

MEDICAL INFORMATION

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.



**FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PARTICIPANT INFO

First Name	MI	Last Name	Suffix
Birth Date (mm/dd/yyyy)		Primary Phone () -	<input type="checkbox"/> Mobile
Primary Email		<input type="checkbox"/> Personal email <input type="checkbox"/> Family email	

MEDICAL INFO

Health Insurance Company or Carrier			
Policy or Insurance Number		Insurance Group Number	
Preferred Hospital			
First Name on Insurance Card		Last Name on Insurance Card	
Family Doctor's Name		Doctor's Phone Number	
Doctor Street Address			Suite #
City	State	Zip	

CONDITIONS REQUIRING CONSIDERATION

<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Recent Hospitalization	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism*
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asperger's Syndrome*
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Down's Syndrome*
General Comments/Other	

* These conditions require camp management to be notified.

HEALTH HISTORY

Operations/Past Medical Treatments	Date of last Tetanus vaccination shot
Exempt Activities	Are all immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Currently on Medication	Current Meds Name/Dose
What condition the medication is for?	

ALLERGIES

<input type="checkbox"/> Eggs	(<input type="checkbox"/> Epipen)
<input type="checkbox"/> Milk (<input type="checkbox"/> Epipen)	<input type="checkbox"/> Soy (<input type="checkbox"/> Epipen)
<input type="checkbox"/> Peanuts (<input type="checkbox"/> Epipen)	<input type="checkbox"/> Bee Stings (<input type="checkbox"/> Epipen)
<input type="checkbox"/> Tree nuts (<input type="checkbox"/> Epipen)	<input type="checkbox"/> Penicillin (<input type="checkbox"/> Epipen)
<input type="checkbox"/> Fish (<input type="checkbox"/> Epipen)	<input type="checkbox"/> Hay Fever (<input type="checkbox"/> Epipen)
<input type="checkbox"/> Shellfish (<input type="checkbox"/> Epipen)	
Other Food Allergies	
Other Drugs	

AUTHORIZED PICK UP

Authorized Person 1	Authorized Person 2
Name	Name
Relationship	Relationship
Phone Number	Phone Number
Authorized Person 3	
Name	Relationship
Phone Number	

YMCA OF SAN DIEGO COUNTY
RELEASE FORM MINORS

STAFF	ID Verified: _____
	Staff Initials: _____
	Type: _____



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ADULT PHOTO ID REQUIRED FOR ADULTS 18 AND OVER

Parent/Legal Guardian Name			
Primary Phone		Email	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Address	City	State	Zip Code
Alternate Emergency Contact Name		Phone Number	

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:

- 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.
- 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.
- 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.
- 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/Guardian Signature	Date
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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.

Signature	Date
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NATIONWIDE MEMBERSHIP WAIVER

"By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law."

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

PHYSICIAN'S CARE FORM

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This section to be completed if currently under a doctor's care or *asterisk-health condition is checked on previous form.

A doctor's written authorization is only required if the camper has a history of asthma, heart defect/disease, seizures, diabetes, has been recently hospitalized, or is currently under a doctor's care. If so, complete this section.

HEALTH EXAMINATION BY LICENSED PHYSICIAN

Child's Name		birth (mm/dd/yyyy)		Sex
Parent's Name				
Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp. Please realize that camp is held at either mountain (4300 feet elevation) or oceanfront settings. The programs are very active with strenuous hiking, games, swimming, surfing, and camp activities. Your careful consideration is appreciated.				
<input type="checkbox"/> I have examined the child named on this form within the past two years.			Date of Exam (mm/dd/yyyy)	
<input type="checkbox"/> After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.				
Height		Weight		Blood Pressure
Is the applicant under the care of a physician for any conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
Any specific activities to be encouraged or limited by physician's advice?				
Any medically prescribed meal plan or dietary restrictions?				
Any treatment or medications to be continued at camp (please give specific dosages)?				
Any allergies? (Food, drugs, plants, insects, etc)				
Additional health information:				
PHYSICIAN INFORMATION				
Address			Phone	
City		State	Zip	Email
Date Form Completed (mm/dd/yyyy)		Completed by:		
SIGNATURE				
Physician Signature				Date

YMCA OVERNIGHT CAMPS - MARSTON | SURF | RAIN TREE

PO Box 2440 Julian, CA 92036

T (760)765-0642 F (760)765-0183

E camp@ymca.org W <http://www.ymca.org/camp>

YMCA of San Diego County Concussion Compliance Protocol

Youth sports organizations, like the YMCA, must comply with state mandated “youth sports concussion protocols”. The YMCA will comply with the state requirements stated below in accordance with the practices and procedures set forth for each requirement.

Registration of youth programs and information process for parents and youth participants

Upon registering for a YMCA youth program, staff shall provide concussion and head injury information sheet to all YMCA youth participants and members (“athletes”), their parents, YMCA youth program coaches and administrators¹.

The information sheet covers the following:

- a. Head injuries and their potential consequences.
- b. Signs and symptoms of a concussion.
- c. Best practices for removing an athlete after a suspected concussion.
- d. Steps for returning an athlete after a concussion of head injury.

After the initial distribution of Concussion Information Sheets, before any athlete can start the season and begin practice in a sport, a Concussion Information Sheet must be signed and returned to the YMCA by the athlete **and** the parent/guardian. See attachment 1- [YMCA Concussion Information Sheet](#). Additional Concussion and Head Injury information can be accessed here and online at YMCA.org.

For Youth Athletes

[Fact Sheet for Youth Athletes ages 11-13](#)

[Fact Sheet for Youth Athletes ages 14-18](#)

For Parents

[Fact Sheet for Youth Sports Parents](#)

[Concussion Card for Parents](#)

Parents and athletes should review and understand the return to play requirements.

Training and Education for Coaches and Administrators

The YMCA will provide concussion/head injury education and training to youth coaches and administrators, before being allowed to supervise an athlete.

Education

YMCA youth program coaches and administrators shall receive written materials and annual training regarding concussions and head injuries before supervising athletes in any sports activity.

The written materials shall be provided to YMCA youth program coaches and administrators, prior to the supervision of a youth program, and include information about concussions and head injuries.

¹ For purposes of this document “coaches and administrators” is defined as both employees and volunteers who perform duties within this capacity.

[Fact Sheet for Youth Sports Coaches](#)

[Signs & Symptoms – Action Plan](#)

Training

An acceptable online training course may be accessed [here](#). There is no cost to register or receive this training. A certificate of completion must be sent to the supervising manager of the program.

Procedures for athletes suspected/diagnosed with a concussion/head injury

Athletes who have a suspected concussion during a practice or game must be removed from the activity immediately and may not return to that program for the remainder of the day.

Parents/guardians must be notified of time/date of the injury, symptoms observed and any treatment provided to the athlete. See attachment 2- [YMCA Acute Concussion Notification Form for Parents/Guardians](#)

An athlete removed because of a suspected concussion must receive written clearance from a medical doctor trained in the management of concussions before returning to the YMCA.

Athletes should consult with their medical professional before returning to any sports or physical activities. A return to play to full competition must be completed no sooner than 7 days after the concussion diagnosis has been made by a licensed healthcare provider.

Before returning to competition in a YMCA athletic program, the concussion symptoms should be completely gone and the athlete must provide a written medical clearance from a licensed healthcare provider trained in the evaluation and management of concussions.

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

Attachment 2

YMCA Concussion Notification Form for Parents/Guardians

PARENT'S NAME: _____ **ATHLETE'S NAME:** _____

FACILITY: _____ **DATE:** _____

<i>Signs and symptoms exhibited include (check all that apply):</i>	
<input type="checkbox"/> Headache	<input type="checkbox"/> Can't recognize people or places
<input type="checkbox"/> Seizure (uncontrolled jerking of arms/legs)	<input type="checkbox"/> Looks very drowsy/Can't be awakened
<input type="checkbox"/> Weakness or numbness of arms/legs	<input type="checkbox"/> Increased confusion and/or irritability
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Unusual behavior
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> Lack of balance/unsteadiness on feet	<input type="checkbox"/> Drainage of blood/fluid from ears or nose
<input type="checkbox"/> Changes in vision (double, blurry vision)	<input type="checkbox"/> Loss of bowel and/or bladder control
Other signs and symptoms:	

TREATMENT PROVIDED: _____

I have read and reviewed the information provided by the YMCA. I understand that my child will need medical clearance prior to returning to the YMCA.

Date: _____ Athlete's name: _____

Parent's name: _____ Parent signature: _____

Once reviewed and signed by the parents, cut the top portion and give this information to the parent. The signed section remains with the YMCA. Attach the signed section to a completed incident report.