

YMCA SUMMER CAMPS 2019 INFORMATION FORM

Camper's Name: _____

Grade Entering: ____ Birth Date: ____ Age: ____ Gender: _____

T-Shirt Size: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Name of Parent(s): _____

Email Address: _____

Daytime Phone: _____

Please check those that apply and give approximate dates:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Behavior Disorder | |

Immunizations:

Allergies:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> DPT | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rubella | |

Disability or chronic / recurring illness: _____

Other medical problems / allergies / diseases (please give dates): ____

Medications child is currently taking: _____

Insurance Company: _____

Name of Child's Physician / Clinic: _____

Physician / Clinic Phone: _____

Name of Child's Dentist: _____

Dentist Phone: _____

Does your child have any special needs requiring an accommodation?

I do hereby consent & authorize Marshall Area YMCA staff to take any & all action, including use of emergency medical transportation, medical services, & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marshall Area YMCA.

Signature _____
Date

The following persons are emergency contacts and are allowed to sign out my child (listed above) <i>Please Print</i>		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

AUTHORIZATION TO PARTICIPATE:

____ YES ____ NO I give my permission for my child to be included in pictures associated with the program.

____ YES ____ NO I give my child, _____, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard or water safety instructor will be on duty.

____ YES ____ NO I would like my child to swim in shallow water only.

____ YES ____ NO My child has permission to swim in deep water and can successfully perform the following skills: can jump feet first into water and can tread water for 10 seconds & continue to swim for 1 length of the pool. I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

____ YES ____ NO I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by YMCA van, walking, public transportation, or leased bus.

____ YES ____ NO I give my permission for my child to use all of the equipment & participate in all activities of the program.

I understand that any medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marshall Area YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

Signature *Date*

PAYMENT OPTIONS

Automatic weekly draft; of payment methods on file. Weekly payments will be drafted the Monday before each new week starts. *Please see the Parent Information form for cancellation policies.*

In house/online weekly payments will be made each week by the parent/guardian.

Special Arrangement Please let us know if you're unsure if your circumstances fall within this category.

Signature *Date*

Next two must be "yes" in order for child to attend.





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camper Code of Conduct Marshall Area YMCA Summer Camp

Purpose of Code of Conduct:

We want our camp to be an enjoyable environment and a fun experience for all. This code of conduct will help guide us in building our core values. We ask that parents read through the code of conduct with their camper. Please join us in explaining what these values are and open a discussion about how to show our values at camp.

Our Expectations:

Be caring...

Do not physically or verbally hurt others. This means that you should not bully, hit, gossip about, throw something at, or make fun of another person.

Be honest...

Display the core value of honesty by telling the truth

Be responsible...

Help to keep our camp area clean by picking up after yourself

At no time should a camper wander off without adult supervision or prior permission

Be respectful...

Always treat fellow campers, counselors, visitors, and any guest speakers with respect.

Taking another youth or leader's property is unacceptable unless permission has been given to you by the owner of the object

Camper Signature

Date

Parent/Guardian Signature

Date

By signing this document you agree to abide by the above expectations and understand that failing to abide by said expectations can and will result in consequences as outlined on the reverse of this document. Campers who choose not to sign this document will not be permitted to attend any off-campus camp activity and will still be subject to the consequences for misbehavior at regular camp activities.

Consequences for Misbehavior

The consequences for misbehavior outlined below aim to exemplify grace and forgiveness. It is our goal that any camper who receives any offense takes responsibility, learns from it and returns to camp with a clean slate. We desire to have all campers participating in all activities and will not hold prior offenses against campers who have already completed the consequences for such (assuming that a pattern does not emerge).

Consequences for Offenses:

1st Offense: The camper will receive a verbal warning.

2nd Offense: The camper will be pulled aside by a counselor to discuss the offense. Parent(s)/guardian will be alerted of the offense by a counselor at pick up time.

3rd Offense: The camper will be pulled aside by a counselor and will be asked to call his/her parents, explain why they are calling (i.e. what actions got them into trouble), and may ask to be picked up immediately (depending on severity).

4th Offense: The camper and his/her parent(s)/guardian will be notified that the camper will not be allowed to return to camp for 1-2 days (depending on the severity of prior offenses) to think about their behavior.

5th Offense: The camper and his/her parent(s)/guardian will be notified that the camper will not be allowed to return to camp for 1-2 weeks (depending on the severity of prior offenses) to think about their behavior.

Counselors and Camp Director reserve the right to determine the severity of misbehavior and may choose to skip or modify any of the above stated consequences.

Campers who reach 4th Offense multiple times may lose privileges including, but not limited to field trips and/or special camp events/activities.

Additionally, campers who reach 4th Offense multiple times may also be subject to required parent/guardian meetings with the Camp Director, prior to being allowed back at any above stated events or activities.

Consequences for repeat offenses up to discontinuation of camp participation (depending on severity).

If you have any questions or concerns, please contact our Camp Director, Racquel Paulsen, at rpaulsen@marshallareaymca or 507-532-9622. Racquel would be happy to speak with you!