

YMCA OF SAN FRANCISCO, YMCA CAMP JONES GULCH Release And Waiver Of Liability And Indemnity Agreement

FORM A

REQUIRED FOR ALL PROGRAMS AND SERVICES AT YMCA CAMP JONES GULCH

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities 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 acknowledgment that such premises and all facilities and equipment therein 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence 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.

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 or such children 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 negligence of the releasees or otherwise.

3. 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 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.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization.

5. 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 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.

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 RELEASE.

Adult Participant

Signature of Adult Participant

Print Name of Adult Participant

Date ____ / ____ / ____

- OR -

Youth/Family Participant(s)

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date ____ / ____ / ____

Print Name(s) of Child(ren) in Program:



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SUMMER CAMP GROUND RULES

I understand and agree that, if circumstances should require my son or daughter to return home from YMCA Camp Jones Gulch before its conclusion, I will be responsible for picking my child up at camp immediately.

I understand that any of the following circumstances could, at the reasonable discretion of the Camp Director, require my son/daughter to return home early.

- A. The violation of any of the YMCA ground rules, which include:
 - 1. Alcohol or narcotics/drugs (including cigarettes) of any sort are forbidden on YMCA Camp Jones Gulch grounds or program sites.
 - 2. Sexual behavior or excessive display of affection that detracts from group participation are neither acceptable nor permitted.
 - 3. Permission is required from the YMCA camp staff for the camper to leave the group or defined boundaries at any time.
 - 4. Inappropriate social behavior is not acceptable because it impacts the YMCA's ability to conduct a safe and effective program for all.
 - 5. YMCA Camp Jones Gulch programs are established so that both staff and campers are responsible for housekeeping duties. Each must carry out their responsibilities.
- B. The commission of a crime by my son/daughter or the arrest of my son/daughter, or the use of any weapon.
- C. Any illness or injury suffered by my son/daughter that would make their continuing on with camp ill advised.

I understand that Camp Jones Gulch uses a three-strike system for managing behavioral problems. I will be contacted when my camper has received strike two. At strike three my camper will be removed from camp activities and I am responsible for picking up my child from camp immediately.

I understand and agree to the above ground rules. Violation of these ground rules may result in the camper being sent home at the parent's expense, and no refund will be available.

Parent/Guardian's Signature

_____/_____/_____
Date

Camper's Signature

_____/_____/_____
Date

YMCA CAMP JONES GULCH 2012 Health History Form

FORM B

Complete one form per camper. Must be received at camp at least **4 weeks** before camper's arrival.

Camper Name _____ / _____ / _____
Last First Middle Initial Date of Birth Age Gender
 Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____	Add'l Emergency Contact _____
Relationship _____	Relationship _____
Employed by _____	Employed by _____
Occupation _____	Occupation _____
Phone Home (____) _____ - _____	Phone Home (____) _____ - _____
Work (____) _____ - _____	Work (____) _____ - _____
Cell (____) _____ - _____	Cell (____) _____ - _____

Vaccines

(Approximate Date Immunized)

Diphtheria _____

Measles _____

Tetanus _____

Mumps _____

Pertussis _____

Rubella _____

Chicken Pox _____

Polio _____

Hepatitis B _____

Information Required by State Law

Health Insurance Company _____ Policy Number _____

Dentist _____ Physician _____

Phone (____) _____ - _____ Phone (____) _____ - _____

Medical Information Past or Present

(Check all that apply)

Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed-wetting <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect/Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently under Dr.'s care <input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Diseases/Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently taking medication* <input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, please complete Form C as well

For each "Yes" please explain:

Dietary Considerations

We can work effectively with most medically prescribed diets but cannot cater to individual food preferences.

Vegetarian Vegan

Other _____

Allergies

(Check all that apply)

Penicillin Yes No

Other Drugs Yes No

Foods Yes No

Bee Stings Yes No

Have Bee Sting Kit? Yes No

Other Insects or Animals Yes No

Hay Fever Yes No

Latex Yes No

Any other Allergies? Yes No

For each "Yes" please explain:

Non-Prescription Medications

I authorize the following medications to be administered as needed:

Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin <input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian's Authorization

This health history is correct, so far as I know, and the person herein has permission to engage in all planned camp activities, including out-of-camp trips by bus. In case of accident or illness, I authorize the YMCA to secure emergency medical treatment for this participant and provide my medical insurance provider information. I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

Parent/Guardian's Signature _____ Date _____

Camper Name: Last _____ First _____ Session: _____ Cabin: _____ (for office use)

YMCA CAMP JONES GULCH 2012 Medication Authorization & Health Examination

FORM C

Camper Name _____ Session _____ Cabin (For Camp Use Only) _____

I, (parent/guardian) _____, the parent or guardian of the above listed camper, hereby, request that the YMCA Staff administer the following prescription and/or over-the-counter medication(s) to my child.

Medication is generally administered at breakfast, lunch, dinner, and before bed. Indicate which time applies and note if another specific time is necessary. Attach another sheet if your child takes more medication.

	Medication	Dosage	Daily/As Needed	Time of Day	Special Notes
1.					
2.					
3.					
4.					

Please give a description and symptoms of the condition that requires the child to take medication. _____

Possible adverse reactions which staff should be aware of include _____

How is your child's attitude about taking medication (e.g. cooperative, resistant, embarrassed, etc.)? _____

Other special instructions: _____

****Medications must be in their original containers, labeled, and match the camper's name!****

****Prescriptions must be for the camper only, not anyone else.****

Signature of Parent/Guardian _____

Date Signed _____/_____/_____

REQUIRED: Health Examination By Licensed Physician

ALL CAMPERS ARE REQUIRED TO HAVE WRITTEN CONFIRMATION OF A HEALTH EXAMINATION WITHIN 24 MONTHS OF ATTENDING YMCA CAMP JONES GULCH. Camp is held in an outdoor setting, with programs that are very active, including hiking, games, swimming, and traditional camp activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past two years. Yes No Date Examined _____/_____/_____

Is the applicant under the care of a physician for any conditions? Yes No If yes, please explain: _____

Any specific activities to be encouraged or limited by physician's advice? _____

Any treatment or medications to be continued at camp (please give specific dosages)? _____

Additional health information: _____

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted above.

Licensed Physician (sign and print name): _____ Date: _____/_____/_____

Address: _____ Phone: (_____) _____

Form completed by: _____ Date: _____/_____/_____

Camper Name: Last _____

First _____

Session: _____

Cabin: _____

(for office use)

Camper Name _____
Last First



Bring this form with you, completed, on check-in day.
DO NOT MAIL!

I authorize the people listed below, in addition to myself, to pick up my camper from summer camp.

Name of Parent/Guardian Signature of Parent/Guardian _____ Date Signed ____/____/____
Cell Phone: (____) ____-____ Home Phone: (____) ____-____

List at least three (3) individuals, in addition to yourself, who you authorize to pick up your camper from camp or bus drop-off site. The individual picking up your child will be required to show their photo ID, matching the name on this form. Camp Staff will not release your camper to anyone not listed on this form.

1. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) ____-____ Home Phone: (____) ____-____

2. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) ____-____ Home Phone: (____) ____-____

3. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) ____-____ Home Phone: (____) ____-____

4. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) ____-____ Home Phone: (____) ____-____

===== **PICK UP DAY ONLY** =====

Signature of Individual Picking Up Camper _____ Date Signed ____/____/____

===== **DO NOT WRITE BELOW LINE** =====

For Office Use Only

Departure Method _____ Last Session before Departure _____ Meds? Yes No

DEPOSIT POLICY

Deposit must be received for registration to be processed. Registration is subject to delay if deposit is not received. All fees must be paid in full by 4 weeks before the first registered session. If your account is not paid in full by the due date, your credit card on file will be charged for the balance.

REFUND POLICY

All deposits are non-refundable and non-transferable. In cases of homesickness, dismissal, or voluntary withdrawal, there is no refund of fees. All cancellations or changes to registration must be submitted in writing. Any cancellation less than 3 weeks prior to the start of the session will result in a refund of 50% of the camp fees less the deposit. Cancellations less than 1 week in advance will result in a refund of 25% of fees, less the deposit. If a camper does not show for the session without notice, there will be no refund issued. A physician's authorized written medical excuse is required to be considered for a full refund (less deposit). Requests for refunds with special circumstances must be submitted in writing. There is no refund of transportation costs within 1 week of the session. Changes to camp sessions or transportation within 1 week of the session may be subject to a \$10.00 service fee.

FORMS POLICY

I understand that if all forms (A, A1, B, C, D, and P) are not received and fully complete that my camper will not be allowed to attend the session.

Parent/Guardian's Signature

Date