



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

REGISTRATION FORM

Child's Name _____

Date _____

Email address for camp schedules & communication _____

Phone number for camp communication _____

Staff Check List

Registration Form

Camper Health History/Emergency Contact

Discipline and Behavior Management Policy

Standard Waiver and Permission Form & Parent Acknowledgement

Multi-Jurisdictional Authorization and Release for Medical & Dental Treatment

Medications (if applicable)

Child Pick-Up Form and Parent/Guardian Signature

GENERAL INFO returned to parent, reviewed receipt, receipt given

Registration Fee has been paid

Staff Signature _____

Date _____

(Office use only)

Letter sent to parent/guardian regarding any missing items:

Staff Signature _____

Date _____

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

Submit



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DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

The YMCA of the Chesapeake's summer camping programs take pride in being part of a community composed of individuals working together to provide the best camping experience for all participants. We view ourselves as a family, providing a platform for our participants to be caring, honest, respectful, responsible, and faithful. We strive to see that campers find it fun to apply these character values to their everyday camping experience. Campers are responsible for following YMCA Camp rules which are designed to give the best possible experience for everyone in a safe atmosphere, so that we all may learn and grow from each other.

- With that being said, we realize that all children, at some time, may make undesirable choices or misbehave. We view this as an opportunity for Teachable Moments. We will take that opportunity to reinforce respect, responsibility, caring, honesty and faith.
- The YMCA will use a model of one on one communication between campers to work out minor differences.
- All differences involving campers and staff will be handled through a YMCA Director and Parent/Guardian.
- Each day is a new day and deserves a clean slate. We are also dedicated to keeping you informed with your child's day.

Behavioral Actions are as follows:

- *First Infraction** YMCA staff will handle and the Parent/Guardian will be made aware at the end of the day.
- *Second Infraction** YMCA staff will handle and immediately contact parent/guardian
- *Third Infraction** YMCA Camp Director will immediately contact parent/guardian to pick up child.

Behavior Requiring IMMEDIATE Action

Behavior requiring immediate action will result in parents/guardian being contacted for immediate pick-up and, remainder of the day suspension. In some cases a more severe suspension may result.

Reasons for dismissal from the YMCA Day Camp:

1. **Verbal abuse to another child or adult**
 - a. Language with sexual connotations
 - b. Foul Language
 - c. Foul body language
 - d. Extreme disrespect
2. **Children physically confronting another child or adult**
 - a. Physical fighting
 - b. Biting
 - c. Touching another individual in a threatening manner
 - d. Inappropriate touching
3. **Damage to YMCA property**
 - a. Damage to property off YMCA site while on a YMCA function
 - b. Parents will be held financially responsible for all damages (Caveat; If a child brings item on the "WHAT NOT TO BRING" list, that camper is responsible for loss or damage.)
4. **Theft**
 - a. Theft from YMCA
 - b. Theft of other participants or members property
 - c. Theft of property off YMCA site while on a YMCA function

The YMCA reserves the right to deny admittance or terminate enrollment of any child if the YMCA determines that it is in the best interest of the child and the program to do so.

Child's Name _____

Parent/Guardian Signature _____ Date _____



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STANDARD WAIVER AND PERMISSION FORM

I grant permission for my child _____ for the following activities:
(Please initial each)

- _____ to ride a YMCA vehicle and/or Charter/School Buses on scheduled or routine field trips
- _____ to walk to scheduled or routine off-site activities and/or field trips with YMCA Staff
- _____ to participate in free swim activities at the YMCA of the Chesapeake.
- _____ The YMCA may use my child's picture in program literature and/or on the YMCA of the Chesapeake's website for promotional purposes.
- _____ to participate in Youth Services/YMCA of the Chesapeake Summer Day Camp
- _____ to be photographed by YMCA staff or professional photographers and for pictures to be used for YMCA publications, website and/or newspaper articles
- _____ to have sunscreen applied as needed**
- _____ to have bug spray applied as needed**

**sunscreen may be applied by hand or by spray or you may deny us permission to apply sunscreen and/or bug spray in the event of allergy or personal preference.

I hereby agree to indemnify and hold harmless the YMCA of the Chesapeake, its members, program participants, the board of directors, or its employees and any organization co-sponsoring the program, from and against any and all liability for injury which may be suffered arising out of or in any way connected with my child participating in the previously mentioned activities.

I agree not to hold the YMCA of the Chesapeake, its members, program participants, the board of directors, or its employees and any organization co-sponsoring the program responsible in any way.

Parent Signature

Date

PARENT ACKNOWLEDGEMENT

Child's Name _____

Date of Birth _____

I received, read, and understand the General Camp Information. I agree to adhere to the policies as stated.

Parent Signature

Date



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**MULTI-JURISDICTIONAL AUTHORIZATION
AND RELEASE FOR MEDICAL AND DENTAL TREATMENT**

Child's Name _____

The undersigned, as parent or parents, or legal guardians, of the above named persons, a minor, hereby authorize Directors, Employees, Board of Directors and Leaders (collectively the YMCA) to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical or dental care is sought. For the purpose of medical or dental care obtained in Maryland, this authorization is given pursuant to the provisions of the Maryland Civil Code as amended.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required to communicate with at least one of the undersigned prior to the rendering of medical or dental care for which the pursuant to this authorization. The undersigned understand and agree that the YMCA shall not be legally or financially liable for any claim arising from any medical or dental care. The undersigned hereby agree to indemnify and to hold the YMCA harmless from any claim made on behalf of the said minor arising out of any medical or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA, and shall be valid until revoked in writing by the undersigned.

Signed _____ Date _____

Signed _____ Date _____

Medical Insurance Company _____

Policy # _____ Effective Date _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)	FROM	TO	
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
PRESCRIBER'S SIGNATURE (Parent cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	



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CHILD PICK-UP FORM

I hereby give permission for my child, _____, to be picked up by the people listed on this form. I understand that my child will not be released to anyone who is not on this form. Identification will be asked for when picking-up my child.

Please note: the parents of each child need to be listed on this form.

1.	_____	_____	_____
	Name	Phone Number	Relationship to Child
2.	_____	_____	_____
	Name	Phone Number	Relationship to Child
3.	_____	_____	_____
	Name	Phone Number	Relationship to Child
4.	_____	_____	_____
	Name	Phone Number	Relationship to Child
5.	_____	_____	_____
	Name	Phone Number	Relationship to Child
6.	_____	_____	_____
	Name	Phone Number	Relationship to Child
7.	_____	_____	_____
	Name	Phone Number	Relationship to Child
8.	_____	_____	_____
	Name	Phone Number	Relationship to Child

Parent Signature _____ Date _____