



**2022 YMCA CAMP SHIAWASSEE
CAMPER (Ages 5-12)
REGISTRATION FORM**

Mail this form to: 515 W Main Owosso MI 48867
(or) Register Online at shiawasseeymca.org

Camper Name: _____ Male/Female _____ Date of Birth: _____

Camper Preferred Name: _____

Parent's Name _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Grade Entering Fall 2022: _____ How did you hear about us? _____

To Register: select the session(s) you would like your child to attend and complete this form and mail or register online. A \$25 per session non-refundable deposit is required. Balance due one week prior to the session start date. Only children within the same household are eligible to receive the additional child discount.

Refund Policy: Deposits are NON-REFUNDABLE after thirty days prior to session start date.

<u>Sessions Offered (check)</u>	<u>Days Attending (pick 3 or 5)</u>	<u>Early Care (circle)</u>	<u>Late Care (circle)</u>
_____ Week 1: June 13 – June 17	M T W TH F	M T W TH F	M T W TH F
_____ Week 2: June 20 – June 24	M T W TH F	M T W TH F	M T W TH F
_____ Week 3: June 27 – July 1	M T W TH F	M T W TH F	M T W TH F
** NO CAMP THE WEEK OF JULY 4- JULY 8 **			
_____ Week 4: July 11 – July 15	M T W TH F	M T W TH F	M T W TH F
_____ Week 5: July 18 – July 22	M T W TH F	M T W TH F	M T W TH F
_____ Week 6: July 25 – July 29	M T W TH F	M T W TH F	M T W TH F
_____ Week 7: August 1 – August 5	M T W TH F	M T W TH F	M T W TH F
_____ Week 8: August 8 – August 12	M T W TH F	M T W TH F	M T W TH F

YMCA MEMBER PRICING \$150 per session or \$95 for 3 days
Extended Care \$40 per session or \$24 for 3 days

NON MEMBER PRICING \$175 per session or \$110 for 3 days
Extended Care \$60 per session or \$40 for 3 days

TOTAL CAMP FEES

Session Total \$ _____

Early/Late Care Total \$ _____

Additional Child saving (\$10 per session) \$ _____

Subtotal \$ _____

METHOD OF PAYMENT (circle)

Check Visa Mastercard

Credit Card Number: _____

Exp Date ____/____ 3 digit code _____ Zip Code _____

Health Form

YMCA CAMPING SERVICES



Participant Information

First Name Last Name _____ Birthdate M F

Home Address

City State Zip Phone

Parent/Guardian 1 Name Cell Phone Work Phone Home Phone

Parent/Guardian 2 Name Cell Phone Work Phone Home Phone

Our goal is to provide a complete camping experience for all. To accomplish this goal, we ask all of our campers and staff to inform us of any disabilities, impairments or restrictions. We recommend that all campers and staff have a physical completed within 12 months of attending camp. We use this information to provide staffing levels and to insure that potential accommodations are available.

Please note any impairments, disabilities or restrictions:

Please indicate any history of the following injuries or illnesses (circle all that apply):

- | | | | |
|-------------|-------------------|--------------|-------------------------|
| Chicken Pox | Bee Sting Allergy | Ankle Injury | Frequent Ear Infections |
| Diabetes | Knee Injury | Back Injury | Heart Problem(s) |
| Convulsions | Asthma | Other: _____ | |

Any allergies or drug sensitivities? Yes No

If yes, please describe: _____

Please record any significant medical or surgical history and any hospitalization or doctor visits for an illness in the past year:

Is there any other health related information or further suggestions for camp personnel?

Is your child a vegetarian? Yes No

Any other dietary concerns? _____

Does your camper take medicine? Yes* No

If yes, name of medication: _____

*If yes, please also complete the Request for Dispensing Medication Form

Important - this box must be completed for attendance

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care as per the camp physician's standing orders for my child at YMCA Camp Shiawassee.

Signature of parent/guardian or adult camper/staff	Date
Signature of witness	Date

I. Camper Confidential Information

Has camper ever had professional counseling? Yes No

Describe any therapist recommendations that might help camper adjust to camp:

Is your camper in his/her appropriate grade based on age? Yes No

Who encouraged your camper to attend camp? _____

Has your child been to summer camp? _____

Camp Name: _____ Day Resident

Does your camper have any fears?

II. Statement of Camper Immunizations

Please fill out the appropriate statement below regarding your campers immunization history:

I _____ of _____ attest that all immunizations for
Custodial Parent/Guardian Camper Name school are up to date.

OR

I _____ of _____ choose not to immunize.
Custodial Parent/Guardian Camper Name

III. Tetanus Shot/Booster Information

The date of _____ last Tetanus Shot/booster is _____
Camper's Name

Signature of parent/guardian

Date

Primary Doctor & Insurance Information

Name of Insurance

ID#

Employer Name

Subscriber's Name

Relationship to child

Primary Doctor

Doctor's Office Phone Number

Dentist

Dentist's Office Phone Number

Emergency Contact Information

Please provide information for two people other than yourself that can be called in case of a medical emergency for your camper and you cannot be reached.

Emergency Contact #1 Name Phone Number Relationship

Emergency Contact #2 Name Phone Number Relationship

Risk Waiver Form

YMCA CAMPING SERVICES



First and Last Name

Home Address

City

State

Zip

Phone Number

I understand that, as in all sports/activities there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camp Shiawassee and any other entity that is the landlord, or sub landlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implied in any action) said YMCA Camp Shiawassee or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I/we/am are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at YMCA Camp Shiawassee, such as:

- 1 Skateboarding, roller skating, in-line skating, mountain boards and/or similar activities
- 2 Horseback riding
- 3 Climbing on natural rocks and cliffs, the climbing tower, and/or the climbing center, and/or similar activities
- 4 Water sports, including: swimming, kayaking, canoeing, sailing, windsurfing, and rafting, water skiing, wakeboarding, tubing and/or similar activities
- 5 Paintball, field and target sports
- 6 Tubing (winter)
- 7 And/or similar activities

YMCA Camp Shiawassee located at 5721 E. Exchange St., Bancroft, Michigan ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

Authorization for Audio/Visual Records

I understand that the YMCA may make audio/visual recordings of this camping event. I hereby authorize the YMCA to have and use photographs, slides, moving pictures, and audio/video tapes of my child (if under 18) and/or myself for purposes of YMCA records, public relations, and/or advertising.

Release of Liability

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Shiawassee that parent/legal guardian and/or participant assumes all risks during the program.

Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.

I hereby give my consent:

1 To participate in YMCA Camp Shiawassee programs.

To receive emergency medical care which may become reasonably necessary in the course of such
2 activities or travel.

I further agree not to hold YMCA Camp Shiawassee or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Shiawassee programs activities or travel.

Signature of participant or parent/guardian (if participant is under 18)

Date

I have read the aforementioned and will abide by the principles and regulations contained herein.

Signature of participant

Date

Camper Behavior & Expectation Agreement

YMCA CAMPING SERVICES



YMCA Camping Services adheres to the highest safety standards and regulations set by the American Camp Association, State of Michigan licensing and YMCA code of conduct policies. Camp Shiawassee follows the mission of the YMCA, "To put Christian principles into practice through programs that build healthy spirit, mind, and body for all." As well as, apply the four core values of: Caring, Honesty, Respect, and Responsibility to all programs and activities presented to the campers and staff. Our goal at camp is to provide positive growth for all campers while in a safe, healthy, nurturing environment. To create and maintain such an environment will require the participation of staff and campers alike.

Please read the following information carefully so you and your child can fully understand and agree to the expectations set forth by YMCA Camp Shiawassee.

Camper Behavior & Camp Culture

Camp often requires an adjustment period in which the camp community learns how to get along with others, learns what is acceptable (behavior, language, physical action and attitudes) and what is not, and learns appropriate communication techniques. To facilitate this process, camp staff sets rules that will create a successful week. These rules usually include things like: respecting private property, no bad language, don't gossip, no hitting, etc. The idea is to build an atmosphere promoting respect, responsibility, honesty, and caring.

Corrective & Disciplinary Process

Most correction and disciplinary situations at camp are minor and can be resolved with minimal corrections. Camp staff use discipline as a learning opportunity for the camper and try to integrate problem-solving skills into the discussion. However, if the negative behavior continues the following steps may be instituted and are progressive depending on the camper response:

- 1 Discussion between camper and counselor to set verbal goals and objectives to correct the issue.
- 2 The Head Counselor will meet to clarify goals and objectives previously set.

If the conduct continues, documentation of the negative behavior will be recorded in the form of a written "Behavior Improvement Contract" specifically stating what actions will be taken and what the improvement needs to be. This is signed by the camper and staff.

- 3 If it still continues, the Camp Director will contact the parent/guardian to inform them of the situation and discuss possible options.
- 4

If the problem has not been corrected or continuously repeats, the Camp Director will contact parent/guardian to make arrangements for the campers' discharge from camp. The Executive Director will be made aware of the situation.

Although very rare at YMCA Camp, there are certain Camp infractions that are more serious and may require immediate attention by a Director. These include but are not limited to: fighting, using racial slurs, defiance displayed toward authority, conduct or behavior that threatens any person. These infractions may result in expulsion from camp.

Extremely rare, but needing to be mentioned, the following infractions will result in immediate dismissal from Camp:

possession of any tobacco product, alcohol, illegal drugs, drug paraphernalia, over the counter drugs that are not listed on the medical form, weapons, sexually explicit material and/or behavior, any illegal conduct, bullying of others or any behaviors meant to replicate the effect of drugs. Camp Administrative staff retains the right to include other items that may not be listed above to assure that a safe camp atmosphere is maintained for all.

There will be NO REFUND OF ANY AMOUNT for campers who are sent home as a result of any of the above.

I agree to the above stated expectations and terms of dismissal and will work with my child to gain an understanding of creating a positive camp experience for all.

Signature of participant or parent/guardian (if participant is under 18)

Date

I agree to the above stated expectations and want to help create a great camp experience for all.

Signature of participant or parent/guardian (if participant is under 18)

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

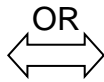
YES, Explain: _____

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: _____

CAMP SHIAWASSEE

Camper Pick-Up Authorization Form

Camper's Name: _____

Parent/Guardian Name: _____

Please include all names of those persons authorized to pick up your child/children from Camp Shiawassee or from the Shiawassee Family YMCA. This list should include car pool groups and any other parents, relatives or friends who are permitted to pick-up your child/children. Any parent not listed on the registration form should also be on this list. No campers will be released to anyone except the following list under any circumstances. Anyone who picks up a child/children from Camp Shiawassee or the Shiawassee Family YMCA should have their driver license or other photo ID ready to show staff.

Last Name	First Name	Relationship	Phone Number

NO CAMPER WILL BE RELEASED FROM CAMP TO ANYONE NOT ON APPROVED LIST UNDER ANY CIRCUMSTANCES.

PHOTO ID MUST BE SHOWN AT THE TIME OF PICK-UP.

CAMP SHIAWASSEE
SHIAWASSEE FAMILY YMCA
 5721 Exchange Rd., Bancroft, MI 48414
 shiawasseeymca.org
 989-725-8136

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian

Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication	Date:
<input type="checkbox"/> Returned to Child's Parent/Guardian <input type="checkbox"/> Thrown Away	