

Health History

Camper Name: _____ Gender: _____ DOB: _____ Age: _____ Grade in Sept: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____
Parent Name: _____ Cell Phone: _____ Work Phone: _____
Parent Name: _____ Cell Phone: _____ Work Phone: _____

Medical History (Required by the New Jersey Department of Health & Safety)

Doctor Name: _____ Phone Number: _____
Insurance Carrier: _____ Policy #: _____

Immunization History: Please record the date (month and year) of the basic immunizations and most recent booster. If you have any questions, check with your doctor. **Physician's signature is NOT required unless your child needs to be administered medication. Dates are required either filled in or attached.**

DBT Booster: _____ Tetanus Booster: _____ Polio OPV (Sabin): _____ MMR: _____
Pertussis: _____ HBV: _____ HIB: _____ HIB: _____
HIB: _____ Varicella: _____ Tuberculin Test: _____ Result: _____
Date of last medical exam: _____

Food Allergies: _____

Medication Allergies: _____

Does the child carry an asthma inhaler? _____ Will you be sending an EpiPen to camp? _____

Operations or serious injuries (dates): _____

Chronic or recurring illness including seizure: _____

List all medications that your child is currently taking: _____

Please list any additional health history information we should be aware of: _____

Please check if you would like to be contacted by our inclusion specialist.

Parent Authorization: This health history is correct and complete. The camper described in this form has permission to engage in all camp activities unless otherwise noted. I hereby grant permission to YMCA Camp Topanemus to provide routine health care, administer prescribed medications and seek emergency treatment if necessary. In the event that I cannot be reached in an emergency, I hereby grant Camp Topanemus to secure and administer treatment.

Signature of Parent/Guardian: _____ Date: _____

Medication Permission Form:

I hereby request the following medication to be given to my child at the prescribed time and dosage by the camp's Registered Nurse. This applies to over-the-counter medication. No medication will be given unless the information below is filled out in detail and signed by a licensed physician. All medication is to be brought to camp in the original contained labeled by the pharmacy. Medications must be delivered to the camp office by an adult. All medications will be kept in locked storage area. Medications will be returned only to the parent.

Medication: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____
Medication: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____

A physician is to sign this form if medication will be administered to your camper.

Physician Signature: _____ Printed Name: _____ Date: _____
Parent Signature: _____ Printed Name: _____ Date: _____

Office use only: Date entered: _____ Initials: _____

Responsible Camper Conduct Agreement

This form must be completed for each camper. Each camper must sign his or her own name.

The YMCA seeks to provide fun, safe and satisfying experiences for everyone. It is our policy that you, the camper, in turn accept responsibility for your own personal conduct. Specifically, you must agree to abide by the following rules:

1. I agree not to bring with me:
Any items which are considered inappropriate, or contribute to vandalism/graffiti.
Weapons of any kind
2. I will respect my fellow campers and counselors
3. I will stay with my group at all times.
4. I will cooperate with staff and participate in camp activities.
5. I will wear appropriate attire, based upon the Director's discretion, at all times.
6. I will not borrow without asking.
7. I understand if I break any of the above rules, the YMCA will notify my parents, and send me home immediately.
8. I also understand that my parents will be expected to pick me up, and that no fee refund will be issued.
9. I will not use my mobile phone during camp, and if I have to bring it with me I will leave it turned off and in my bag out of site at all times.

Bullying Policy Agreement

As defined by the New Jersey Coalition for Bullying Awareness and Prevention, "Bullying is an act or threat that is unprovoked, repeated, aggressive, intended to cause fear, distress, harm, may be physical, verbal, or psychological in nature or combination, and maybe bias/ prejudice."

"Acts of bullying may include name-calling, slurs, epithets, put-downs, taunts, teasing, bodily harm, hitting, kicking, tripping, shoving, taking or damaging personal property, saying/ writing inappropriate things, starting rumors, public humiliation, deliberate exclusion, and coerced actions." (New Jersey Coalition for Bullying Awareness and Prevention.)

Any camper observed bullying another camper or campers will have their parents notified along with the camper or campers being bullied by the YMCA Camp Director. If the problem persists the YMCA of Western Monmouth County may remove the camper who has committed the act or acts of bullying from camp.

Our signatures below indicate that we have read, understand and agree to abide by the above rules and consequences.

Camper

Date

Parent

Date

THE YMCA OF WESTERN MONMOUTH COUNTY

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledged, 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. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment of participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program 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 AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED 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, his 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 death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to 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 in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA of participating in any program 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 DAMAGE due to negligence or releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey 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.

Date

Parent/Guardian Signature

Print Name

Address

Phone

Emergency Contact

Phone



YMCA OF WESTERN MONMOUTH COUNTY
PROGRAM MEMBERSHIP APPLICATION

Freehold Y
 470 E. Freehold Road
 Freehold, NJ 07728
 732.462.0464

NAME

Title (Mr, Mrs, Ms, Dr) _____ First _____ MI _____ Last _____ Sex _____ Date of Birth _____

PARTICIPATING FAMILY MEMBERS (Limit of 2 Adults per household)			PROGRAM MEMBERSHIP
NAME (LAST, if different)	DATE OF BIRTH	SEX	
ADULT 01 _____	_____	_____	<input type="checkbox"/> FAMILY
ADULT 02 _____	_____	_____	<input type="checkbox"/> ADULT
CHILD 03 _____	_____	_____	<input type="checkbox"/> SENIOR
CHILD 04 _____	_____	_____	<input type="checkbox"/> YOUTH 0-13
CHILD 05 _____	_____	_____	GUARDIAN FOR YOUTH MEMBERSHIP
CHILD 06 _____	_____	_____	
* LIST CHILDREN IN HOUSEHOLD UNDER 23 YEARS ONLY			Relationship _____

RESIDENCE

Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

CODE OF CONDUCT

The Y is committed to providing a safe and welcoming environment for all its members and staff. To promote the safety and comfort of everyone, all individuals are asked to act appropriately at all times when in our facilities or participating in a program.

We expect persons using the Y to act maturely, to be responsible and respect the rights and dignity of others. Our code of conduct outlines prohibited actions, but the actions listed are not an all inclusive list of behaviors considered inappropriate in our facilities or programs.

- Smoking is not permitted. The Y and its property are a smoke – free environment.
- Using or possessing alcohol or illegal chemicals on Y property, in Y vehicles or at a Y sponsored program.
- Inappropriate, immodest or sexually revealing attire. Vulgar or profane language or images on clothing.
- Harassment or intimidation by words, gestures, body language, or any menacing behaviors.
- Theft or behavior that results in destruction or loss of property.
- Physical contact with another person in an angry, aggressive or threatening manner.
- Inappropriate use of electronic devices equipped with photographic capabilities.
- Absolutely no cell phone use in the locker rooms.
- Verbally abusive behavior, including angry or vulgar language, swearing, name calling and shouting.
- Sexually explicit conversation or behavior, any sexual contact with another person.
- Loitering within or on the grounds of the Y.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.

Members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their comfort, to refrain from doing so. If a member or guest feels uncomfortable confronting the person directly, they should report the behavior to a staff person or Director. YMCA staff is eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to carry out these policies, we ask that members and guests identify themselves to staff when asked. The YMCA will investigate all reported incidents. Suspension or termination of membership and/or guest privileges may result from a determination by the YMCA Executive Staff if, in their discretion, a violation of the YMCA Code of Conduct has occurred.

EMERGENCY CONTACTS

NAME _____ PHONE _____

NAME _____ PHONE _____

The YMCA offers financial assistance for memberships and programs to qualified applicants. Inquire within.

How did you hear about our YMCA? _____

I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I may have against the YMCA of Western Monmouth County and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also grant full permission to the YMCA to use any photographs or video recordings taken of my family or me. I agree to comply with YMCA policies and procedures and understand that my membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities. I acknowledge that I have received a copy of this agreement for my records.

SIGNATURE _____ **DATE** _____

Parent or Legal Guardian must sign if applicant is under 18 years of age



YMCA of Western Monmouth County

Freehold YMCA Branch, 470 East Freehold Road, Freehold, NJ 07728

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the YMCA of Western Monmouth County. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program.

If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and/or volunteers.

I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the YMCA, unless necessary in certain limited cases for the smooth operation of a YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs.

If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and/or volunteers.

I understand that I am not to leave my child* at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.

*Note: The YMCA's policy is that children under the age of 9 may not be alone in our facilities/program sites.

I understand children should not receive excessive gifts (e.g., toys, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with the YMCA and must be of the age required by this YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent or Guardian Signature

Parent or Guardian Name (Please Print)

Program Participant's Name

Program Participant's Name

Program Participant's Name

Program Participant's Name

Date _____