

## YMCA Camp Seymour Camper Release Form

This document identifies people who are authorized to pick-up and/or be contacted regarding the below-named child. Persons listed on this form are understood to be contacts for camp to use while the camper is in the care of camp, and able to be contacted to pick-up the camper as needed (due to behavior, illness, or at the end of the session). The person dropping off/picking up the child must sign this form at camp, and a camp staff member must witness the signature. Only authorized adults listed on this sheet may pick up children from camp. Photo identification will be required at pick up, for your child's safety. Please notify Camp Seymour if there are any changes (253) 884-3392.

**Camper's Name** \_\_\_\_\_  
Last First Middle Initial

**Registered Session:** \_\_\_\_\_  
(if the camper is attending more than one session please complete an additional release form per session)

**Camper lives with** (circle one):

Mother Father Both: together Both: separately Other: \_\_\_\_\_

I authorize the following adults to pick-up my camper from camp as necessary should he/she need to leave camp early due to illness, injury, or behavior, and at the end of the session. I have informed them that they are listed here and might be contacted.

Camp Seymour will only release campers to adults listed here regardless of their relationship to the camper, or being listed on another form. **Therefore, please make sure to list all appropriate guardians, parents, relatives, and friends.** Please be attentive to when your camper's session ends and have an adult listed here scheduled to pick him/her up.

### Parent/Guardian

<u>Name</u>	<u>Day Phone</u>	<u>Cell/Evening phone</u>
_____	_____	_____
_____	_____	_____

### Additional Contacts (please list at least one)

<u>Name</u>	<u>Relationship to camper</u>	<u>Day Phone</u>	<u>Cell/Evening phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above-listed people have my permission to pick-up my child from YMCA Camp Seymour.

I hereby give permission to YMCA Camp Seymour to provide or arrange any necessary program-related transportation for my child (e.g. specialty camp day-trip transportation, low tide boating accommodations, Adventure Camp trip transportation). Most likely this would be in a mini-bus driven by a YMCA Camp Seymour staff member or volunteer. All drivers complete a driving safety course and vehicle orientation.

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

**Please print name** \_\_\_\_\_ **Date** \_\_\_\_\_

**BACKSIDE OF CAMPER RELEASE FORM**

# YMCA CAMP SEYMOUR - AGREEMENT TO PARTICIPATE

Participants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

YMCA Camp Seymour program areas may include, but are not limited to, Challenge Course, Climbing Tower, Sports and Games, Archery, Arts and Crafts, Touch Tanks, Beach Walks, Hiking/Nature activities, contact with live animals, transportation to/from off-site program locations and evening programs such as campfires. Our program areas are designed to meet a wide range of physical abilities and we make reasonable accommodations to serve a diverse population. Activities may include sitting, walking, running, jumping, throwing, use of archery equipment (bows and arrows), contact with natural elements (sticks, shells, logs, trees, etc.) craft supplies (paint, glue, dye and potentially hot liquids such as wax or glue). When utilizing the Challenge Course activities may also include participating in group initiatives on low (2-3 ft. off of the ground) and high (25-40 ft off the ground) elements, and climbing and traversing on cables, logs and ropes while attached to a belay (rope) system.

As a participant you are the best judge of your physical abilities and that of your dependent children. There is a significant element of risk involved in any adventure, sport or activity associated with the outdoors. If you or your dependent children have a health condition, chronic illness or injury that might be aggravated by doing these activities you should not participate in these activities without first consulting a physician. Participation in camp activities is voluntary and participants are able to choose their level of involvement in all activities. In agreeing to participate you assume all liability for any physical injuries and/or emotional distress suffered by you and/or your dependent 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, 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 damages, 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 ordinary negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating 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 ordinary negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to ordinary 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 Washington 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Print Parent or Guardian name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**BACKSIDE OF AGREEMENT TO PARTICIPATE**

# YMCA CAMP SEYMOUR HEALTH AND MEDICAL HISTORY FORM

- The information on this form helps us provide the best care for your child; withholding, misrepresenting, or incomplete information may be grounds for dismissal. Notify camp staff if there are changes to this form.
- A **medical exam** is required only if the camper has had surgery, serious illness, injury that has limited his/her activity, or has been hospitalized in the past year.
- All medications (prescription, over-the-counter, and supplements) brought to camp must be listed on this form and in their original container.
- This form is for Health Center use; information important for your child's cabin leader to know should be repeated on the "Letter to my Child's Leader."

Office use only:

**Camper Name** \_\_\_\_\_  
Last First Middle Initial

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Gender**  M  F **Birthdate** \_\_\_\_\_

**Age at start of camp** \_\_\_\_\_ **Grade entering in the fall** \_\_\_\_\_

**Camper lives with** (circle one) Mother / Father / Both: together / Both: separately / Other: \_\_\_\_\_

**1st Parent's/Guardian's Name**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**2nd Parent's/Guardian's Name**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address(if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Contacts** - If the above are unreachable these will be contacted in case of camper illness/behavior

1. Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Information** - Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier/plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Insurance ID number \_\_\_\_\_

**Medical treatment at Camp Seymour**

The following over-the-counter medications are used at camp under the recommendation of Camp Seymour's overseeing physician and the seasonal Health Care Director. Feel free to cross out any products that you do NOT want your child to have.

**I give permission for the following medications to be administered for common ailments:**

Tums	Claritin	Advil	Bee Sting swabs	1% hydrocortisone cream
Tylenol	Liquid cough suppressant	Cough drops	Aloe Vera gel	Benadryl, 25mg & cream
Anbesol	Sudafed decongestant	Sunscreen	Pepto-Bismol	Antibiotic cream

**Authorization to Provide Necessary Treatment or Emergency Care**

I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, or other treatment; to release any records necessary for insurance purposes; to release a diagnosis and prescription to camp staff; and to provide or arrange any necessary related transportation for my child. If I cannot be contacted, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization. This completed form may be photocopied for trips out of camp. Both side of this form are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted on this form.

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

\*If for religious reasons you cannot sign, contact camp for a waiver that must be signed for attendance. (Please complete both sides of this form)

**Please print name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health History**

*Has/does the participant:*

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints(e.g. knees, ankles)? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized? .....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems? (e.g. itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury? .....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious? ....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, eyewear? ....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections? .....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	27. Have an eating disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures? .....	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought? ...	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	29. Have ADD or ADHD? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>	30. Had a physical exam in the past year? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur? .....	<input type="checkbox"/>	<input type="checkbox"/>	31. Traveled abroad in the past month?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems? .....	<input type="checkbox"/>	<input type="checkbox"/>			

*Explain any "yes" answers, noting the number of the questions.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (Medication, Food, Other)	Reaction and management of the reaction
_____	_____
_____	_____

**Please provide additional information about the participant,** such as their general behavior; physical, emotional, or mental health; significant life event that might affect behavior; and dietary or other restrictions.

\_\_\_\_\_

\_\_\_\_\_

**Immunizations** Give month & year of the last immunization/booster, or attach a copy of official record:

\_\_\_\_\_ Tetanus      \_\_\_\_\_ Measles/Mumps/Rubella      \_\_\_\_\_ Hepatitis A      \_\_\_\_\_ Diphtheria/Pertussis (DtaP/DT)

\_\_\_\_\_ Chicken Pox      \_\_\_\_\_ Meningitis      \_\_\_\_\_ Hepatitis B      \_\_\_\_\_ Other/specify:

**Medications**

Identify medications taken during school year that participant is not taking at YMCA Camp Seymour:

\_\_\_\_\_

List all medications brought to camp. Attach additional paper as necessary. Keep medications in original packaging; prescription original packaging must identify the prescribing physician, medication name, dosage, and frequency of administration. Please call in advance if medications or dosage have changed in the past 3 months.

- This person takes medications as follows:       This person takes NO routine medications.

<b>Med. #1</b> _____	Reason for taking _____	Side effects: _____
Time _____ Dosage _____	Time _____ Dosage _____	
Time _____ Dosage _____	Time _____ Dosage _____	
<b>Med. #2</b> _____	Reason for taking _____	Side effects: _____
Time _____ Dosage _____	Time _____ Dosage _____	
Time _____ Dosage _____	Time _____ Dosage _____	
<b>Med. #3</b> _____	Reason for taking _____	Side effects: _____
Time _____ Dosage _____	Time _____ Dosage _____	

**Family physician's name** \_\_\_\_\_ Phone \_\_\_\_\_

**Family dentist/orthodontist's name** \_\_\_\_\_ Phone \_\_\_\_\_ =

# A LETTER TO MY CHILD'S LEADER

To be completed by camper's parent/guardian. This letter will go directly to the camper's cabin leaders. Any information for the Health Center Staff should be on the "**Health & Medical History Form.**"

Dear Leader,

This is \_\_\_\_\_ 's \_\_\_\_\_ year at an overnight camp and \_\_\_\_\_  
number number

year at Camp Seymour. I want him/her to go to camp because \_\_\_\_\_

\_\_\_\_\_.

While at camp, I hope that he/she will \_\_\_\_\_

\_\_\_\_\_.

My child is: most happy when \_\_\_\_\_

\_\_\_\_\_;

most unhappy when \_\_\_\_\_;

enthusiastic about \_\_\_\_\_;

not fond of \_\_\_\_\_;

apt to be afraid of \_\_\_\_\_;

allergic to \_\_\_\_\_;

is \_\_\_\_\_ at personal hygiene (brushing teeth, changing dirty clothes, hand washing);

and is \_\_\_\_\_ at taking care of personal belongings.

My child gets along with age-mates who \_\_\_\_\_.

At home my child is most often disciplined for \_\_\_\_\_.

He/she has the following responsibilities at home: \_\_\_\_\_

\_\_\_\_\_.

Please pay special attention to: \_\_\_\_\_

\_\_\_\_\_.

Has he/she been diagnosed as having any learning disability, emotional or behavioral problem? Yes / No.

If yes, please explain (this letter will be given directly to the cabin leaders, and used to help us provide the best possible experience for your child. If the Health Center Staff or Camp Director should be aware of these needs please include them on the "**Health & Medical History Form.**"): \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_.

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

# A LETTER TO MY LEADER

*(To be completed by camper)*

Dear Leader,

My name is \_\_\_\_\_ . My friends call me \_\_\_\_\_ .

I have \_\_\_\_\_ brothers, age(s) \_\_\_\_\_, and \_\_\_\_\_ sisters, age(s) \_\_\_\_\_ .  
*(number)* *(number)*

I live with (please circle): Mom Dad Brother(s) Sister(s) Other: \_\_\_\_\_ .

In my spare time, I like to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When I'm not in school, the things I like to do least are \_\_\_\_\_

\_\_\_\_\_

I am good at \_\_\_\_\_

\_\_\_\_\_

I am coming to Camp Seymour because \_\_\_\_\_

\_\_\_\_\_

I hope to be able to do the following things at Camp Seymour this summer: \_\_\_\_\_

\_\_\_\_\_

When I'm at Camp Seymour, I don't want to \_\_\_\_\_

\_\_\_\_\_

I get along with friends who \_\_\_\_\_

\_\_\_\_\_

Last summer, I \_\_\_\_\_

\_\_\_\_\_

Next year I will be in \_\_\_\_\_ grade at school.

**Camper's Signature** \_\_\_\_\_