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

Name	**Day Phone**	**Cell/Evening phone**

Additional Contacts (please list at least one)

Name	**Relationship to camper**	**Day Phone**	**Cell/Evening phone**

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 Participation Agreement
YMCA OF PIERCE AND KITSAP COUNTIES

the YMCA FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

PLEASE PRINT LEGIBLY AND COMPLETE ALL NON-SHADED AREAS OF THIS FORM

PARTICIPANT INFORMATION

FULL NAME	AGE	BIRTH DATE
		M M / D D / Y Y Y Y
ADDRESS		PHONE

ADDITIONAL FAMILY MEMBERS, IF APPLICABLE

FULL NAME	FULL NAME
FULL NAME	FULL NAME

NOTIFICATION OF RISKS

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.), and 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 to 3 feet off of the ground) and high (25 to 40 feet 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 may 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.

WAIVER AND RELEASE OF LIABILITY

In light of current events and in consideration of receiving permission to be on YMCA's premises, I further acknowledge and agree that such Waiver and Release includes, but is not limited to, injuries and damages and loss associated with exposure to illness, germs, bacteria, viruses, the novel coronavirus (COVID-19), and any other sicknesses that may carry with it the risk of damages, loss, claims, quarantine requirements, liability or expense of any kind, personal injury, medical conditions and disabilities, temporary or permanent, and even death. I further acknowledge and agree: Due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of six (6) feet per person among children and their caregivers in a childcare setting may not be possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA whether such distancing is enacted or enforced or not, and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate the dangers, whether active or inactive, result in exposure to medical risks or illnesses, which could result in quarantine requirements, serious illness, disability or death. The YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by public health agencies and further agrees to comply with the YMCA's revised procedures while utilizing the facilities, services, and programs of the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIYER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws 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. I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIYER 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 ILLNESS, INJURY, DEATH OR PROPERTY DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. 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).

PARTICIPANT SIGNATURE	DATE
	M M / D D / Y Y Y Y
MOTHER/GUARDIAN SIGNATURE (IF UNDER AGE 18)	DATE
	M M / D D / Y Y Y Y
FATHER/GUARDIAN SIGNATURE (IF UNDER AGE 18)	DATE
	M M / D D / Y Y Y Y

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 (identifying) ❑F (identifying) **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
1. Had any recent injury, illness or infectious disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Ever had surgery?	☐	☐
5. Have frequent headaches?	☐	☐
6. Ever had a head injury?	☐	☐
7. Ever been knocked unconscious?	☐	☐
8. Wear glasses, contacts, eyewear?	☐	☐
9. Ever had frequent ear infections?	☐	☐
10. Ever passed out during or after exercise?	☐	☐
11. Ever been dizzy during or after exercise?	☐	☐
12. Ever had seizures?	☐	☐
13. Ever had chest pain during or after exercise?	☐	☐
14. Ever had high blood pressure?	☐	☐
15. Ever been diagnosed with a heart murmur?	☐	☐
16. Ever had back problems?	☐	☐
17. Ever had problems with joints(e.g. knees, ankles)?	☐	☐
18. Have an orthodontic appliance being brought to camp?	☐	☐
19. Have any skin problems? (e.g. itching, rash, acne)?	☐	☐
20. Have diabetes?	☐	☐
21. Have asthma?	☐	☐
22. Had mononucleosis in the past 12 months?	☐	☐
23. Had problems with diarrhea/constipation?	☐	☐
24. Have problems with sleepwalking?	☐	☐
25. If female, have an abnormal menstrual history?	☐	☐
26. Have a history of bed-wetting?	☐	☐
27. Have an eating disorder?	☐	☐
28. Ever had emotional difficulties for which professional help was sought?	☐	☐
29. Have ADD or ADHD?	☐	☐
30. Had a physical exam in the past year?	☐	☐
31. Traveled abroad in the past month?	☐	☐

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 <u>all medications</u> 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.

Med. #1 _____ Reason for taking _____ Side effects:_____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Time _____ Dosage _____

Med. #2 _____ Reason for taking _____ Side effects:_____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Time _____ Dosage _____

Med. #3 _____ Reason for taking _____ Side effects:_____

Time _____ Dosage _____ Time _____ Dosage _____

Family physician's name _____ Phone _____

Family dentist/orthodontist's name _____ Phone_____