



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BOLD & GOLD BACKPACKING

Point Bonita YMCA

Registration Packet

CONTACT INFORMATION				
Camper's Name		Camper's Date of Birth		
Mailing Address		City	State	Zip
Parent/Guardian 1	Date of Birth	Parent/Guardian 2	Date of Birth	
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone	
Email		Email		
Additional Emergency Contact & Authorized Pickup #1 Name Phone		Additional Emergency Contact & Authorized Pickup #2 Name Phone		
DIETARY NEEDS <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other:				

BOLD & GOLD BACKPACKING				
Intro to Backpacking June 27-30	Henry Coe Backpacking July 4-9	Desolation Wilderness July 11-18	Yosemite Backpacking July 25-30	*Point Reyes Expedition* August 1-6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOLD (All Gender) Entering Grades 7-9	BOLD (All Gender) Entering Grades 7-11	BOLD (Boys Only) Entering Grades 9-12	BOLD (Boys Only) Entering Grades 8-12	BOLD (Boys Only) Entering Grades 7-11
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		GOLD (Girls Only) Entering Grades 9-12	GOLD (Girls Only) Entering Grades 8-12	GOLD (Girls Only) Entering Grades 7-11

HEALTH EXAMINATION

All campers are required to have a health examination within 12 months of attending YMCA. 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.

By signing this form, I am agreeing that my camper is in good health, has or will be examined by a doctor within 12 months prior to camp and is capable of participating in the many physical activities in camp.

Parent/Guardian Initials _____
Concussion Risk Acknowledgment

HEALTH HISTORY

INFORMATION REQUIRED BY STATE LAW

Health Insurance Company

Policy No.

MEDICAL INFORMATION PAST/PRESENT

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADD/ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Defect/Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head Lice (Recent)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent Hospitalization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bed-wetting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Currently Under Dr's Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sleepwalking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chicken Pox	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please explain each "Yes" above:

VACCINES (No Exemptions) Approx. Date

Diphtheria

Measles

Tetanus

Mumps

NON-PRESCRIPTION MEDS

Please administer the following to my child as needed:

Acetaminophen (Tylenol) Yes No

Benadryl Yes No

Chloraseptic Yes No

Cough Drops Yes No

Pepto Bismol Yes No

ALLERGIES

Penicillin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Foods	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have bee sting kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bee Stings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other insects/animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MEDICATION TAKEN REGULARLY (Prescription of Over-the-counter)

Medication	Dosage	Daily or As Needed?	Time(s) of Day	Notes

Conditions requiring medications:

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

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 therefore 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.

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

PROGRAM GROUND RULES

To make sure that every participant has a safe and wonderful experience, EVERY camper must agree to the Program Ground Rules.

EVERY CAMPER MUST:

- Be responsible for her/his attitude, actions, and statements.
- Treat everyone else with respect and dignity.
- Live and play cooperatively, and help out when asked.
- Respect the privacy and property of others.
- Follow the rules of the YMCA staff, and stay with the group and counselor.
- Keep themselves safe and healthy, and help others to be safe and healthy.
- Have fun, and help and encourage others to have fun too!

ANY OF THE FOLLOWING MAY RESULT IN A CAMPER BEING SENT HOME EARLY:

- Committing a crime and/or being arrested.
- Harming other people, physically or emotionally. This includes fighting, threatening, teasing, insulting, and bullying.
- Possession of alcohol, narcotics/drugs, tobacco products, weapons, or fireworks.
- Sexual behavior, statements, or advances, or excessive displays of affection.
- Putting yourself or others at risk. This includes going outside defined boundaries, leaving the group without permission, or violating Camp rules.
- Harming the property of other people or the YMCA.
- Ongoing behaviors and/or actions that make the Camp unsafe or uncomfortable for others.

For minor incidents, instructors will work with the camper to ensure that they understand the rules and expectations. Staff may use behavior management techniques such as talking to the camper about their behavior and giving them time to reflect away from the group. For major incidents, counselors will bring in support from chaperones, camp coordinators, and/or directors to help make sure the camper understands the impacts of their actions and potential consequences. Staff will work with the camper to draft a behavior contract. Behavior contracts outline expectations, goals, and consequences in the event of further incidents. Parents/Guardians will be informed and consulted on how best to work with their child. If problems continue or a contract is broken, the camper may be sent home. The YMCA reserves the right to send a camper home based upon a single unsafe, inappropriate, or illegal action.

PARENT/GUARDIAN:

I understand that my child is being held to the highest behavior standards, and that s/he may be sent home for unsafe, in-appropriate, or illegal activities. If my child is sent home, I understand and agree that I will be responsible for his/her transportation home, and I will not receive a refund. I have or will review these rules with my child prior to the first day of camp.

Parent/Guardian Initials _____

MEDICAL INFORMATION AND AUTHORIZATION

I attest that the health history provided during registration is correct, and that if there are any changes or updates they will be communicated to YMCA Camp Jones Gulch prior to attending camp. My child has permission to engage in all planned camp activities, including out-of-camp trips by bus. I attest that all prescription and/or over-the-counter medications my child is authorized to take were listed during registration and that I authorize YMCA staff to administer those medications

PARENT QUESTIONNAIRE

What attitudes, traits, habits or social skills are you trying to strengthen/correct?

1. What is the most common behavioral/disciplinary problem you've had?
2. Has your camper been away from home for extended periods? If so, where?
3. Are there any activities in which your camper should NOT participate?
4. My camper is sensitive about:
5. What suggestions do you have for working with your camper?
6. Does your child have any experience camping? For BOLD/GOLD trips, do they have any experience back-packing in the wilderness? (not required for participation)
7. What are you hoping for your child to gain from this experience?
8. List any pre-existing or prior illnesses or conditions that might inhibit the camper's activity *Please include any current or past broken/sprained/dislocated joints or bones, any illnesses associated with high altitude, breathing conditions such as asthma, etc.
9. Ethnicity/Race *We seek to include participants from a wide variety of races and ethnic backgrounds. Please help us continue to improve our programs and track our progress in this area by identifying your ethnicity/race below.

African

Asian

Black/African American

Latino/Hispanic

Middle Eastern

Native American

Native Hawaiian/Pacific Islander

White/Caucasian

Other

10. How did you hear about our program?

11. Camper's Approximate Height: _____

Approximate Weight: _____

CAMPER QUESTIONNAIRE

Please have your camper answer these questions themselves

1. Why do you want to come on this adventure?
2. What is one thing you are nervous about?
3. What do you hope to gain from the experience?