

Health Form

YMCA CAMPING SERVICES



Participant Information

First Name _____ Last Name _____ Birthdate ____/____/____ M F

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian 1 Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2 Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Our goal is to provide a complete camping experience for all. To accomplish this goal, we ask all of our campers and staff to inform us of any disabilities, impairments or restrictions. We recommend that all campers and staff have a physical completed within 12 months of attending camp. We use this information to provide staffing levels and to insure that potential accommodations are available.

Please note any impairments, disabilities or restrictions: _____

Please indicate any history of the following injuries or illnesses:

- Chicken Pox Bee Sting Allergy Ankle Injury Frequent Ear Infections Diabetes
 Knee Injury Asthma Back Injury Heart Problem(s) Convulsions
 Other (please describe) _____

Any allergies or drug sensitivities? Yes No If yes, please describe: _____

Please record any significant medical or surgical history and any hospitalization or doctor visits for an illness in the past year: _____

Is there any other health related information or further suggestions for camp personnel: _____

Vegetarian? Yes No Any other dietary concerns? _____

Does your camper take Medicine? Yes* No

If yes, Name of Medication: _____

* If yes please also complete the Request for Dispensing Medication Form

Important—this box must be completed 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 _____ Date _____

Signature of witness _____ Date _____

I. Camper Confidential Information

Does camper need "Toilet – Night Call?" YES NO Is child a "Bed wetter?" YES NO

Does camper have other nighttime problems, such as sleepwalking, nightmares, etc.? YES NO

If yes, please explain: _____

Has camper ever had professional counseling? YES NO If YES, explain: _____

Describe any Therapist recommendations that might help camper adjust to camp:

Is your camper in his/her appropriate grade based on age? YES NO

Who encouraged your camper to attend camp? _____

Has your camper been separated from parents? YES NO Longest period? _____

Has child been to summer camp? Camp Name: _____ Day Resident (overnight)

of years child has previously attended camp: _____ Problems with homesickness? YES NO

Does your camper have any fears? _____

II. Statement of Camper Immunizations

Please fill out the appropriate statement below regarding your campers immunization history:

I _____ of _____ attest that all immunizations for school are up to date.
Custodial Parent/Guardian Camper Name

OR

I _____ of _____ choose not to immunize.
Custodial Parent/Guardian Camper Name

Signature of parent/guardian Date

III. Tetanus Shot/Booster Information

The date of _____ last Tetanus Shot/Booster is ____/____/____.
Camper's Name

Signature of parent/guardian Date Primary Doctor & Insurance Information

Primary Doctor & Insurance 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

Risk Waiver Form

YMCA CAMPING SERVICES



First Name

Last 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

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 identification in order to take custody of child(ren).

Please list any individuals who are denied custody due to a court order:

Court documents must be sent to camp.

Signed

Date

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)

Date



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.
5. 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/guardian (if participant is under 18)

Date

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

Signature of participant

Date

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

PLEASE READ CAREFULLY. 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 or death sustained from the use of Facilities 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)