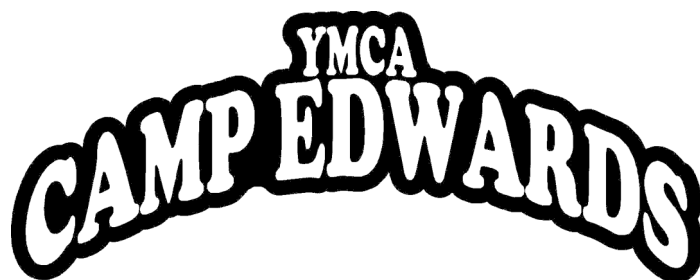




**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Camper Registration Packet 2012

For Campers Ages 7-14



**YMCA of the East Valley
Camp Edwards**

Send to:
Redlands Family YMCA
500 East Citrus Ave.
Redlands, CA 92373
(909) 798-9622

Keith Beymer
Camp Director
(909) 253-3538
e-mail: kbeymer@ymcaeastvalley.org

Open Registration Begins March 12, 2012



STEP 1.

Please select session below by placing a ✓ in the space provided.

Prices below does not include membership fees: Youth Program Member- \$53/year (March1, 2012 Youth Program Member Fee increases to \$78./year) or Facility Member - \$84/6 mos. or \$168/year

Membership Application Located on the Last Page

**SESSIONS AT YMCA CAMP EDWARDS
Angelus Oaks, CA**

Session I (7-14 year olds)

Traditional Activities

Monday, June 18 to Saturday, June 23

YOUTH PROGRAM **FACILITY**

Camper \$299

Camper \$280

CIT \$153

CIT \$143

Session II (7-14 year olds)

Circus and Traditional Activities

Monday, July 23 to Saturday, July 28

YOUTH PROGRAM **FACILITY**

Camper \$299

Camper \$280

CIT \$153

CIT \$143

Session III (7-14 year olds)

(Combo) Traditional Activities

Monday, July 30 to Friday, August 3

YOUTH PROGRAM **FACILITY**

Camper \$299

Camper \$280

CIT \$153

CIT \$143

***All applications must
include a \$40
Non-Refundable
deposit***

**Your child can pay for camp by selling Peanuts!
Ask how at the Redlands YMCA front desk!**

STEP 2.

Please indicate any additional purchases or payments included with application?



\$40 Deposit (required for all applications)

Balance \$ _____
Please write amount

Sweatshirt (add \$25) sizes _____
6/8 10/12 14/16 Small Medium Large X-Large XX-Large

Hat (add \$12)

Additional Store Money \$ _____

Donate to the YMCA Campership Fund \$ _____

Please mark size for FREE YMCA T shirt _____
6/8 10/12 14/16 Small Medium Large X-Large XX-Large

Credit Card Information

If you would like to pay by credit card, please visit one of our branches: Redlands Family YMCA, Highland Family YMCA, San Bernardino YMCA, or online at www.ymcaeastvalley.org

STEP 3.

Please fill in **ALL** the blanks below. Incomplete applications will **NOT** be accepted.

Camper information

ID# _____	Facility _____	Basic _____
-----------	----------------	-------------

Camper's Name: _____

Parent main contact phone () _____ Grade in September _____

Gender (M / F) Age _____ Birth Date _____ / _____ / _____
MONTH DAY YEAR

Height _____ Weight _____ Hair Color _____ Eye Color _____

Father/Guardian _____
Name Occupation / Place of Employment
() _____
Work Phone Ext Mobile phone or pager

Mother/Guardian _____
Name Occupation / Place of Employment
() _____
Work Phone Ext Mobile phone or pager

Social Worker _____ (If Applicable)
Name () Work Phone () Emergency Phone

Parent / Guardian information (used for membership and billing purposes)

Are you currently a member of the *YMCA of the East Valley*? YES NO

Name _____ Relation to above _____

Address _____ Gender (M / F) Birth Date _____ / _____ / _____
MONTH DAY YEAR

City _____ State _____ Zip _____ Work Phone () EXT _____

Employer/School _____ Home Phone () EXT _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

For Office Use ONLY	
Registered by _____	Date _____
Verified _____	Date _____
Contacted by _____	Date _____
Campership by _____	Date _____

STEP 4.

Please fill in **ALL** the blanks below. Incomplete applications will **NOT** be accepted.

HEALTH HISTORY

Allergies: (Please answer **YES, NO** or **UK** if unknown)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Poison Oak | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Foods (please list) | <input type="checkbox"/> Medications | <input type="checkbox"/> Other |

Please list allergy and reactions and explain any of the above if special circumstances exist:

Medications: (Please answer yes or no) May *the Camper Be Given or the Nurse Administer:*

- | | |
|--|---|
| <input type="checkbox"/> Sunscreen to apply | <input type="checkbox"/> Non-aspirin pain reliever |
| <input type="checkbox"/> Neosporin to apply | <input type="checkbox"/> Benadryl or other antihistamine |
| <input type="checkbox"/> Antiseptic wash/wipes | <input type="checkbox"/> Caladryl to apply |
| <input type="checkbox"/> Insect repellent to apply | <input type="checkbox"/> Imodium AD for diarrhea |
| <input type="checkbox"/> Ibuprofen for pain | <input type="checkbox"/> Calcium tablets for upset stomach (Tums) |
| <input type="checkbox"/> Cough drops | <input type="checkbox"/> Chap stick to apply |

★ All medication must be in ***ORIGINAL PRESCRIPTION CONTAINER*** and labeled with ***CAMPER'S NAME*** and specific instructions from a physician to give to Camp Director and Camp Nurse. Medications are kept locked in infirmary and will not be allowed in cabins.

Please list ALL medications sent to camp - name of drug, dosage, time taken, specific condition treated for and possible side effects.

Does camper wear appliances for vision, hearing, dental correction or have a prosthesis? If yes, please describe and list any restrictions and care instructions. (Is there a spare?)

Has the camper been exposed to any communicable diseases within the past 30 days?

If yes, please name disease(s)

Has camper had any serious illnesses or operations? If so, please name dates and any repercussions:

Please circle and date the most recent occurrence of condition in camper.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Constipation | Other: _____ | | |

If female, has camper menstruated?

Has personal hygiene instructions been given?

Does camper sleep alone?

Sleepwalk?

Toss or roll in sleep?

May camper sleep on top bunk? (If no, please advise your child prior to coming to camp)

Are there any further instructions that will be useful for the **Camp Nurse** or **Camp Director** in case of emergency or illness? Please use this space provided for any additional information about participants behavior and physical, emotional or mental health about which the camp should be aware.

Immunization History: Attach photocopies of immunization documents.

(Please list dates to the best of your knowledge)

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> DTP Series | <input type="checkbox"/> Tetanus Booster | <input type="checkbox"/> Polio OPV (Sabin) | <input type="checkbox"/> Measles/Mumps/Rubella |
| <input type="checkbox"/> Small Pox | <input type="checkbox"/> TB Skin Test | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> BCG | <input type="checkbox"/> Hemophilic influenza B | | |

STEP 5

Please fill in **ALL** the blanks below. Incomplete applications will **NOT** be accepted.

MEDICAL INFORMATION

Name of Minor's Physician _____ Phone () _____

Health Insurance Company: _____ Phone () _____

Group #: _____ Member ID: _____

Policy #: _____ Name of Insured: _____

EMERGENCY CONTACTS

Please list persons 18 or older who may have custody and can transport camper, make personal and medical decisions of said minor in case of unavailability of parent/guardian.

(other than parent/guardian already listed on this form)

Name _____ Relationship to minor _____

Address _____

Home Phone () _____ Work () _____ Other () _____

Occupation / Place of Employment _____

Name _____ Relationship to minor _____

Address _____

Home Phone () _____ Work () _____ Other () _____

Occupation / Place of Employment _____

★ **IMPORTANT:** If a parent/guardian is restricted by law from having custody of minor, please attach a copy of Court Restraining Order. Indicate if there is a potential problem or danger - if so, give a description of person: _____

Will parents be away while camper is at Camp? YES / NO If YES, does Camper know? YES / NO

Other locations/phone numbers parents/guardians may be reached _____

Authorization To Consent To Treatment Of A Minor

I, (WE), the signed, parent(s) of minor, do hereby authorize the YMCA of the East Valley as agent for the undersigned to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise given pursuant to the provisions of section 25.8 of the civil code of California. This authorization shall remain effective, unless revoked in writing and delivered to said agent.

In addition, I/We authorize the YMCA of the East Valley (Camp Edwards) to administer the over-the-counter medications listed under **Step 4 of this application** if the nurse deems necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Parent/Guardian Signature _____ **Date** _____

STEP 6. Please fill in ALL the blanks below. The following information will help Camp Edwards staff make your Camper's experience the best possible.

MORE CAMPER INFORMATION

Person(s) living with camper including brothers & sisters and ages if under 18: _____

Has Camper Attended Camp Before: YES NO When & Where: _____

How does camper feel about attending camp? _____

What would you like to see the Camper gain from the camp experience? _____

Are there any restrictions on Camper's activities while at camp? _____

Is the camper a Ragger? YES NO If yes, what color? _____

Does the camper have a Leather? YES NO If yes, which: Triangle Circle Square

Does Camper swim? YES NO How well? Low Ability Medium High

Are there any **dietary** restrictions for this camper? _____

Religious Affiliation (optional) _____

Did parents attend camp? YES NO If yes, was it Camp Edwards? YES NO

If Camp Edwards, do you want to be placed on our alumni list? YES NO

Are you willing to be a reference for new parents to call regarding Camp Edwards? YES NO

Is there any additional information that will help us in making sure that your child has a successful experience at camp _____

CAMPER BUDDY REQUEST

List the name of a friend this camper would like to share a cabin with (List only 1)

Other camper's name & age _____

By signing below, I understand that Camp Edwards has the camper's best interest in mind with regard to group assignments and that it may not always be possible to accommodate each camper's wishes. Camp Edwards will not place campers of the opposite sex in the same cabin and campers must be **with-in one year age range** to be considered for the same cabin.

Parent Signature _____

STEP 7.

AGREEMENT FOR CAMPER PARTICIPATION WITH YMCA CAMP EDWARDS

I, the Camper and I, the Parent/Guardian of Camper have read the entire Parent Guide to Camp and all information related to the YMCA of the East Valley Camp Edwards Program.

I agree to give the Staff and my fellow Campers the opportunity to feel accepted and good about themselves while camping with YMCA of the East Valley. Therefore, I will try to encourage and appreciate others in fun, fellowship and adventure where growth in Spirit, Mind and Body are emphasized.

I agree to the financial obligations for participation in the program as well as for any vandalism or damage caused by the Camper.

I understand that the following are strictly prohibited by the YMCA: Leaving Camp boundaries or area without permission and authorization of the Camp Director; contraband; vandalism; drugs; alcohol; all tobacco products; weapons (knives, firearms, etc.); fighting; or violence of any kind.

Noncompliance with these rules as well as **all others outlined in Parent Guide**, as well as all state and federal laws will result in Camper being **transported home by the parent/guardian at their own expense**. Camper may be left in the custody of local law enforcement officials if apprehended for illegal activity.

I acknowledge that the YMCA of the East Valley, Camp Edwards and its staff and volunteers are not responsible for lost, stolen or damaged personal belongings of participants. I further agree that the YMCA of the East Valley Camp Director or agent may search all luggage brought to a Camp program as deemed necessary.

The YMCA of the East Valley has permission to photograph and use photographs of participants in publicity and other information pertaining to the organization.

Camper's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

STEP 8. (optional)

REQUEST FOR CAMPERSHIP (FINANCIAL ASSISTANCE)

(Please DO NOT fill out if Camper is funded through DCS)

Camperships are available for Campers 7 to 17 years old who live in the YMCA of the East Valley's service area. Criteria include the Camper's need for a Camp experience, economic and social needs, or Parents inability to meet the needs of one or more children due to a lack of funds. "Rules for acceptance and participation in the camp program are the same without regard to race, sex, age, color, religion or national origin." Financial assistance is a separate application and applies to all YMCA of the East Valley programs. Every application is evaluated individually based on an income sliding scale guideline. If you would like to request Financial Assistance, Please fill out the information below and an application will be sent to you. A \$40 deposit will still be due.

Send application to _____ () _____ () _____
Name Home Phone Work Phone

Address _____
Address City St Zip

Amount Family Can Contribute To Camp Fee (including \$40 deposit) \$ _____

Amount Family Will Earn Selling YMCA Peanuts \$ _____

STEP 9.

YMCA of the EAST VALLEY

Release and Waiver of Liability
And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself and any personal representative 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 thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

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 HEREBY RELEASE, 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, 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 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 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 due to negligence of releasee 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.

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 expressly grants permission to the YMCA of the East Valley to photograph himself/herself and/or his/her children for publicity purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/_____/_____
Date Participant Signature

_____/_____/_____
Date Parent or Guardian Signature
(if participant is legally a minor)



ID# []

Membership Type []

Membership Branch []

Primary Member Name: _____ Gender: Male Female DOB: ____/____/____

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

Primary Ph. #: _____ Email Address: _____

Employer/School: _____ Work Ph. #: _____

Employer/School Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL MEMBERS: Please list all additional person(s) to be included on this membership.

	Name (First, Middle, Last)	Relation to Primary	Occupation/School	Phone	Gender	Age	Birthdate
2					<input type="checkbox"/> M <input type="checkbox"/> F		
3					<input type="checkbox"/> M <input type="checkbox"/> F		
4					<input type="checkbox"/> M <input type="checkbox"/> F		
5					<input type="checkbox"/> M <input type="checkbox"/> F		
6					<input type="checkbox"/> M <input type="checkbox"/> F		

MINOR CONSENT & RELEASE: I, (We), the undersigned, parent(s)/guardian(s) of a minor, authorize the YMCA of the East Valley to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis is rendered at the office of said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective, unless revoked in writing and delivered to the YMCA of the East Valley.

PARENT/GUARDIAN(S) SIGNATURE: _____

MEDICAL INFORMATION:

Emergency Contact: _____ Dr. /Clinic Name: _____

Relationship: _____ Dr. /Clinic Ph. #: _____

Contact Home Ph.: _____ Medications (for whom): _____

Contact Work/Cell Ph.: _____ Allergies (for whom): _____

PAYMENT INFORMATION:

Name as it appears on bank account or credit card: _____

Type of Account (circle one: checking/savings/credit card): _____ Account/Card #: _____

Bank transit # or credit card expiration date: _____ Draft on: 10th or 25th

Payment Authorization: I authorize the YMCA of the East Valley to deduct my monthly membership dues from the account listed above (please note that Mastercard/Visa debit cards CANNOT be used for monthly drafts). I understand that should any preauthorized payment not be honored by my bank, that I will remain liable for such payment and must immediately pay the amount due plus an additional processing fee of \$20.00. **Terms of Membership Cancellation:** I agree that this payment agreement shall remain in effect at all times and that any changes or cancellation requires an advance 5-day written notice by the primary account holder. Any notice of less than 5-days will result in one more monthly payment. I agree to the above YMCA payment policies, and understand that YMCA memberships are NON-TRANSFERABLE and NON-REFUNDABLE.

Signature (as shown on bank or credit card): _____ Date: _____

- I understand and agree that for security purposes, all dependent members must agree to be photographed prior to utilizing their membership benefits.
- I have been issued a YMCA of the East Valley Code of Conduct and understand that it is my responsibility to ensure that each dependent member acts in accordance with these rules, as a failure to do so may result in expulsion from the YMCA and a revocation of membership.
- I grant the YMCA of the East Valley, its agents and the news media the right to photograph my dependent members, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.
- I understand that the YMCA of the East Valley, in its sole discretion, reserves the right to deny or cancel the membership of any person at any time.

Signature of Primary Member: _____ Date: _____

The YMCA is a not-for-profit organization that frequently applies for grant funding to provide scholarships and program support. By providing the information below, you help us to comply with guidelines from funders that require us to collect such data. This information will be treated confidentially.

Ethnicity: African American Alaskan Native Asian/Pacific Islander Hispanic Native American Caucasian/Non Hispanic Other

Income: Less than \$13,999 \$14,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000-74,999 More than \$75,000

How did you hear about the YMCA? Brochure Website Newspaper Yellow Pages Family/Friend/Member Drive By Other: _____