



# Welcome to the YMCA Summer Camp!

Parents,

In this packet, you'll find all of the paperwork we need to make sure your child has a healthy, safe, and FUN camping experience. Please complete this packet and return to the camp before your child's first week with us, along with any other forms or information we may need.

If you have any questions, please feel free to contact me at (607) 756-2893 or [margo@cortlandymca.org](mailto:margo@cortlandymca.org).

Thanks!

Margo Upson  
YMCA Summer Camp Administrator

**Child's Name:** \_\_\_\_\_

- 10 Things You Should Know About My Child Info Sheet
- Signed Parent Handbook Agreement
- Camper Behavior Agreement
- Parent Contract
- Walking Field Trip, Swimming and Video/Photo Release
- Medication Consent Form (Sunscreen and insect repellent)
- Emergency Authorization
- Camper Info Card
- Immunization Records
- Medication Authorization Form (if needed—must be completed by child's physician)



# Ten Things You Should Know About My Child

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. When my child is upset, something we do at home is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavior is almost always a child's way of giving a message.** Please let us know of any situations that your child might find particularly challenging and share suggestions for helping them through these situations.

Thanks,  
  
YMCA Camp Staff



# YMCA Summer Camp Parent Handbook

NAME OF CHILD: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_

I acknowledge by my signature below that:

- I \_\_\_\_\_ have read the rules and policies of the Parent Handbook, understand them, and agree to comply with them.
- I understand that failure to comply with these rules and policies may result in the termination of services to my child(ren).
- It is my further understanding that the YMCA reserves the right to change the policies contained in the handbook at any time, with 30 days' notice to parents.
- By signing this agreement for enrollment, I have also completed the enrolment forms and made necessary payments to secure my child's enrollment in the YMCA Summer Camp Program.

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

Date: \_\_\_\_\_

## Camper Behavior Agreement

Please read and discuss this with your child before you both sign.

1. I agree to use kind touches towards all my peers and camp staff.
2. I agree to find an adult to help me solve my problems, if I cannot do it on my own.
3. I agree to use kind words towards all my peers and camp staff.
4. I agree to help keep my environment clean, neat and safe.
5. I agree to listen to all camp staff/YMCA staff, and when asked to correct my behavior I will.
6. I agree that if it is not mine, I will give it to a camp staff member to find its rightful owner.
7. I agree to take responsibility for my actions and to find a way to better develop self-control.
8. **In keeping with a zero-tolerance policy for physical violence, I agree that if I can't follow these goals, I may be suspended or dismissed from the program. If I intentionally hurt one of my peers or camp staff, I understand that I will be suspended from the Summer Camp Program for one day. Additional acts of violence may result in my dismissal from the program.**

Child signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PARENT CONTRACT

I/We, \_\_\_\_\_, the parent(s) of \_\_\_\_\_, have read and agree to the following policies set forth by the program:

(1) My/Our child must be picked up by 5:00pm. A \$10.00 fee will be charged for each 15 minutes late pick-up, beginning at 5:01pm. Child protective and local police will be called after one hour unless a parent contacts the YMCA. **Children may not leave the program unattended unless previous arrangements have been made.**

(2) Copies of legal custody agreements or orders of protection must be on file at the YMCA, for the YMCA to deny access to a child by either of her/his parents.

(3) Fees are determined according to schedule set at enrollment. A notice must be given to the Program Director for a permanent change in schedule.

(4) All fees must be paid to the YMCA by the Friday before **the week attending.**

(5) **Payments are only to be received at the front desk or online.**

(6) **A one-week written notice prior to terminating enrollment shall be given or mailed to the YMCA Camp Director. If a one-week written notice is not given, payment will be required for that week, and a refund will not be given.**

(7) The YMCA staff reserves the right to terminate the enrollment of any child **if the payment schedule has not been met.** The YMCA reserves the right to change fees with a 30-day notice to parents.

(8) The YMCA staff reserves the right to terminate the enrollment of any child if any information has been withheld or falsified.

Parent Signature/Date \_\_\_\_\_



## Walking Field Trip Permission Slip

I hereby give permission for my child, \_\_\_\_\_, to participate in field trips to locations that are within walking distance of the YMCA. I understand that the class will be gone during camp hours, and that this form applies to walking field trips taken during the summer camp duration.

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

Date: \_\_\_\_\_

## Swimming Permission Slip

I hereby give permission for my child, \_\_\_\_\_, to participate in daily swimming at the YMCA. I understand that the class will participate in daily free swim and weekly swim lessons for the duration of the summer camp.

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

Date: \_\_\_\_\_

## Consent for photography/Interview/Videography

I hereby give consent for my child, \_\_\_\_\_, to be photographed, videotaped, and interviewed by the YMCA staff, photographers, reporters and technicians for special events. Photos or videos may be used for bulletin boards, newspaper, or brochure publication or broadcasting I relieve and hereby agree to hold the YMCA free and harmless from any and all liability arising out the the interviewing or photographing and subsequent publication or broadcasting.

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

Date: \_\_\_\_\_

**Effective until cancelled by parent.**

**Cortland County Family YMCA**



## Over the Counter Medical Release

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Insect Repellant

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Sunscreen

I \_\_\_\_\_ give permission to the YMCA

Summer Camp staff to apply sunscreen and insect repellant to my child, \_\_\_\_\_ according to the label directions.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**\*Each camper will need to bring sunscreen and repellant from home; the YMCA Camp will not supply it.**

**NYS Regulations require that at the time of administration, the day care provider must document the dosage and time that the medications are given to the child. All observable side effects must be documented and shared with the parent.**



**Authorization for Emergency Treatment of Minors**

Name of minor: \_\_\_\_\_ Age/Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies	Medications	Last Tetanus Shot
_____	_____	_____
_____	_____	_____

Medical history, if pertinent: \_\_\_\_\_  
\_\_\_\_\_

I/We \_\_\_\_\_, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint: YMCA Summer Camp & Recreation Staff to act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence. I understand that my child will be transported by emergency transportation if the situation deems necessary.

**Starting June 2020; Effective until Cancelled by parent.**

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

_____ Signature of Parent / Guardian	_____ Signature of Parent / Guardian
_____ Address	_____ Address
_____ State/Zip/Phone	_____ State/Zip/Phone

Hospitalization Insurance Identification or Contract Number: \_\_\_\_\_

Family Physicians or choice of specialists and phone number: \_\_\_\_\_  
\_\_\_\_\_

Please include your child's current immunization record, or a signed form stating why they are not immunized.

\*Camp staff will not be able to administer medications. Please contact Margo Upson (756-2893) if alternate arrangements need to be organized for your child.



**MEMBER/CHILDREN  
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, or 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 acknowledges, 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 or 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 ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
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 or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or 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 to the undersigned or such children due to negligence of 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 foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of \_\_\_\_\_ 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: \_\_\_\_\_

Signature of Applicant/Parent: \_\_\_\_\_

Signature of other Adult: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_





# Summer Camp Prescription Medication Form

## Part 1: Cortland County Family YMCA Medication Policies

Only medications that are prescribed by a physician or necessary to treat a disability are allowed at camp. In order to bring an Epi-pen, inhaler, or other medication to camp, a parent/guardian must submit a completed Summer Camp Medication Form at least 10 business days prior to the first day of camp. Each medication requires a separate form.

Approved medications must:

- Be in the original prescription container
- Be clearly marked with the child’s name
- Have a current date (not expired)
- Be brought to camp staff upon arrival on the first day of camp
- Be signed in/out by an authorized adult each day. Camp staff are not medical professionals and are not authorized to administer medication. (Camp staff are First Aid/CPR Certified.)
- Children are required to self-administer medications unless the parent will be coming in to administer the medication for them.
- Camp staff will hold the medication in a lockbox until the child asks for it.
- Camp Staff are not authorized to remind children of medication times.

## Part 2: To be completed by Health Care Provider

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Special Instructions for Storage/Refrigeration: \_\_\_\_\_

Time/Frequency of Administration: \_\_\_\_\_

Instructions for Administration:

Relevant side effects: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_.  
Month/Day/Year Month/Day/Year

Please be advised that camp staff are not trained medical professionals. They will be relying upon the child to recognize the development of symptoms and to self-administer most medications (see Part 1 above). In your opinion, does the child know the following?

Nature of his/her condition YES NO

How to self-administer required medication YES NO

When to self-administer required medication YES NO

Do you recommend that the child be allowed to self-carry the prescribed medication? YES NO

Prescriber Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Signature of Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_



### Part 3: Medical Release and Authorization (To be completed by Parent/Legal Guardian)

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Medication must be in the original container with the original label attached and labeled with the camper's name. Parent/guardian, physician, or dentist shall provide written instructions to Cortland YMCA staff concerning administration of medication. Written instructions will be valid for 10 weeks unless a shorter period is designated by the parent/guardian, physician, or dentist. The parent/guardian is responsible for submitting a new form each time there is a change in medication, dosage, or time the medication is to be administered. The Cortland County Family YMCA is not responsible for any unauthorized medication taken independently by the child. The first dose of a medication should be taken at home whenever possible.

#### Waiver and Release:

I understand that I am required to cooperate with Cortland YMCA with regard to the administration of my child's medication. I understand that some medications cannot be administered by Cortland YMCA, and if my child requires such a medication, it is my responsibility to make arrangements for my child's medication. I hereby acknowledge that Cortland County Family YMCA personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my/our child to participate in recreation programs sponsored by Cortland County Family YMCA, including summer camp (the Programs), I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold Cortland County Family YMCA, its agents, members of the board of trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the Programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my participation in activities related to the Programs. Parent and/or Guardian authorize Cortland County Family YMCA and its staff to administer medication as described in Part 2 of this form. This waiver and release expressly includes any claims arising from or relating to the administration of medication by Cortland County Family YMCA personnel. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_