

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		Additional Emergency Contact & Authorized Pickup #2		
Name	Phone	Name	Phone	
DIETARY NEEDS (Vegetarian, Vegan, 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 (Boys Only) Entering Grades 7-9	BOLD (Boys Only) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOLD (Girls Only) Entering Grades 7-9	GOLD (Girls Only) Entering Grades 7-11	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 Number

Vaccines (No Exemptions)

Approx. Date

Diphtheria _____

Measles _____

Tetanus _____

Mumps _____

Medical Information Past/Present

Asthma	Yes	No	ADD/ADHD	Yes	No
Heart Defect/Disease	Yes	No	Head Lice (recent)	Yes	No
Recent Hospitalization	Yes	No	Bed-wetting	Yes	No
Currently Under Dr.'s Care	Yes	No	Sleepwalking	Yes	No
Seizures	Yes	No	Tuberculosis	Yes	No
Diabetes	Yes	No	Chicken Pox	Yes	No

Non-Prescription Medications

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

Please Explain Each "Yes" Above:

Allergies

Penicillin	Yes	No	Foods	Yes	No	Have bee sting kit?	Yes	No
Other Drugs	Yes	No	Bee Stings	Yes	No	Other insects/animals	Yes	No

For each "Yes" please explain: Any medications? What happens if exposed?

Medication Taken Regularly (Prescription or 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, inappropriate, 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's 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

QUESTIONNAIRE CONTINUED



- Does your child have any experience camping? For BOLD/GOLD trips, do they have any experience backpacking in the wilderness? (not required for participation)
- What are you hoping for your child to gain from this experience?
- 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.
- 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

◇ Latino/Hispanic

◇ Native Hawaiian / Other
Pacific Islander

◇ Asian

◇ Middle Eastern

◇ White/Caucasian

◇ Black/African American

◇ Native American

◇ Other

- How did you hear about our program?
- Camper's Approximate Height: Approximate Weight: (*Used for sizing rental equipment)

Camper Questions — Please have your camper answer these questions themselves.

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