



2018 MANKATO FAMILY YMCA CAMP

HEALTH, INFORMATION, BEHAVIOR & PERMISSION FORM

Staff Initial

NAME _____ PHONE _____ BIRTH DATE _____

ADDRESS _____ CITY _____ ZIP _____

AGE AT CAMP ____ SCHOOL _____ GRADE IN FALL (18) ____ GENDER: M F

MOTHER'S NAME _____ Best Number for contact during the day: _____

FATHER'S NAME _____ Best Number for contact during the day: _____

EMAIL ADDRESS _____

IN CASE OF ACCIDENT OR ILLNESS NOTIFY (Parents will be notified first, please list an alternative contact):

NAME _____ RELATIONSHIP _____ PHONE #'s _____

Please list below individuals whom you give your permission to pick up your child on any given day without prior notification: Names & Relationship: _____

Is there anyone whom you do not wish to pick up your child under any circumstances? Circle One: Y N

If you have a court order prohibiting contact by a parent, include a copy with your paperwork

Name & Explanation: _____

***RESIDENT CAMPERS ONLY** Are there any cabin mate requests? If yes, please list _____

Should your child be given a lower bunk bed because of restless sleeping, bedwetting, medication, etc?

Circle One: Yes No N/A Explain: _____

Summer Camp 2018	Kindergarten Clubhouse	Day camp	Half Day Camp	Horse/EE Camps	Girls *S.P.L.A.S.H Swim Camp	Sport Camp	Pre-Teen Camp	Chesley Skateboarding Camp	Teen Outdoor Adventure Camp	Leadership L.I.T Camp	Leadership C.I.T. Camp	Resident Camp Patterson
June 4-8	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1 HC			<input type="checkbox"/> 1		<input type="checkbox"/> 1			
June 11-15	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 2			
June 18-22	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 2 HC			<input type="checkbox"/> 3				CIT Trn Week	
June 25-29	<input type="checkbox"/> 4	<input type="checkbox"/> 4			<input type="checkbox"/> 1			<input type="checkbox"/> A		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
July 2-6												
July 9-13	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 4			<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 3			
July 16-20	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 1 HCEE			<input type="checkbox"/> 5		<input type="checkbox"/> 4			
July 23-27	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 6		<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> B	<input type="checkbox"/> 5			
July 30 - Aug. 3	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 3 HC			<input type="checkbox"/> 7		<input type="checkbox"/> 6			
August 6-10	<input type="checkbox"/> 9	<input type="checkbox"/> 9						<input type="checkbox"/> C		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
August 13-17	<input type="checkbox"/> 10	<input type="checkbox"/> 10				<input type="checkbox"/> 5	<input type="checkbox"/> 8					
August 20-24	<input type="checkbox"/> 11	<input type="checkbox"/> 11				<input type="checkbox"/> 6						
August 27-31								<input type="checkbox"/> D				

Summer Camp T-Shirts

T-SHIRTS ARE INCLUDED FOR
Day Camp, Camp STRIDE, and
Kindergarten Clubhouse ONLY

**T-SHIRTS AVAILABLE FOR
PURCHASE [\$10]**
Available May 15

Youth XS Youth S Youth M Youth L

Adult S Adult M Adult L Adult XL

My child will use:

Before Care (7-8 a.m.)

After Care (5-6 p.m.)

Please select a lunch preference:

My child will eat **HOT LUNCH**

My child will bring a **SACK LUNCH**

*Hot lunch not available
June 4-8 & Aug 27-31

1. Will camper need medication during the hours of camp? Circle One: YES NO

Parents must bring medications to the Camp Director in their original containers with accurate dosage requirements on it, and there should be enough to last the entire week of camp.

A. PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION MEDICATION :

If camper is to receive prescription medication during camp, please complete the following and sign:

Prescribing Physician _____ Clinic _____ Phone _____

Medication _____ Dosage & Time: _____

Instructions for giving medication _____

Diagnosis/Medical reason for medication _____

B. PARENT/GUARDIAN AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION

If non-prescription medication is being sent with camper, please complete and sign:

Medication _____ Purpose for giving medication: _____

Amount to be given _____ Frequency _____

2. HEALTH

Does camper suffer from any allergies (medication, food, insect stings, other)?

Please list and describe the reaction and management. _____

Has camper ever been stung by a bee? Circle One: YES NO

If Yes, explain reaction: _____

Has camper had a recent illness or been exposed to a contagious illness? Circle One: YES NO

If Yes, explain reaction: _____

Are camper's immunizations up to date as required by the State Health Dept? Circle One: YES NO

If not, please indicate reason: _____

Is camper well enough to take part in all activities at camp? Circle One: YES NO

If no, explain: _____

Does camper have any physical disabilities? Circle One: YES NO

If yes, please describe: _____

Does camper have any mental or emotional difficulties which camp staff should be aware of? YES NO

If yes, please describe the main issues and any solutions: _____

3. SWIMMING SAFETY

All school age campers will participate in Free Swim (not swim lessons) at the Mankato Family YMCA and Patterson campers will participate in Free Swim at Camp Patterson in Lake Washington. Life guarding will be provided by the Mankato Family YMCA. Camp staff will also be supervising campers with the YMCA life guards. It will be helpful to our staff to know more about your child's swimming ability so that we can make the swimming experience as safe as possible for all involved.

I consider my child to be a (check one) S/he can (check all that apply)

Beginner Swimmer

Intermediate Swimmer

Advanced Swimmer

Swim under water

Swim length of the pool

Tread water for 1 minute or more

Special requests of our staff regarding your child's swimming:

MANKATO FAMILY YMCA PERMISSION FORM

The information given above is correct and complete and I give permission for my child _____ to participate in all YMCA camp activities and understand that transportation will be required. If my child's activity with the YMCA includes horseback riding; I understand the YMCA is not responsible for accidents associated with this activity. The Mankato Family YMCA is not liable in case of accident and would like to inform you as a parent or guardian of this.

I, _____, hereby give authorization to the Mankato Family YMCA to obtain emergency medical treatment for my child in case of sudden illness or accident. I give permission to the medical personnel selected by the Mankato Family YMCA to order x-rays, routine tests, and to secure and administer treatment, including hospitalization, for the person named above; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child.

If non-prescription/prescribed medication is to be given during YMCA camp I hereby authorize the YMCA staff to administer this medication. I release YMCA personnel from any liability in relation to the administration of this medication and understand I must provide this medication in the original, properly labeled bottle/container.

Please Check Mark:

Photo/Video Release:

I authorize the reproduction, publication, and use by the Mankato Family YMCA for promotion, public relations, or social media use of any picture or video footage of my child taken in this camp program. (Program Guide, Flyers, Ads, YMCA Website, Facebook, Instagram).

Parent/Guardian _____ **Date** _____

- Only one health form per child is needed (regardless of number of camps attending)

POLICIES AND GUIDELINES

Please initial each item below indicating that you understand and agree to follow all Mankato Family YMCA Camp Policies.

- ___ 1. My child(ren) and I agree to follow all Mankato Family YMCA Camp policies and procedures.
- ___ 2. I agree to provide each of the following for my child each day:
- a. A sturdy water bottle with my child's name written in permanent marker. Campers will be refilling water bottles throughout the day, so they must be sturdy.
 - b. Camp T-Shirt: I understand that if my child comes to camp without his/her camp t-shirt, staff will provide my child with a shirt for the day at a cost of \$3. Day camp only*
 - c. Closed-toed shoes. These are very important for my child's safety at camp.
 - d. A swimsuit and towel. I understand that my child will not participate in any water-related activities if he/she does not have both of these items.
- ___ 3. I agree to ensure that my child does NOT bring the following items to camp:
- a. Electronics (includes cell phones): These items will be collected by staff and returned to parent/guardian at the end of the day. No exceptions. Please note that this rule is put in place for both the safety of your child's electronic items and to ensure the quality of our camp programs.
 - b. Toys from home: Legos, Rubber Band Looms, and dolls are common items we see brought to the Y. Toys such as these can get lost or broken and cause disruptions in camp programs.
Please make sure your children do not bring ANY toys!
 - c. Gum, candy, soda, energy drinks, coffee drinks: Gum is a choking hazard in camp. Sugary drinks can cause fatigue when children are playing outside in the warm weather. No food or drink in glass containers, please.
 - d. Jewelry: Hanging or loose jewelry can be a safety hazard when participating in active camp activities outside. It can also get lost or broken.
- ___ 4. I understand payments are due by the 15th of the month prior to the month of camp that my child will be attending. (Ex. All June camps would be due by May 15th) Each week of camp is filled on a first-come, first-served basis. Spaces are reserved by paying a nonrefundable deposit of \$20 per camp. If payment in full is not received by the 15th of the preceding month, campers will lose their spot.
- ___ 5. I understand that this is an outdoor camp and that my child will be outside for 6+ hours each day and the Y will follow national guidelines for extreme heat and in cases of bad weather.

Parent/Guardian _____ **Date** _____

Child's Name: _____

Mankato Family YMCA Program Behavior Expectation Form

The Mankato Family YMCA follows the mission of the YMCA of the USA "To put Christian principles into practice through programs and services that build healthy spirit, mind and body for all" as well as, apply the five core values of: Caring, Honesty, Respect, Responsibility and Faith to all programs and activities presented to the children and staff. Our goal is to provide positive growth for all while in a safe, healthy, nurturing environment. To create and maintain such an environment we require the participation of staff and children alike.

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

Disagreement and Disciplinary Process

Most disagreement situations are minor and can be resolved with minimal corrections. YMCA staff use disagreements as a learning opportunity for the child and try to integrate problem-solving skills into the discussion. However, if the negative behavior continues the following steps may be instituted.

1. Discussions between child and staff with set goals and objectives.
2. Discussion between child, staff and Program Coordinator to clarify goals and objectives previously set by the parties involved.
3. If the conduct continues, documentation of the negative behavior will be recorded in the form of a Minor or Major. Program Coordinator will inform the Director of the situation.
4. Program Coordinator will contact the parent/guardian to inform them of the situation and discuss possible options that will be recorded in the form of a Behavior Contract signed by the child, staff, parent, Program Coordinator and Program Director.
5. If the conduct continues, the Program Director will contact parent/guardian to make arrangements for the child's discharge from the program.

Although the above steps may be implemented in sequential order, the YMCA administrative staff retains the right to take immediate action if the child's behavior poses a threat to their own safety, or the safety of others. **There will be NO REFUND OF ANY AMOUNT for campers who are sent home because of behavior problems. Cigarettes, Alcohol, Illegal drugs, Weapons and Sexually explicit material and/or behavior are grounds for immediate dismissal from camp.**

I agree to the above stated expectations and understand that I will not receive a refund if my child is sent home because of behavior problems.

Parent/Guardian _____ Date _____

I agree to the above stated expectations.

Child _____ Date _____

(This information is used for the Y of the USA statistical purposes):

Ethnicity: White African American Native American Asian/Pacific Islander Hispanic Additional Category, List

Monthly Gross Income:

\$0-\$500 \$501-\$1000 \$1001-\$1597 \$1598-\$2000 \$2001-\$2500 \$2501-\$4021 \$4022+

Household status: Single parent Dual parent Number of people in household _____