medication Name & Dosage		Time of Day	Date	Date	
Directions for administration:					
Possible side effects:					
Signature of Parent/Legal Guardian		Date		Telephone	
Signature of Physician (required if medication is	for more than 10 da	ays) Date		Telephone	

Information below to be completed by CAMP STAFF

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Time/Dosage							
Signature							
Time/Dosage							
Signature							
Time/Dosage							
Signature							
Time/Dosage							
Signature							

Risk Waiver Form YMCA CAMPING SERVICES



First Name	Las	st Name	
Home Address			
City	State	Zip	Home Phone

I understand that, as in all sports/activities there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/ we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, and any other entity that is the landlord, or sub landlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implied in any action) said YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I/we/am are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at YMCA Camp Ohiyesa and Camp Nissokone, such as:

- 1. Skateboarding, roller skating, in-line skating, mountain boards and/or similar activities
- 2. Horseback riding
- 3. Climbing on natural rocks and cliffs, the climbing tower, and/or the climbing center, and/or similar activities
- 4. Water sports, including: swimming, kayaking, canoeing, sailing, windsurfing, and rafting, water skiing, wakeboarding, tubing and/or similar activities
- 5. Paintball, field and target sports
- 6. Tubing (winter)
- 7. And/or similar activities

YMCA Camping Services and Camp Ohiyesa located at 7300 Hickory Ridge Road, Holly, Michigan ("Premises") or Camp Nissokone located at 6836 F-41, Oscoda, Michigan ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

Authorization For Audio/Visual Records

I understand that the YMCA may make audio/visual recordings of this camping event. I hereby authorize the YMCA to have and use photographs, slides, moving pictures, and audio/video tapes of my child (if under 18) and/or myself for purposes of YMCA records, public relations, and/or advertising.

Release of Liability

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Ohiyesa/YMCA Camp Nissokone that parent/legal guardian and/or participant assumes all risks during the program.

Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.

I hereby give my consent:

- 1. To participate in YMCA Camp Ohiyesa/YMCA Camp Nissokone programs.
- 2. To receive emergency medical care which may become reasonably necessary in the course of such activities or travel.

I further agree not to hold YMCA Camp Ohiyesa/YMCA Camp Nissokone or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Ohiyesa/YMCA Camp Nissokone programs activities or travel.

Signature of participant or parent/guardian (if participant is under 18)

I have read the aforementioned and will abide by the principles and regulations contained herein.

Signature	of	participant	

Date

Custody Form YMCA CAMPING SERVICES



Authorization for Custody (who can pick up my child)

As the Parent/Legal Guardian of ______, I hereby identify the following adult individual(s) into whose custody the camp may release my child: (Please print clearly)

Campers cannot be released unless the adult is on this list and has identification.

Parent Name	Parent Name
All others that may pick up my child:	
All persons will be required to show iden	ntification in order to take custody of child(ren).
Please list any individuals who are denie	ad sustady due to a sourt order.
Please list any mulviduals who are deme	u custody due to a court order:

Court documents must be sent to camp.

Signed

Witness

Date

Sunscreen Permission Form YMCA CAMPING SERVICES



YMCA Camp Participants spend a great deal of time outdoors and are thereby exposed to the sun's harmful rays.

Since it is our commitment to promote healthy living we have made the following policies in this regard:

- All campers will wear sunscreen with an SPF of at least 15 on all exposed skin including lips, daily, even on cloudy days.
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
- Parents or legal guardians will be responsible for providing their children with enough sunscreen (roll on is preferred) to take with them for later day applications. One container per child, please.
- Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other time as needed.
 Please note, this will mean your child will have the sunscreen applied for them by the day camp staff if your child is 3-6 years of age. Ages 7 & up are responsible for their own application with supervision.
- For campers who have fair skin, freckles, or numerous moles; have blond, red, or light brown hair; have blue, green or gray eyes; tend to burn easily and tan little or not at all; and have a family history of skin cancer, we recommend an extra t-shirt be brought to wear in the water for extra protection.

The YMCA reserves the right to disallow anyone to participate in the day camp program at any time for failure to comply with this policy. Please note that these decisions were made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

Camper Name: _

I verify that I have read, understood, and, for the protection and well being of my child, agree to comply with the YMCA Day Camp Sunscreen Policy. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in said program.

Signature of participant or parent/guardian (if participant is under 18)

Camper Behavior & Expectation Agreement YMCA CAMPING SERVICES



YMCA Camping Services adheres to the highest safety standards and regulations set by the American Camp Association, State of Michigan licensing and YMCA code of conduct policies. Camps Nissokone and Ohiyesa follows the mission of the YMCA, "To put Judea-Christian principles into practice through programs that build healthy spirit, mind, and body for all." As well as, apply the four core values of: Caring, Honesty, Respect, and Responsibility to all programs and activities presented to the campers and staff. Our goal at both camps is to provide positive growth for all campers while in a safe, healthy, nurturing environment. To create and maintain such an environment will require the participation of staff and campers alike.

Please read the following information carefully so you and your child can fully understand and agree to the expectations set forth by Camp Nissokone and Camp Ohiyesa.

Camper Behavior & Camp Culture

Camp often requires an adjustment period in which our cabin groups and larger camp community learn how to get along with others, learn what is acceptable (behavior, language, physical action and attitudes) and what is not, and to learn appropriate communication techniques. To facilitate this process, camp staff spend time having campers set "cabin rules" so they can discuss behaviors and attitudes that will create a successful week. These rules usually include things like: respecting private property, no bad language, don't gossip, no hitting, etc. Various age groups will define them differently but all will come under building an atmosphere promoting respect, responsibility, honesty and caring.

Corrective & Disciplinary Process

Most correction and disciplinary situations at camp are minor and can be resolved with minimal corrections. Camp staff use discipline as a learning opportunity for the camper and try to integrate problem-solving skills into the discussion. However, if the negative behavior continues the following steps may be instituted and are progressive depending on the camper response:

- 1. Discussion between camper and counselor to set verbal goals and objectives to correct the issue.
- 2. The Head Counselor will meet to clarify goals and objectives previously set.
- 3. If the conduct continues, documentation of the negative behavior will be recorded in the form of a written "Behavior Improvement Contract" specifically stating what actions will be taken and what the improvement needs to be. This is signed by the camper & staff. The Camp Director is notified.
- 4. If it still continues, the Camp Director will contact the parent/guardian to inform them of the situation and discuss possible options.
- If the problem has not been corrected or continuously repeats, the Camp Director will contact parent/guardian to make arrangements for the campers' discharge from camp. The Executive Director will be made aware of the situation.

Although very rare at YMCA Camp, there are certain Camp infractions that are more serious and may require immediate attention by a Director. These include but are not limited to: fighting, using racial slurs, defiance displayed toward authority, conduct or behavior that threatens any person. These infractions may result in expulsion from camp.

Extremely rare, but needing to be mentioned, the following infractions will result in immediate dismissal from Camp:

possession of any tobacco product, alcohol, illegal drugs, drug paraphernalia, over the counter drugs that are not listed on the medical form, weapons, sexually explicit material and/or behavior, any illegal conduct, bullying of others or any behaviors meant to replicate the effect of drugs. Camp Administrative staff retains the right to include other items that may not be listed above to assure that a safe camp atmosphere is maintained for all.

There will be NO REFUND OF ANY AMOUNT for campers who are sent home as a result of any of the above.

I agree to the above stated expectations and terms of dismissal and will work with my child to gain an understanding of creating a positive camp experience for all.

Signature of participant or parent/quardian (if participant is under 18)

Date

I agree to the above stated expectations and want to help create a great camp experience for all.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CARFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING [YMCA Of Metropolitan Detroit] FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of [YMCA of Metropolitan Detroit] facilities, services, equipment and premises ("Facilities") and any participation in [YMCA of Metropolitan Detroit] programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Metropolitan Detroit it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)