

YMCA CAMPING SERVICES RISK WAIVER FORM

Name of Participant _____ Email _____

Address _____ City _____ State _____ Zip _____

I understand that, as in all sports/activities there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, and any other entity that is the landlord, or sub landlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implied in any action) said YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I/we/am are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at YMCA Camp Ohiyesa and Camp Nissokone, such as:

1. Skateboarding, roller skating, in-line skating, mountain boards and/or similar activities
2. Horseback riding
3. Climbing on natural rocks and cliffs, the climbing tower, and/or the climbing center, and/or similar activities
4. Water sports, including: swimming, kayaking, canoeing, sailing, windsurfing, and rafting, water skiing, wakeboarding, tubing and/or similar activities
5. Paintball, field and target sports
6. Tubing (winter)
7. And/or similar activities

YMCA Camping Services and Camp Ohiyesa located at 7300 Hickory Ridge Road, Holly, Michigan ("Premises") or Camp Nissokone located at 6836 F-41, Oscoda, Michigan ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

Authorization for Audio/Visual Records

I understand that the YMCA may make audio/visual recordings of this camping event. I hereby authorize the YMCA to have and use photographs, slides, moving pictures, and audio/video tapes of my child (if under 18) and/or myself for purposes of YMCA records, public relations, and/or advertising.

Release of Liability

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Ohiyesa/YMCA Camp Nissokone that parent/legal guardian and/or participant assumes all risks during the program. Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.

I hereby give my consent:

1. To participate in YMCA Camp Ohiyesa/YMCA Camp Nissokone programs.
 2. To receive emergency medical care which may become reasonably necessary in the course of such activities or travel.
- I further agree not to hold YMCA Camp Ohiyesa/YMCA Camp Nissokone or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Ohiyesa/YMCA Camp Nissokone programs activities or travel.

DATE _____

Signature of Participant or Parent/Legal Guardian (If participant is under age 18)

I have read the aforementioned and will abide by the principles and regulations contained herein.

DATE _____

Signature of Participant

SPECIAL DIETARY CONCERNS

Participant Name _____

Please complete this form and return to the teacher/group leader with your child, even if they do not have any special dietary concerns.

Does your student have any Special Dietary Concerns? Yes _____ No _____

If yes, please describe:

Peanut Allergies? Yes _____ No _____

If yes, please describe:

Other Food Allergies? Yes _____ No _____

If yes, please describe:

Teacher/Group Leader _____ School/Group _____

Parent/Guardian Contact _____ Phone _____

Note to group leaders: Dietary forms should be grouped and/or summarized then faxed at 248-887-5203 or mailed to Camping Services office a minimum of 2 weeks prior to camp.

HEALTH FORM

Note: YMCA Camping Services does NOT carry health/accident insurance for group participants. (In order to participate in camp programs, this form must be signed and must be presented to your group's leader upon your arrival at camp.)

Participant's Full Name _____

Address _____ Home Phone (____) _____

City _____ State ____ Zip _____ Participant's Age ____ Birth Date _____

Name of Parent/Guardian or Spouse _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Home Address _____

If parents/spouse are not available in an emergency, please notify:

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Home Address _____

Family Physician _____ Physician's Phone (____) _____

Name of Insurance Subscriber _____

Name of Insurance Provider _____ Policy/HMO # _____

Medicaid ID # _____ Medicare # _____ BC/BS Contract # _____

Does your child/the participant have any problems with the following?

	Yes	No		Yes	No		Yes	No
Asthma	[]	[]	Seizures	[]	[]	Heart Problems	[]	[]
Sleep Walking	[]	[]	High Blood Pressure	[]	[]	Low Blood Pressure	[]	[]
Allergies to Food	[]	[]	Allergies to Medications	[]	[]	Diabetes	[]	[]
Hearing Loss	[]	[]	Bone/Joint Problems	[]	[]	Bedwetting	[]	[]
Kidney problems	[]	[]	Respiratory Problems	[]	[]	Fear of Heights	[]	[]
Bee Allergies	[]	[]	Insect Allergies	[]	[]			

If yes, please explain: _____

Is there any reason your child should not sleep on an upper bunk? (All upper bunks have railings)

Does your child/participant have any other serious medical problems/been under a physician's care recently?

[] Yes [] No If yes, please explain: _____

Does your child/participant have any dietary restrictions? _____

List activities limited or prohibited by a physician _____

Date of last Tetanus shot: _____

Is your child/participant currently on medication? [] Yes [] No

If yes, please explain: _____

Can Tylenol be administered to your child if necessary? [] Yes [] No

Parent's/Participant's Authorization

All of the above information is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to order X-rays, routine tests, treatment, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for my child/myself as named above.

Signature _____ Date _____

Adult participant (or parent/guardian if participant is under 18)

Note: This form should be collected by the group leader and kept by your group's Health Officer.