



YMCA CAMP REGISTRATION

CHILD'S BASIC INFORMATION

Child's Name				
Birthdate / /	School	Grade	Age	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address		E-mail		
City/State/Zip		Home Phone		
Parent/Guardian		Cell Phone		
Place of Business		Work Phone		
Parent/Guardian		Cell Phone		
Place of Business		Work Phone		
Child in Custody of: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACT INFORMATION

Additional Persons Authorized to Pick Up Child from Facility:

Name	Relationship	Phone	Pickup Y/N	Emergency Y/N
1.				
2.				
3.				

PERSONS UNAUTHORIZED TO PICK UP CHILD

1.
2.

HEALTH HISTORY

Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO Medications administered during camp require a completed MEDICATION RELEASE FORM
List any conditions requiring special consideration, accommodations or restrictions while at camp:
List any past medical treatment that may affect participation in camp:
List any activities from which the camper should be exempted for health reasons:

ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE? State of California School Immunization Law requires enforcement of immunization requirements.	IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE OF LAST TETANUS SHOT / /
ALLERGIES /DIETARY RESTRICTION (check all that apply)		CONDITIONS REQUIRING CONSIDERATION (check all that apply)		
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Peanuts	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
				<input type="checkbox"/> Bleeding Disorders
				<input type="checkbox"/> Other: _____

CHILD MEDICAL INFO

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number
Dentist/Orthodontist Name
Phone Number

MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL				(Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.			
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Two or More Races	<input type="checkbox"/>	Other _____
PRIMARY LANGUAGE							
<input type="checkbox"/>	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other _____		

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature _____ Date _____

PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Parent/Legal Guardian Signature _____ Date _____

YMCA OF SAN DIEGO COUNTY CODE OF CONDUCT

The YMCA of San Diego County is dedicated to providing a safe and welcoming environment for all its members and guests. The YMCA is an organization open to all people. We welcome and value individuals of all ages, races, ethnicities, religions, gender identities, abilities, sexual orientations and financial circumstances. We are committed to having programs and services that embrace diversity, reflecting the people and needs of our communities.

To promote safety, all individuals are asked to act appropriately and follow the rules/guidelines at all times within our facility or when participating in our programs. We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. Anyone who witnesses behavior that goes against this code of conduct is encouraged to report the behavior to a YMCA staff person immediately. The following actions listed below are behaviors considered inappropriate in our facilities and programs, and therefore are not allowed. Please note this is not an exhaustive list.

- Using or possessing illegal chemicals (drugs) on YMCA property, in YMCA vehicles, and at Y-sponsored programs
- Smoking on YMCA property
- Carrying a concealed weapon or any device or object that may be used as a weapon or to harm another person are not allowed on property unless carried by qualified active and/or retired law enforcement
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive or offensive behavior-including angry or vulgar language, swearing name-calling or shouting
- Sexually explicit conversation and behavior
- Any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the loss or destruction of property
- Loitering on YMCA property
- Cell phone photography or unauthorized photography of facilities, members or participants
- Pets are not allowed on Y property unless they are service animals to assist members

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Suspension or termination of YMCA membership privileges may result if the Executive Director determines that a violation of the Code of Conduct has occurred.

Parent/Legal Guardian Signature	Date
Additional Signature	Date

PROGRAM PARTICIPANTS

TRANSFER - VOUCHER - REFUND POLICY

The purpose of Transfer/Voucher/Refund policy is to allow the YMCA to provide quality programs and proper class ratios, while maintaining flexibility with members and program participants. All requests are subject to director approval and take 3-5 working days for approval.

Before program start day: 100% voucher or refund less program deposit, uniform fees or vendor fees if applicable

On or after program start day: 75% voucher or refund less program deposit, uniform fees or vendor fees if applicable

On or after the second day of program: 0% voucher or refund

Primary Adult Signature	Date
Additional Signature	Date

PERMISSION TO ADMINISTER MEDICATION



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUR MISSION: The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

Medication must be in original container with the prescription label intact. This medication will be dispensed by YMCA personnel only. We can only dispense medication as is described on the label in writing.

This agreement must be signed before YMCA staff can dispense any medication.

CHILD INFO

Name of Child		Age	
Program Enrolled In			
Name of Child's Physician		Physician Phone	

MEDICATION INFO

Name of Medication					Refridgerate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dosage			Time of Day		Number of Days	

PARENT/GUARDIAN CONSENT FOR YMCA STAFF TO ADMINISTER MEDICATION

I give permission for the YMCA to administer the above medication to my son/daughter	
Parent/Guardian Signature	Date
YMCA Site Supervisor Signature	Date

MEDICATION ADMINISTERING RECORD (YMCA USE ONLY)

Date Given	Time Given	Given by: Staff Signature

This form must be kept on file for at least 7 years.

Attachment 1
YMCA Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law Assembly Bill No. 2007.

1. *The law requires athletes participating in youth sports organizations, who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the organization by the athlete and the parent or guardian.*

Every year all coaches and their administrators are required to receive training about concussions.

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly	<ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of• Can't recall events before or after the injury• Seizures or has a fit• Any change in typical behavior or• personality
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Symptoms may include one or more of the following:

<ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or• fuzzy vision• Bothered by light or• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment
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How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer or coach, For your reference, a Return to Play plan is available at the YMCA office or online at YMCA.org. RTP for full competition must be no sooner than 7 days after the concussion diagnosis has been made by a physician.

Final Thoughts for Parents and Guardians:

It is well known that youth athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

For current and up-to-date information on concussions you can visit:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the YMCA Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date