

YMCA of THE EAST BAY

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Required for all Memberships, Programs and Events

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of the East Bay, herein after referred to as 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, regardless of location, 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 or event. It is further warranted that such entry into the YMCA or other non-YMCA venue for observation or use of any facilities or equipment or participation in such affiliated program or event constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated program or event 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 OR EVENT AFFILIATED WITH THE YMCA, REGARDLESS OF LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLWOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN LISTED ON THIS WAIVER, 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 or her 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 the death of the undersigned or such children, whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in, upon or about the premises or any facilities or equipment therein or participating in any program or event affiliated with the YMCA, regardless of location.
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 or event 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 LOSS OR DAMAGE to the undersigned or such children due to the 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 therein or participating in any program or event affiliated with the YMCA, regardless of location.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of the East Bay, 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 the East Bay activities in future YMCA promotional materials, without additional release or authorization.
5. I authorize YMCA staff or their agents to administer First Aid, CPR or AED to myself or my authorized child named below in the event of an emergency. In the event I cannot be reached, or if I am unresponsive due to my own medical emergency, I authorize the YMCA to seek medical care for myself and children listed below and hereby give permission to the attending physician to order X-rays, routine tests and provide any other medically appropriate treatment.
6. 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 AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Adult Participant

Signature of Adult Participant

Print Name of Adult Participant

Date ____/____/____

– OR –

If Participant is a Minor:

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date ____/____/____

Print Name(s) of Child(ren) in Program:



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of the East Bay 2018 Health History and Emergency Contact Form

Return forms to YMCA Overnight Camps c/o 9900 Pescadero Road, Loma Mar, CA 94021, or fax to: 650-879-2101
Please complete one form for each camper. Make sure to thoroughly read and sign form!

Camper is attending: Camp/Session(s): _____ Date(s) _____ Camper Age _____ Birthdate ___/___/___
 Camper's Gender Identity: _____ Camper's Name: First _____ Last _____
 Camper's Legal Name, if different from above*: First _____ Last _____
 (*required for emergency/insurance, will be kept confidential) Ethnicity (optional) _____
 Address _____ City _____ State _____ Zip _____ Hm. Phone _____
 Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____
 Birthdate _____ Email _____ Birthdate _____ Email _____
 Cell Phone _____ Wk Phone _____ Cell Phone _____ Wk Phone _____
 Employer/Occupation _____ Employer/Occupation _____

REQUIRED EMERGENCY INFORMATION

3 Authorized persons – **NOT PARENTS** - to be called in case of an emergency, when parents cannot be reached

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

INFORMATION REQUIRED BY STATE LAW

Health Insurance Co. _____ Policy No. _____
 Family Physician _____
 Address: _____ Phone: _____
 Family Dentist _____
 Address: _____ Phone: _____

VACCINES (Approximate Immunization Dates)

Tetanus: _____ Measles: _____ Mumps: _____
 Rubella: _____ Chicken Pox: _____ DPT: _____
 Other: _____

CHILD RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up child from the YMCA:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Persons **NOT AUTHORIZED** to pick up child from the YMCA:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Child in custody of (check one):

both parents mother father other: _____

Child lives with (check one):

both parents mother father other: _____

MEDICAL INFORMATION – Please check any past or present treatment or conditions

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Head lice (recent)	<input type="checkbox"/> Currently under Dr. care
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Other Conditions: _____
<input type="checkbox"/> Seizures/Epilepsy	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Psychological Conditions	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Behavioral Conditions	_____
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Measles/Rubella	<input type="checkbox"/> Recent hospitalization	_____

For each checked item, please indicate date and explanation. Please also indicate record of any other past medical treatment, if any

ALLERGIES & SPECIAL NEEDS - Please check:

<input type="checkbox"/> Hay Fever/Seasonal Allergies	<input type="checkbox"/> Other Insects/Animals: _____	<input type="checkbox"/> Other Drugs: _____	Any other allergies? _____
<input type="checkbox"/> Poison Oak/Ivy	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Foods: _____	Dietary Restrictions: _____
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Asthma/Inhaler	_____	_____
<input type="checkbox"/> Epi-Pen	_____	_____	_____

Is your child on any current medications to be continued at camp? Yes No (If Yes, completed Medication Form is required)

We recommend not changing your child's medication habits when sending them to camp. If there are regular medications they take, being at camp is typically not the time to try going without.

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

If Yes, please explain: _____

NON-PRESCRIPTION MEDICATIONS I authorize the following medications to be distributed to my child as needed:

Tylenol Yes No Benadryl Yes No Pepto Bismol Yes No Neosporin Yes No
 Ibuprofen Yes No Cough Drops Yes No Calamine/Caladryl Lotion Yes No Technu Yes No

PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission for persons/providers authorized by the YMCA of the East Bay to transport my child in case of emergency. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature REQUIRED: _____ **Date:** _____

YMCA of the East Bay Overnight Camp Policies and Conditions of Enrollment

The YMCA of the East Bay emphasizes *caring, honesty, responsibility* and *respect* in the camp experience. To achieve this, the following are some of our conditions and policies. We ask parents and campers to indicate their understanding by signing this form where indicated below.

1. The camper, their parents and relatives agree to abide by the rules and regulations set by Camp for the health, safety and welfare of all the campers. All rules and policies are strictly enforced. Any criminal act(s) or failure to abide by Camp rules may result in immediate dismissal from camp with no refund.
2. Campers are expected to use appropriate language, are not allowed to smoke or chew tobacco, or possess any smoking materials, and may not use or possess alcoholic beverages, illegal or recreational drugs, weapons, or fireworks. Possession of these items is strictly forbidden and will result in camper needing to be picked up immediately.
3. All medications, drugs, vitamins, aspirin, cough syrup, etc. must be turned in to YMCA staff to be kept under the control of the Camp Health Supervisor.
4. Electronic devices such as cell phones, tablets, video games, iPads/iPods are not permitted at Camp. Digital Cameras are discouraged, disposable cameras with campers name written on them are recommended.
5. Campers are encouraged to develop friendships with all campers; however, exclusive relationships, excessive displays of affection, or any sexual behaviors are strictly prohibited at YMCA of the East Bay Overnight Camps.
6. All personal belongings are to remain unlocked at camp. The Camp Directors reserve the right to look through any camper's belongings if deemed necessary.
7. During the camp session(s), if both parents or guardian leave their place of residence for more than 24 hours, the administrative office* must be advised as to where they can be reached in case of an emergency and/or how an emergency contact can be reached at all times.
8. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged.
9. Racial and sexual harassment, or any other form of harassment, is not permitted while at Camp.
10. Violence is not permitted and will not be tolerated.
12. Campers are to remain in their cabins after "lights out".
13. There is no way to lock or secure belongings at camp. It is possible for items to come up missing. We strongly encourage campers to leave anything of value at home.
14. The phone is off-limits to campers. No news is good news! If there are any problems with your child including injury, extreme homesickness, or behavior problems, we will call you right away. In case of family emergency, please contact the administrative office* and they will contact camp staff as soon as possible.
15. Parent/Guardian acknowledges by signature below that he or she has communicated this information to camper and any other adult responsible for the child.
16. **Parent/Guardian acknowledges by signature below that he or she is responsible to provide immediate transportation home if the camper is unable to complete a session due to homesickness, illness, inappropriate behavior or violation of any of the Camp Policies.**

We have read and mutually understand and agree to abide by the above listed policies.

Camper's Name

Parent/Guardian's Name

Session(s)

Camper's Signature

Date

Parent/Guardian's Signature

Date

*Administrative Offices: (650)879-2100

To Be Signed by Parent/Guardian

I voluntarily give the YMCA of the East Bay and its legal representatives and assigns, permission, without limitation or obligation, to use and publish quotes, photographs and video footage of me and my family members to promote YMCA programs. I understand these quotes, photographs & videos may be used in brochures, billboards, advertisements, marketing collateral, YMCA sponsored social media, and on the association's Website. I release the YMCA of the East Bay and its legal representatives and assigns from all claims and liability relating to these quotes, photographs and video footage.

Signature of Parent/Guardian _____ Date _____

Please return this form no less than 2 weeks prior to the start of your child's camp session.

Return to: YMCA Overnight Camps 9900 Pescadero Creek Rd., Loma Mar, CA 94021 or Fax to (650)879-2101

YMCA of the East Bay Overnight Camps Medication Form

Camper's Name _____ Gender Identity _____ Age at camp _____

Camp: (check all that apply) Loma Mar Ravenclyff Session(s) _____

This form is required if you are sending any medication with your child (prescription or over-the-counter)

*****Please note that unless otherwise directed by your Physician, we recommend not changing your child's medication habits when sending them to camp.** In other words, if there are regular medications they take, being at camp is not the time to try going without. The experience will be most successful if your child maintains their regular medication routine, if applicable.

List of Medications: Medication is generally distributed at breakfast, lunch, dinner, and before bed. Indicate which time applies and note if another specific time is necessary. Attach another sheet if your child takes more medication.

Place all medication in its original container in a sealed plastic bag labeled with the camper's name.

	Medication Name	Dosage (qty/form - i.e. 1 tab, 2 tsp.)	Time of Day, Frequency B =Breakfast, L =Lunch, D =Dinner, BT =Bedtime PRN =As needed	Length of Time Medication is Necessary (i.e. # of days)	Date of Prescription	Special Notes
1.						
2.						
3.						
4.						

Contact information for Physician prescribing any of the above medications:

Physician Name: _____ Physician Phone Number _____

Please give a description and symptoms of the condition that requires the child to take medication: _____

Possible adverse reactions which staff should be aware of include: _____

How is your child's attitude about taking medication (cooperative, resistant, embarrassed, etc.): _____

Other special instructions: _____

Does your child require: inhaler nebulizer
 other medical device: _____

If you checked any of the above please indicate:

Must carry it with him/her at camp Will check it in upon arrival at camp

Description & use of device(s): _____

Does your child carry an epi-pen? Yes No

Can your child self administer their epi-pen? Yes No

Please initial here to authorize camp staff to administer epi-pen to your child if needed.

Description of allergy: _____

If your child's legal name is different than above, please indicate legal name here: _____
(this is only used if needed to verify medication or if needing to contact a doctor or use camper's health insurance)

If your child is under doctor's care for an acute chronic problem, your physician needs to know that the child will be away from home for a lengthy period of time. Please have physician give written instructions for care of child and attach them to this document.

I, the undersigned parent/guardian of the above listed child, certify that the above information is correct to the best of my knowledge. I request that the above named child be assisted by authorized YMCA personnel in taking the listed medication at YMCA of the East Bay Overnight Camps in compliance with programs policies and procedures.

Signature of custodial parent or guardian

Date Signed

(_____) _____
Home Telephone

Please complete the other side of this page also, and return no less than 2 weeks prior to the start of your child's camp session. Return to: YMCA Overnight Camps, 9900 Pescadero Creek Rd., Loma Mar, CA 94021 Fax: (650)879-2101

***** All prescriptions must be prescribed to the camper.
*** All medication must be in its original container.
*** Medication instructions must match the prescription label.**

Camper Information Sheet

This information will be given in confidence to your child's cabin leader. It is designed to help the staff get to know your child better and help ensure the best experience for your child. Please have your child complete the top section, then please complete the second section yourself, and return it **at least 2 weeks prior to the start of your child's session**. Return to: YMCA Overnight Camps, 9900 Pescadero Creek Rd., Loma Mar, CA 94021. Thank you!

Camper's Name: _____ **Age:** _____

Attending: Check all that apply: ___Ravenclyff Youth 1 (June 24-July 1) ___Ravenclyff Youth 2 (July 1-8)
___Loma Mar Youth 3 (July 15-22) ___Loma Mar Youth 4 (July 22-29)
___Loma Mary Youth 5 (July 29-Aug 5) ___Teen Camp at Loma Mar (July 8-15)

All About Me! – Section 1: For the CAMPER to Complete

Dear Cabin Leader,

My name is (first and last) _____ I like to be called _____.

At camp I will be _____ years old and in the Fall I am entering _____ grade.

When I am not in school I like to _____.

My favorite things are (books, movies, colors, other) _____.

I am excited about camp this summer because _____

I am a little nervous about _____

I cannot wait to do this at camp _____

I would like a cabin leader who is _____

Section 2: For PARENTS to Complete:

What do you especially hope your child gets out of camp this year?

Has your child ever been away from home for an extended period before? Where? How long?

Are there any suggestions you have for your child's cabin leader to help ensure your child has an enjoyable time at camp?

Is your child prone to: Bedwetting Sleepwalking Nightmares Tires Easily

Nervousness Constipation Tantrums Other _____

If yes, please indicate how we can help your child avoid or deal with these situations. Also please list any past conditions of which we should be aware.

Is there anything else you would like to tell your child's cabin leader?