

# 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**

<b>STAFF</b>	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)
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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:				
<b>PHYSICIAN INFORMATION</b>				
Address			Phone	
City		State	Zip	Email
Date Form Completed (mm/dd/yyyy)		Completed by:		
<b>SIGNATURE</b>				
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>