



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

**WYOMING COUNTY YMCA
SUMMER REC
2017 PARTICIPANT FORMS**



WYOMING COUNTY YMCA

115 LINWOOD AVENUE

WARSAW, NY 14569

585-786-2880

www.glowymca.org

WYOMING COUNTY YMCA PERRY REC PROGRAM PARTICIPANT PROFILE – SUMMER 2017

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
JUNE 26 TO JUNE 30	JULY 5 TO JULY 7	JULY 10 TO JULY 14	JULY 17 TO JULY 21	JULY 24 TO JULY 28	JULY 31 TO AUGUST 4	AUGUST 7 TO AUGUST 11	AUGUST 14 TO AUGUST 18

CHILD AND FAMILY INFORMATION

Child's Name:		Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School/Grade in Fall:
Child's Nickname:		Child lives with:			
Parent's Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Parent's Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Emergency Contact Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Emergency Contact Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				

PARENT/GUARDIAN AGREEMENT

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ I must notify the YMCA staff immediately of any changes on these forms.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport children at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ I have read the YMCA Summer Program Parent Guide associated with my child's program and shared it with my child and agree to these policies and procedures. My child will be expected to follow all Camp rules and regulations. Failure to abide by the Camp rules and regulation may result in expulsion from the program.
- ✓ My child has my permission to participate in walking field trips with the YMCA and to ride on vehicles as arranged by the GLOW YMCA for transportation to and from YMCA Summer Programs and scheduled field trips. Specifics will be posted weekly.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child.
- ✓ My child has permission to swim at YMCA Summer Programs. I understand that my child's swimming ability will be assessed by the Progressive Swim Instructor prior to participating in swimming activities and will be reassessed on a regular basis to ensure swimmer safety. My child will only be able to swim in areas deemed appropriate for their swimming ability by the Progressive Swim Instructor.
- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Name:	Parent/Guardian Signature:	Date:
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IN ADDITION TO THIS FORM, THIS PACKET CONTAINS THE FOLLOWING FORMS THAT MUST BE COMPLETED AND TURNED IN BY MONDAY JUNE 19TH.

PARTICIPANT LIABILITY WAIVER – READ AND SIGNED BY PARENT/GUARDIAN – INCLUDED IN THIS PACKET

PARTICIPANT HEALTH FORM – FILLED OUT BY PARENT/GUARDIAN AND SIGNED BY PHYSICIAN – INCLUDED IN THIS PACKET

INDIVIDUAL STANDING ORDER FORM – FILLED OUT AND SIGNED BY PHYSICIAN – INCLUDED IN THIS PACKET

IMMUNIZATION RECORDS – COPY PROVIDED AT CHECK-IN – PROVIDED BY PHYSICIAN

WYOMING COUNTY YMCA PERRY REC

PARTICIPANT HEALTH FORM – TO BE COMPLETED BY PARENT/GUARDIAN

THE CHILD'S PHYSICIAN SHOULD COMPLETE BOTH SIDES OF THIS FORM. PLEASE NOTE THE NEED FOR PHYSICIAN'S SIGNATURES ON BOTH SIDES OF THIS FORM.
NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION, HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION SO THAT WE CAN BEST CARE FOR YOUR CHILD.

Child Name:	Age:	Height:	Weight:
Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Illness/Disease:		Symptoms:	
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company:			
Card Holder:		Policy/Group #:	

Child is looking forward to YMCA Program with? Enthusiasm Acceptance Caution Anxiety
Has your child been away from home before? Explain.
Does your child have any special talents, hobbies or special interests?
How does your child express anger/frustration? Is there a form of discipline (time-out is usually used) that works best with your child?
Does your child have any fears?
Things I would like my child to accomplish at the YMCA program are:
My child's swimming ability is: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some Lessons <input type="checkbox"/> Confident in Deep Water
Is he/she accustomed to having a wake-up call to use the bathroom in the middle of the night?
Have any significant events happened in your family in the last few years?
Is there any other information you think is important for us to know about your child?

PROGRAM PARTICIPANT HEALTH FORM, CONT. – TO BE COMPLETED BY PHYSICIAN

CAMPER HEALTH HISTORY

Please Check All That Apply.

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Allergies: |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Dental: |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Illness: | <input type="checkbox"/> Other: |

ADMINISTRATION OF PRESCRIPTION MEDICATIONS TO CHILD

PLEASE COMPLETE WITH PATIENT'S CURRENT/SUMMER REGIMEN FOR BOTH SCHEDULED AND PRN MEDICATIONS.

DRUG NAME	ROUTE (PLEASE INDICATE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE ONE)
PHYSICIAN SIGNATURE 1 OF 2 (see reverse side of page):				DATE:

INDIVIDUALIZED STANDING ORDERS FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION – TO BE COMPLETED BY PHYSICIAN

NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION OR HOUSE MEDICATIONS. HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION. THE FOLLOWING MEDICATIONS MAY BE AVAILABLE AND WILL BE ADMINISTERED AT THE DISCRETION OF THE YMCA NURSE/MAT/HEALTH CARE PROVIDER AS INDICATED.

CHILD NAME:		AGE:	WEIGHT:	HEIGHT:
DRUG NAME	ROUTE (PLEASE CIRCLE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE)
SUN SCREEN LOTION/SPRAY	Topical	As per package instructions	As needed	YES NO
INSECT REPELLANT	Topical	As per package instructions	As needed	YES NO
ANTISEPTIC OINTMENT	Topical	As per package instructions	Minor wound care Other:	YES NO
ANTI-ITCH OINTMENT	Topical	As per package instructions	Rashes insect bites Other:	YES NO
ANTI-STING OINTMENT	Topical	As per package instruction	Insect bites Other:	YES NO
ANTIBIOTIC OINTMENT	Topical	As per package instruction	Minor wound care Other:	YES NO
SUNBURN RELIEF OINTMENT	Topical	As per package instructions	Sunburn Other:	YES NO
IBUPROFEN	Oral	As per package instructions	Pain; swelling; fever Other:	YES NO
ACETAMINOPHEN	Oral	As per package instructions	Pain; swelling; fever Other:	YES NO
ANTI-FUNGAL CREAM	Topical	As per package instructions	Athletes foot Other:	YES NO
ANTACID/ ANTIEMETIC	Oral	As per package instructions	Nausea; diarrhea Other:	YES NO
SWIMMER'S EAR DROPS	Topical	As per package instructions	Ear pain after swimming Other:	YES NO
EYE DROPS	Topical	As per package instructions	Eye irritation; allergies Other:	YES NO
HYDROCORTISONE 0.5%	Topical	As per package instructions	Rashes; insect bites; poison ivy Other:	YES NO
COUGH SYRUP	Oral	As per package instructions	Coughing Other:	YES NO
LAXATIVE	Oral	As per package instructions	Constipation Other:	YES NO
ANTIHISTAMINE	Oral or Topical	As per package instructions	Swelling Hives; allergic reaction; nasal congestion; Other:	YES NO
ANTI-DIARRHEA	Oral	As per package instructions	Diarrhea Other:	YES NO
LICE TREATMENT	Topical	As per package instructions	Detection Other:	YES NO

Health Care Provider Name:		
Address:		
City:	State:	Zip:
License Number:	Phone:	Fax:
As requested by the patient and as mandated by New York State Department of Health, a dated and/or current copy of immunizations/shot records is attached. _____ Physician Initials		
PHYSICIAN SIGNATURE 2 OF 2:		DATE:

YMCA Kid's Gym and Inflatable Activity

Participant Waiver

Although we strive to make all activities as safe as possible, activities of this nature do come with some element of risk. This waiver ensures that we have contact information for you and/or your child and you are aware of these risks. Please fill this out completely, if you have any questions, please contact the YMCA.

Participant Name _____ DOB _____

Parent/Guardian Name (Printed) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

MEDICAL PROFILE - I recognize that the Kid's Gym climbing elements and Inflatables are physically strenuous endeavors requiring my child to be in good physical condition. I hereby certify that he/she does not suffer from any physical or mental infirmities or illnesses which would affect his/her ability to engage in climbing activities. I further certify that if my child is on any regular medication I will discuss this medication with the YMCA/Kid's Gym staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF RISK & ASSUMPTION RESPONSIBILITY - I understand that during my child's participation in a Kid's Gym activity he/she may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the Genesee/Wyoming YMCA and or its employees as a result of my child's participation in the program, except those which are a direct result of the negligence by the Genesee/Wyoming YMCA or its employees. I have accepted responsibility for verifying my child's personal health and medical history on the top of this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experiential program. I also authorize the treatment of him/her by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me.

Parent/Guardian Signature _____ Date _____

YMCA/Red Pines Participant Liability Waiver

Participant Name		Date of Birth		Gender
Address		City	State	Zip
Email Address			Phone	
Parent/Guardian Name; if under 18			Phone	
Emergency Contact			Phone	

PARTICIPANT MEDICAL PROFILE

I recognize that challenge course activities are strenuous endeavors requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in climbing activities and that if I am now under the treatment for any of the following I will check the proper heading and discuss them with a YMCA/Red Pines instructor.

Please check the appropriate heading;

- Nervous disorder
- Shortness of breath
- Mental distress
- Fainting spells
- Insect allergies
- Any other condition
- Diabetes
- Neck injury
- Recent injury
- Convulsions
- Drug addiction/dependency
- Kidney related disease
- Alcoholism
- High Blood Pressure
- Hearing loss or impairment
- Cardiac or Pulmonary condition or disease
- Back injury
- Pregnancy
- Low blood pressure
- Orthopedic problem

(list) _____

I further certify that if I am on any regular medication I will discuss this medication with the Red Pines staff and I have not taken any alcoholic beverages or mind altering drugs in the last 12 hours.

Participant Signature _____

Date _____

Parent Signature _____

Date _____

ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RESPONSIBILITY

I understand that during my participation in this adventure course activity I may be exposed to psychologically and physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for the program to guarantee absolute safety. I also understand that I share responsibility for safety and I assume that responsibility.

Further I wave any claim that may arise against the GLOW YMCA and or its employees, its employees, directors, and agents and other participants as a result of my participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees, its employees, directors and agents and other participants. I have accepted responsibility for verifying my personal health and my medical history on the top of this sheet. In so doing I state that I have no physical or psychological problems that would prohibit participation in this program. I agree to comply with all instruction and direction given by YMCA/Red Pines staff during my participation.

Participant/Parent Signature_____

Date_____