



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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Ankle Injury |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Knee Injury |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Injury | <input type="checkbox"/> Heart Problem(s) |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Other _____ | |

• 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? _____

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 _____

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 night time problems, such as sleepwalking, nightmares, etc.? YES _____ NO _____

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 camper been to an overnight camp before? YES _____ NO _____ Problems with homesickness? YES _____ NO _____

Does your camper have any fears? _____

Has child been to summer camp? Camp Name: _____ DAY _____ RESIDENT # OF YEARS _____

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 _____ (Camper Name) last Tetanus Shot/Booster is ____/____/____.

Signature of parent/guardian _____ Date _____

Primary Doctor & Insurance Information

Emergency Contact Information

Insurance Information

Emergency Contact Information

Name of Insurance _____

ID# _____

Subscribers Name _____

Employer Name _____

Relationship to Child _____

Name of Primary Doctor _____

Doctors Office Telephone _____ - _____ - _____

Name of Dentist _____

Dentist Office Telephone _____ - _____ - _____

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 Name: _____

Contact Telephone: _____ - _____ - _____

Relationship: _____

Emergency Contact Name: _____

Contact Telephone: _____ - _____ - _____

Relationship: _____



**YMCA Camping Services
Request for Dispensing Medication Form**

This section to be completed by PARENT/GUARDIAN

Please use a separate form for each medication

Child's Name _____ Age _____
 Address _____ Camp Session/s: _____

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 Date Telephone
 (Required if medication is for more than 10 days)

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							

Camper is attending: Camp Ohiyesa Camp Nissokone Session(s): _____

YMCA CAMPING SERVICES ASSUMPTION OF RISK AND WAIVER

Name of Participant _____ Email _____
Address _____ City _____ State _____ Zip _____

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 sublandlord 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 implead in any action) said YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, or any other entity that is the landlord or sublandlord 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/Legal Guardian (If participant is under age 18) DATE

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

Signature of Participant DATE

Custody Form (Who can Pick up my Child)

AUTHORIZATION FOR CUSTODY

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 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.

Parent/Guardian Signature

Date



YMCA Camping Services CAMPER BEHAVIOR & EXPECTATION AGREEMENT

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.

Parent/Guardian/Custodian: _____ Date: _____

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

Camper: _____ Date: _____