



**Camper Information**

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Name	Relationship to Child	Phone Numbers
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Place a picture of your Child Here

**Pick Up Authorization & Camper Profile**

I authorize the following adults to pick up my child(ren) at any time. Additionally, I authorize the YMCA of Orange County to contact any of these adults in case of emergency. I have contacted all adults listed here and they are ready, willing, and able to assist with the care of my child(ren) should I be unable to do so.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consent to Search**

In order to prevent harm, maintain order and safety to campers and staff who are participating in YMCA of Orange County's camping activities, I hereby give permission to the YMCA Camp Director to search my camper's personal belongings when there is reasonable suspicion that the camper has possession of illegal or dangerous items (i.e. weapons, knives, alcohol, illegal drugs, fireworks or explosives) or the camper seriously violates camp rules and evidence of the infraction can be found through a search of the camper's personal belongings.

To the extent possible, the camper will be present during such a search and the scope of the search will be limited to their belongings.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Acknowledgement of Parent Handbook Receipt**

I acknowledge that I have received the Parent Handbook and will abide by the policies set forth by the YMCA of Orange County.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parent Section

How does your child react to new and different surroundings? \_\_\_\_\_

What are your child's regular duties around the home? \_\_\_\_\_

Does your child have special needs (if yes, please fill out the special needs intake form)? \_\_\_\_\_

Has there been any stressful change in your family this past year? \_\_\_\_\_

Are there any limitations or other information your child's counselor should be aware? \_\_\_\_\_

What would you like your child to learn from the camp experience? \_\_\_\_\_

Does your child have any fears about camp? \_\_\_\_\_

## Cabin "Buddy" Request

Every effort will be made to place campers of same gender and grade level together when requested at or prior to camp rally night. Please be aware that campers of different grade levels and siblings are not typically assigned to the same cabin group. Requests made after camp rally night may not be possible. In addition to submitting this request, please talk to the camp director if your child may need help making new friends at camp.

If you wish to request a specific cabin arrangement, please list your camper's name and grade along with the names and grades of up to three other campers. Please understand the buddy requests will be completed and grouped according to the youngest aged buddy.

Camper's Full Name	Age	Grade in fall
Buddy #1	Age	Grade in fall
Buddy #2	Age	Grade in fall
Buddy #3	Age	Grade in fall

## Release for Administration of Medication - Prescription and Non- Prescription

The law allows certain persons to assist in carrying out a physician's recommendation. It is understood that the YMCA Program is not legally obligated to administer medication to my child or ward. Therefore, I agree to hold the YMCA Program, its personnel and employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

All medication **MUST** be in its original container and labeled with the child's name and dispensing instructions. The medication will be dispensed in doses labeled on the container, no modifications will be accepted.

Please list all medications (including over-the-counter, prescription and non-prescription drugs) that the participant is **ROUTINELY** taking. Please provide enough medication to last the entire duration of the camp session. To provide our staff with as much knowledge as possible, please include a short statement as to why the medication is being taken.

1. Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

2. Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

3. Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

4. Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

### **Prescription Medication Release**

We the undersigned request the above medications to be administered to our child or ward in accordance with the physician's instructions, and under the conditions stated above, by a member of the YMCA camp staff.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### **Over the Counter Medication**

If you will allow the YMCA to administer over-the-counter medication up at camp please list the medication above (Tylenol, Pepto-Bismol, etc.). We the undersigned will allow the above medications to be administered to our child or ward in accordance with the over-the-counter instructions, and under the conditions stated above, by a member of the YMCA camp staff.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Health History** - Parents please complete

The information of this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health History must be filled out by parent/guardians of minors or by adult participants themselves. Updated information is required annually while the health exam must be completed at least every two years. If need be, this form will be shared directly with appropriate medical personnel.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Gender  Male  Female

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**If not available in an emergency, notify:**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier or Plan Name \_\_\_\_\_ Policy # \_\_\_\_\_

**IMPORTANT - This box must be complete for attendance**

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the YMCA to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.  
This completed form may be photocopied for trips out of camp.

\_\_\_\_\_  
**Parent/Guardian Name**                      **Parent/Guardian Signature**                      **Date**

## Health History

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon the participant's arrival in camp. Provide completed information so that the camp can be aware of your needs.

### Allergies –

(List all known – Include allergies related to medication, food and environmental) Describe reaction and any special management of the reaction.

Allergic to:	Describe Reaction	Management of Allergy

### Restrictions –

Please explain any dietary or physical restrictions including activities that your child should not participate in.

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### General Questions

Has/does the camper:

- |   |  |  |  |
|---|--|--|--|
| 1. Had any recent injury, illness infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had problems with joints (e.g., knees, ankles)?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a chronic or recurring illness/condition?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have an orthodontic appliance being brought to camp?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever been hospitalized?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems (eg., itching, rash, acne)?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ever had surgery?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have diabetes?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have frequent headaches?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Have asthma?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Ever had a head injury?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Had mononucleosis?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Ever been knocked unconscious?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Had problems with diarrhea/constipation?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Wear glasses, contacts or protective eye wear?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Have problems with sleepwalking?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Ever had frequent ear infections?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. If female, have abnormal menstrual history?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Ever passed out during exercise?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Have a history of bed wetting?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Ever been dizzy during or after exercise?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Ever had an eating disorder?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Ever had seizures?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Ever have emotional difficulties which professional help was sought? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Ever had chest pain during or after exercise?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 14. Ever had high blood pressure?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 15. Ever been diagnosed with a heart murmur?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 16. Ever had back problems?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

Please explain any "yes" answers, noting the number of the question.

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Name of family physician _____	Phone _____
Address/City/Zip _____	
Name of family dentist/orthodontist _____	Phone _____
Address/City/Zip _____	

**Health Examination** - To be completed by Licensed Medical Personnel

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This individual was examined on: Date: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

In my opinion, the above named participant is able to participate in an active camp program.  Yes  No

The applicant is under the care of a physician for the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations and restrictions at Camp

Treatment to be continued at camp:

\_\_\_\_\_  
\_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency):

\_\_\_\_\_  
\_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Known Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Description of any limitations or restriction on camp activities:

\_\_\_\_\_  
\_\_\_\_\_

Additional information for health care staff at the camp:

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Medical Personnel:** \_\_\_\_\_

**Printed** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immunization Record – Please Attach**

Please attach a copy of the participant's immunization record.



Please attach a copy of participants immunization record

# Camp Release and Waiver of Liability and Indemnity Agreement

\_\_\_\_\_  
Child's Name (Please print)

\_\_\_\_\_  
Child's Name (Please print)

IN ORDER TO PARTICIPATE IN THE YMCA OF ORANGE COUNTY CAMPS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

IN CONSIDERATION for permission to participate in camping activities with the YMCA of Orange County, I (WE) \_\_\_\_\_ PARENTS/LEGAL GUARDIAN of the above named child(ren), agree to the following provisions:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participants in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OR BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Parent/Guardian PRINT NAME

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

## Acknowledgement of Risks

\_\_\_\_\_  
Child's Name (Please print)

\_\_\_\_\_  
Child's Name (Please print)

**ACKNOWLEDGEMENT OF RISKS** I understand that there are numerous risks associated with participation in any camping activities, including hiking, horseback riding, backpacking, outcamping, archery, riflery, rope courses, technical climbing, river rafting, mountain biking, crafts and transportation to and from camp activities. These risks, which contribute to the unique nature, character, and desirability of the activities involved, may pose the possibility of physical injury, illness, or death. I further understand that the activities involved will take place in an outdoor environment in mountainous terrain. For this and other reasons, the risks cannot be eliminated, altered or controlled.

Some, but not all, of the specific risks include: Weather conditions which may change rapidly and unpredictably and may cause injury directly (for example, rain or hail storms, sunburn, lightning strikes, cold temperatures and the like) or by acting upon other factors (for example, performance of equipment may be impaired by weather conditions).

Equipment used in the activity may break, fail or malfunction despite reasonable maintenance and use. Some of the equipment used in activities may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and to others.

Most activities take place in a natural environment where unexpected, unseen and unmarked objects and conditions create risk of injury or death from falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, potentially harmful vegetation and the like.

Horses, which are involved in some activities, are sometimes unpredictable and may act and/or respond in unexpected ways to such things as sounds, movement, unfamiliar objects, persons, other animals, automobiles and weather conditions.

Activities near or in the water, such as rafting, swimming, snorkeling, kayaking, canoeing, surfing, boogie boarding, fishing, hiking, horseback riding, and the like, involve risk of injury, illness or drowning. Because these activities are in a natural environment, oceans, lakes, ponds, streams, rivers and creeks present risks of water movement, subsurface conditions, cold water temperatures, water impurities and the like. In addition, there is a risk of falling out of or being struck by watercraft.

Counselors and guides use their best judgment in determining how to react to circumstances, including weather, terrain, water conditions, animal character and other unpredictable natural phenomena, the counselors and guides cannot guarantee such circumstances, an individual's capabilities and the like.

Motor vehicle accidents may occur in the course of transporting camp participants to or from other activities.

These are some, but not all, of the risks inherent in camping activities; a complete listing of risks is not possible. In addition, there are risks, which cannot be anticipated.

I GIVE PERMISSION for my child(ren) to participate in all camp activities, including those described above. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury or death resulting from such risks. There are no physical, emotional or mental problems or limitations associated with participation in camp activities, except as disclosed by me in writing to the YMCA of Orange County.

\_\_\_\_\_  
Parent/Guardian PRINT NAME

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

## Photo Release

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the YMCA of Orange County, its legal representatives, successors, and assigns, or those, for whom it is acting, and all persons and corporations acting with its permission or upon its authority, including YMCA photographer the absolute right and permission to take, copyright, use, and publish photographs of or concerning

\_\_\_\_\_ **(Child's name)**, in whole, in part, or in composite, in any and all media, for purposes of YMCA of Orange County art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

I agree that the photograph becomes the exclusive property of YMCA of Orange County and I waive all rights thereto. I waive all rights to inspect and/or approve any text that may be used in conjunction with the photograph and the use to which it may be applied.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

No modifications of this agreement shall be of any effect unless it is made in writing and signed by all of the parties in the agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature