

CAMPER HEALTH HISTORY FORM

The camper's custodial parent or guardian must complete the following information. The intent of this information is to provide the camper's health background to Y staff so they may provide the appropriate health care treatment. Any changes to this form should be provided to camp health personal upon participant's arrival at camp. The information on this form is not a part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. **Even if your child is a returning camper, we need a new health form each year.**

Child's First Name: _____ Middle Int.: ____ Last Name: _____

Gender: Boy Girl Date of Birth: _____ Grade in 2013-2014 School Year: _____

Child's Address: _____ City/State: _____ Zip: _____

Parent / Guardian Name: _____ E-mail: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Other Parent / Guardian Name: _____ E-mail: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Local Person to call in case of emergency if parent / guardian cannot be reached: (authorized to release child to)

Name: _____ Phone: _____ Alternate Phone: _____

In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:

Name: _____ Phone: _____ Alternate Phone: _____

Name: _____ Phone: _____ Alternate Phone: _____

Name: _____ Phone: _____ Alternate Phone: _____

Physician's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

MEDICATION INFORMATION

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

Please list ALL medications, including non-prescription, taken routinely. The Y prefers that all medications be administered at home before and after the camp day. However, if medications are required, please send enough to last the entire session. Please keep all medications in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **The camp participant takes medication on a routine basis.** Yes No

Med. #1: _____ Med. #2: _____

(attach additional pages for more information)

IMMUNIZATION INFORMATION

Please give all dates of immunization for:

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
or Measles	_____	_____	_____	_____	_____	_____
or Mumps	_____	_____	_____	_____	_____	_____
or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus Influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

ALLERGY INFORMATION

List any allergies below. Also provide reaction and management of this reaction:

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

PARENT / GUARDIAN AUTHORIZATION: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Y to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp 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.

Signature of Parent or Guardian: _____

Printed Name: _____ Date: _____

CAMPER WAIVER FORMS

Challenge Adventure Program Participation Agreement

(located at YMCA Camp Harlow - some other camps may have the opportunity to participate)

Print Participant Name _____

Grade in 2013-2014 school year _____

Date _____

INSTRUCTIONS: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Challenge Adventure Program at the YMCA of Greenville & Hunt County is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential and engaging teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the employees of the YMCA of Greenville & Hunt County have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the YMCA of Greenville & Hunt County and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of this and all future programs I participate in.

I grant the YMCA of Greenville & Hunt County and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

_____ (Initials) **I give permission for my child to participate in Challenge Adventure Programming**

_____ (Initials) **I do not give permission for my child to participate in Challenge Adventure Programming**

Signature of Participant (REQUIRED) _____

Signature of Parent / Guardian (REQUIRED if participant is under 18) _____

Parent / Guardian Acknowledgements

please **INITIAL** all lines to indicate received written policies / materials and agree to terms.

Print Participant Name _____

Grade in 2013-2014 school year _____

Date _____

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Permission for Transportation (REQUIRED):** I grant permission for the Y staff to transport my child to and from field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Policy Agreement (REQUIRED)** I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.

_____ **Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

Parent / Guardian Signature: _____ Date: _____

DISCIPLINE & GUIDANCE POLICY FORM

▶▶ Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

▶▶ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

▶▶ There must be no harsh, cruel or unusual treatment of any child.

The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time



Parent / Guardian Acknowledgement

My signature verifies that I have read and received a copy of this discipline and guidance policy.

Child Name

Date

Parent / Guardian Signature

Date

Please Choose One: Parent / Legal Guardian Employee / Caregiver

BANK DRAFT FORM

YMCA of Greenville & Hunt County Summer Camp Agreement ACH/CC Automatic Payment Option

STEP #1

Child's Full Name	
Child's Address	
City, State, Zip	
Phone Number (Day / Evening)	
Child's School	

STEP #2

Begin Draft Date: _____ / _____ / _____

STEP #3

Week #	1	2	3	4	5	6	7	8	9	10	11	12
Draft Date	June 7	June 14	June 21	June 28	July 5	July 12	July 19	July 26	Aug 2	Aug 9	Aug 16	N/A
Total Amt.												

STEP #4

<input type="radio"/> OPTION A Please fill out information to the right	Account Type: <input type="radio"/> Checking (circle one) <input type="radio"/> Savings (voided check required) <input type="radio"/> Credit Card (MasterCard Visa Discover) (voided check required)	
	Credit Card Number:	Credit Card Expiration Date:
	Cardholder's Name:	

✓ Only 1 Form of Draft Payment can be entered per person.

AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK. DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY.

1. I understand that this transfer will occur twice monthly on the 1st; semi-monthly on the 1st and 15th of each month for checking / savings and credit card drafts.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or Child Care Plan in anyway, I must provide the Y with at least a 2 week written notice prior to my transfer date.
3. I understand that the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
6. The Y only accepts Visa, MasterCard and Discover.
7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash only.

Account Holder Signature

_____/_____/_____
Date

YMCA OF GREENVILLE & HUNT COUNTY

1915 Stanford Street

Greenville, TX 75401

P 903 455 9622

greenvillemca.org