

**CAMPER APPLICATION CAMP DATES: June 26<sup>th</sup> – July 1<sup>st</sup> 2016**

*Volunteers of America Programs are available to any eligible person regardless of race, color, national origin, religion, sex, age, sexual orientation, disability or any other status protected by law or regulation.*

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

First

Last

Home Address \_\_\_\_\_ **CO**

City/County

State

Home/Cell Phone \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_ Job's Address \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Job's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Cell/Home Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

T-Shirt Size for Camper (Adult sizes only, please check one) \_\_\_ SM \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ 3X

**EMERGENCY CONTACTS / PICKING UP CHILD**

**They must bring a PHOTO ID when they come to pick up the CHILD!**

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name of Person(s) who will be PICKING UP CHILD if not Parents - Please PRINT NAME

1) Name \_\_\_\_\_ Address \_\_\_\_\_ Contact Number \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_ Contact Number \_\_\_\_\_

3) Name of anyone NOT AUTHORIZED to pick up child \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION HISTORY**

Name, address and phone number of child's doctor \_\_\_\_\_  
\_\_\_\_\_

Name, address and phone of child's dentist \_\_\_\_\_  
\_\_\_\_\_

Does your child have a health care? \_\_\_\_\_ If yes, please list the Provider \_\_\_\_\_  
and your provider ID number \_\_\_\_\_

Is your child fully immunized? \_\_\_\_\_ Date of last tetanus shot? \_\_\_\_\_ (MM/DD/YYYY)  
Date of your last physical within the last 24 months \_\_\_\_\_

Food Allergies \_\_\_\_\_

**HEALTH HISTORY**

(Chronic or recurring)

Ear Infections \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart disease/defect \_\_\_\_\_

Convulsion/seizures \_\_\_\_\_

Asthma \_\_\_\_\_

Nosebleeds \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Flu or Flu shot \_\_\_\_\_

**ALLERGIES**

(Nature of Reaction)

Hay Fever \_\_\_\_\_

Plant Poisoning \_\_\_\_\_

Insect stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other drugs \_\_\_\_\_

Animals \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Is the child on any medications? \_\_\_ Yes \_\_\_ No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Does your Child have any Physical, Vision, or Hearing limitations? If YES, please describe \_\_\_\_\_  
\_\_\_\_\_

Dietary limitations? \_\_\_\_\_ If YES, please describe \_\_\_\_\_  
\_\_\_\_\_

Are there any activities that you recommend your child **NOT** participate in?

If so please list: \_\_\_\_\_

List of Activities for Campers to participate in: (These are all staff instructed courses)

-Beginner Archery

-Easy Hiking on Property

-Low Ropes Course

**CAMPER MEDICATION FORM:**

**Camper's Name:** \_\_\_\_\_

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking to camp including over-the-counter medications for headaches, cold, and inhalers. This form **MUST** be turned in to Camp POSTCARD staff before your child leaves for the event if he/she is taking any medication. If you are not sending any medicine with your child you **DO NOT** need to complete this form

\*Please read the following information related to the “**Medication Policy.**”

**Medication Policy**

All medications submitted must be in the ORIGINAL CONTAINER with the youth's name printed on the bottle.

- Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, will not be accepted.
- Actual dosage listed on the bottle must be followed unless there is a written note from the prescribing doctor outlining different indications. **THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

By signing below I am agreeing that I have read and understand the Medication Policy.

**\*Parent/Guardian Signature:** \_\_\_\_\_

<b>Medication</b>	<b>Dosage</b>	<b>Special Instructions</b>

**AUTHORIZATION FOR FIRST AID:**

I hereby give permission in the event of accident or injury for the medical Camp POSTCARD staff or representative to do basic first aid which can include, but is not limited to cleaning scrapes with antiseptic, applying Band-Aids, applying sunscreen, applying aloe lotion, etc. I also approve of the Camp POSTCARD medical staff to issue over-the-counter medication if needed due to symptoms expressed by the child in our care.

Parent/Guardian signatures

Date \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:**

I hereby give my permission to Camp POSTCARD's Medical Staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_.

It is understood that the Chris Mernin Camp POSTCARD Manager will make a conscientious effort to contact the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

Date \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT FORM**

In consideration of being granted permission to participate with Volunteers of America, or any of its entities, on behalf of myself and my heirs, executors, administrators and assigns, hereby release Volunteers of America, its separate entities, agents, employees and officers from any claim for injuries my child may incur of any kind, at any time, whether known or unknown, caused by or related to my child's participation which is not caused by the negligence of Volunteers of America, its separate entities, agents, employees or other participants.

I further agree to indemnify and hold harmless Volunteers of America and/or any of its separate entities, against all claims, demands, actions, judgments and executions that Volunteers of America and/or its separate entities may sustain as a result of, or arising from my child's actions as a participant, that are beyond the scope of their designated activities, whether or not such claims, demands, actions, judgments and executions are discovered during the period of my child's participation.

**Name of Youth:** \_\_\_\_\_  
FIRST LAST

*I understand that my child will be participating and I hereby give my permission for her/him to act in that capacity. I understand that she/he will be provided with the rules and guidelines for participation and I hereby consent and agree to this form.*

**Parent/Guardian Signature:** \_\_\_\_\_

**MEDIA RELEASE**

I hereby consent and agree to the use of the photograph (or film) hereinafter described for advertising and publicity purposes by Volunteers of America. I waive all claims for any compensation for such use or for damages.

I am of legal age. For good and valuable consideration, the receipt of which is hereby acknowledged, I grant its legal representatives, successors and assigns, and all persons or corporations for whom it is acting the absolute right and unrestricted permission to use any or all photos ("Photos") taken for inclusion in internal publications, or elsewhere for advertising, trade, or any other lawful purpose, without geographic or time limitation.

I waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection with the finished product, or the use to which it may be applied.

I hereby agree to indemnify and hold harmless Volunteers of America and its respective agents, licensees, employees, successors, nominees, and assigns from and against all claims, liability, loss or expense, including attorney fees which may result from use of the photos.

I further represent and warrant that I have full authority to grant the foregoing, and certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

NAME OF PERSON PHOTOGRAPHED (PRINT) \_\_\_\_\_

SIGNATURE OF PARENTS (if representing a minor) \_\_\_\_\_

Putting an "X" in the box to the left implies I do **NOT** want a picture of myself or child to be taken while participating in the Camp POSTCARD program. This will include the group picture.

**COLORADO BRANCH****YMCA of the Rockies Estes Park Center Adventure Activities****Acknowledgment of Risk/  
Waiver of Liability Agreement**

There are risks involved in these activities. It is your choice whether you participate in one or more of these activities and to what level you participate. Our philosophy is "Challenge by Choice" which means you select the degree of challenge (if any) to which you will be exposed. However, in order for you to participate at any level in any of these activities, you or if you are less than 18 years of age, your parent or legal guardian, must read and sign this document.

**Acknowledgement of Risks and Hazards**

I acknowledge that there are risks and hazards involved in the Adventure Activities in which I have chosen to participate.

These risks include but are not limited to:

1. Physical injury
2. Trauma
3. Death
4. Emotional injury
5. Property damage

These hazards include but are not limited to:

1. All manner of injury resulting in falling and hitting rock faces, trees or projections, whether permanently or temporarily in place, or the ground
2. Injuries resulting from falling climbers or dropped items, such as but not limited to, ropes or climbing hardware
3. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Adventure Activities
4. Rope abrasion, entanglement and other injuries related to but not limited to, climbing, belaying, lowering on rope, rescue systems, and any other rope techniques
5. Exposure to the sun and cold or severe weather conditions
6. Uneven or unexpected road, trail or ground surfaces
7. Contact with animals or insects
8. Interference from other activities in the vicinity
9. The physical and mental effects of rigorous physical activity at high altitude (8000 feet above sea level)

I acknowledge that this is not an exhaustive list of the risks or hazards that I may encounter, and that I may encounter unforeseen situations.

**Certification of Fitness**

I certify that I am healthy (both physically and emotionally) and capable of participating in this activity or these activities. I have listed below any medical condition(s) that the YMCA should be aware of which may hinder my participation in the activity selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the selected activity.**

**DO YOU HAVE ANY MEDICAL CONDITION(S) THAT WE SHOULD BE AWARE OF THAT MAY HINDER YOUR PARTICIPATION? NO \_\_\_\_\_ YES \_\_\_\_\_**

If yes, please explain:

**Waiver of Liability**

1. In order to participate in the activity or activities listed above, I forever waive my right to sue YMCA of the Rockies (including its directors, staff, employ-ees and other contracted parties) for any injury (including death) that I may suffer arising out of my participation in this activity or these activities. I understand that by signing this document, I release the YMCA (including its directors, staff, employees and other contracted parties) from all liability for any injuries (including death) that I may suffer because of my participation in the activity or activities listed above.
2. In the event that I file a lawsuit against YMCA of the Rockies, Estes Park Center, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
3. Should it become necessary for the YMCA Estes Park Center or someone on the Estes Park Center's behalf to incur attorney's fees and costs to enforce this agreement, I agree to pay YMCA Estes Park Center reasonable costs and attorney's fees.

**I, the undersigned, have read, understand and accept the terms of this Acknowledgement of Risk/Waiver of Liability Agreement. I further understand that the terms of this agreement are legally binding. I certify that I have read this agreement and am signing this agreement of my own free will.**

Name of Participant (Please Print) \_\_\_\_\_ Age \_\_\_\_\_

Date(s) of Participation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:** I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor, and give my consent to the participation of the above named minor in all adventure activities of the YMCA of the Rockies on the terms stated.

**Or if the participant is a minor (less than 18 years of age), I represent that I have legal authority to execute this waiver on behalf of the participant.**

**SIGNATURE OF GUARDIAN:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_