

YMCA OF ORANGE COUNTY - RESIDENT CAMP REGISTRATION

CHILD INFORMATION				
Child's Last Name	Child's First Name	Date of Birth	Sex	Phone Number
			M F	
Home Address		City	State	Zip Code
Mailing Address (if different from Home Address)		City	State	Zip Code
T-Shirt Size	Child Size	Adult Size	S M L XL XXL	
MEDICAL INFORMATION				
Does your child take prescribed medications?		If yes, what kind:		
Yes	No	Side Effects:		
Does your have any allergies (food, medication, environment)?		List any allergies:		
Yes	No	Describe the allergic reaction:		
Does your child have any special needs or need any accommodations?		If yes, please explain:		
Yes	No			
(If yes, fill out special needs intake form)				
List any foods that are not allowed for your child:				
Please list any special problems/fears your child may have:				
Is your child prone to ear infections? Yes No		How many in the last year?		
Please specify any other serious illness or accidents:				
Does your child have any of the following: Diabetes, Epilepsy, Seizures, Hay Fever, Asthma? If yes, please list.		Yes	No	
Is your child current on the following immunizations: chicken pox, rheumatic fever, whooping cough, mumps, poliomyelitis, Rubella, Rubella?		Yes	No	
Date of last tetanus shot:		Date of last physical:		
Physician:		Phone Number:		
Dentist:		Phone Number:		
CHILD'S HEALTH STATEMENT: As the parent/guardian of the above named child, I, the undersigned, assert that the information above is true and correct and understand that at a YMCA Camp Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed above) from strenuous activity. If I have any questions regarding my child's health, I understand that is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.				
Parent/Guardian Signature:		Date:		
MEDICAL AUTHORIZATION: As the parent, authorized representative, or legal guardian, I hereby give Consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.) dentist (D.D.S.) or osteopath (D.O.) for the above name child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child above.				
Parent/Guardian Signature:		Date:		

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SCHEDULE

Session Camp Oakes	Program Type: July 27th-August 3rd
Regular Camper	Ages 8-17
Male Counselor - in - Training "CIT"	Ages 15-17
Female Counselor - in - Training "CIT"	Ages 15-17

PARENT / GUARDIAN INFORMATION

RESPONSIBLE PARTY INFORMATION (The "**Responsible Party**" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing releases, authorizing individuals to sign in/out the child.

Responsible Party's Last Name	Responsible Party's First Name	Date of Birth	Relationship to Child	Cell Phone
Home Address	Check if same as child	City	Zip Code	Home Phone
Email Address	Occupation	Company	City	Work Phone
Other Parent/Guardian Last Name	Other Parent/Guardian First Name	Date of Birth	Relationship to Child	Cell Phone
Home Address	Check if same as child	City	Zip Code	Home Phone
Email Address	Occupation	Company	City	Work Phone
Foster/Other Agency (if applicable)	Foster/Other Agency Contact Person	Foster/Other Agency Phone number	Foster/Other Agency Email	CFS Region

EMERGENCY CONTACTS - The following individuals have my **unrestricted** permission to sign the above named child out from the YMCA and can be contacted in an emergency when I cannot be reached. **(Minimum of two required)**

Name	Relationship to Child	Home Number	Cell Number	Email Address

RESTRICTED PICK UP: The following individuals are **restricted** from signing my child out from the program due to a court-issued restraining order **(A certified copy of the official court documentation must be kept in child's file).**

Name:		Date of court order:	
Name:		Date of court order:	

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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

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.

Please be as specific as possible to ensure proper administration of medications. Use other side for further explanation.

Daily Medication(s)

Medication Name	Purpose	Dose	When

As Needed Medication(s)

Medication Name	Purpose	Dose	When

Parent/Guardian Signature:		Date:	
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Health Examination

To be

completed by Licensed Medical Personnel or Attach CFS Health Passport.

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:** _____

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

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Child's Information

What does your child prefer to be called?

Who else lives at home?

Has child been to a resident camp before? If so, when and where?

Does your child get along with friends?

Does your child ever wet the bed?

If yes, what methods have you found effective in preventing it?

Does your child ever sleepwalk?

Has your child ever run away from home?

If yes, what methods have you found effective in preventing it?

Does your child have nightmares?

If yes, what methods have you found effective in preventing it?

How does your child feel about going to camp?

How does your child spend his/her free time?

What skills do you hope your child might get out of camp?

Does your child have Friends or Siblings coming to the same camp?

Please provide any information that will assist counselors in ensuring that your child will have a positive experience at camp.

Cabin Request (The YMCA will attempt to honor cabin one request per camper for children of the same gender and age group)

Requested Camper Name:		Requested Camper Age:	
Name of Person Completing this Form		Date:	
Relationship to Child			

**YMCA OF ORANGE COUNTY
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND
INDEMNITY AGREEMENT**

Adult Member/Participant Name _____
(Please Print)

Child Member/Participant Name _____
(if applicable) (Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Orange County (the "YMCA") (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment

therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of Releasees 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 acknowledges that any injuries that the undersigned or such children sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, 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.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF INJURY, DEATH OR PROPERTY LOSS OR DAMAGE. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature

Date

Emergency Contact Name

Emergency Contact Number



YMCA PARTICIPANT SWIM ABILITY QUESTIONNAIRE

The YMCA of Orange County has planned to take your child swimming this summer. This may include swimming at a YMCA pool, the local beach or a swim park.

In order for the YMCA director and teachers to provide a safe swim environment for your child the YMCA requests that you fill out this brief questionnaire on your child's swim capabilities.

Child's Name: _____ Child's Camp/School Site: _____

PLEASE CHECK THE APPROPRIATE BOX:

Can your child jump feet first in to the water at a depth of 5 feet or deeper?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>
Can your child tread water for 10 seconds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>
Without grabbing the pool wall, can your child swim the front stroke with the ability to have their face in the water and take comfortable breaths?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>
Can your child swim half the length of the pool?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>
Can your child roll on to their back and float for 10 seconds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>

Please fill out a separate questionnaire for each of your children in the program.

If you have any additional comments or remarks about your child's swimming capabilities please list them here: _____

Date: _____

Parent's Name: _____

Parent's Signature: _____



YMCA OF ORANGE COUNTY

TRANSPORTATION PASSENGER PROFILE

Participant's Name: _____ Phone: _____

Site/Location Name: _____ Branch: _____

Sex: Male Female Height: _____ Hair Color: _____

Birth Date: _____ Age: _____ Eye Color: _____

For identification purposes, please attach a recent photo:

ATTACH PHOTO HERE



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the YMCA of Orange County or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
• sound track recordings of me
• photo reproductions of me
• any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of Orange County;
• The Y has no duty of confidentiality regarding any licensed uses;
• YMCA of Orange County shall exclusively own all known or later existing rights to the uses throughout the world;
• The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. By signing below I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

[] I do consent for myself and spouse (if applicable) [] I do not consent

[] I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child(ren). I am the parent or legal guardian of _____. [] I do not consent.

Signature of Member/Parent or Legal Guardian

Date

Printed Name

Spouse/Child(ren)'s Names (if applicable)

YMCA Resident Camp Pick Up/Drop Off Location(s)

Beckman High School-
3588 Bryan Avenue
Irvine, CA 92602