



 *We build strong kids, strong families, strong communities.*

C.I.T. Registration Packet

2009

**For Counselors In Training
Ages 15-17**



**YMCA of the East Valley
Camp Edwards**

42842 Jenks Lake Road East
P.O. Box 277
Angelus Oaks, CA 92305
(909) 794-1702
Fax: (909) 794-3157

**Camp Director Tony DiLemme
(909) 809-0814
e-mail: adilemme@ymcaeastvalley.org**

YRESIDENT CAMP
We build strong kids, strong families, strong communities.

STEP 1.

Please select an age appropriate session below by placing a ✓ in the space provided.

Prices below do not include membership fees: Basic - \$53/year or Facility - \$144/year

SESSIONS AT YMCA CAMP EDWARDS Angelus Oaks, CA

Session I (7-14 year olds)
Traditional Activities
Sunday, June 21 to Saturday, June 27
BASIC FACILITY
 Camper \$299 Camper \$280
 CIT \$153 CIT \$143

Session III (7-14 year olds)
(Combo) Traditional Activities
Monday, Aug 10 to Friday, Aug 14
BASIC FACILITY
 Camper \$299 Camper \$280
 CIT \$153 CIT \$143

Session II (7-14 year olds)
Circus and Traditional Activities
Monday, Aug 3 to Saturday, Aug 8
BASIC FACILITY
 Camper \$299 Camper \$280
 CIT \$153 CIT \$143

***All applications must
 include a \$40
Non-Refundable
 deposit***

**Your child can pay for camp by selling Peanuts!
 Ask how at the Redlands YMCA front desk!**

STEP 2. Please indicate any additional purchases or payments included with application?

\$40 Deposit (required for all applications)

Balance \$ _____
Please write amount

Sweatshirt (add \$25) sizes _____
6/8 10/12 14/16 Small Medium Large X-Large XX-Large

Hat (add \$12)

Additional Store Money \$ _____
Please write amount

Please mark size for FREE YMCA T shirt _____
6/8 10/12 14/16 Small Medium Large X-Large XX-Large

Credit Card Information

If you would like to pay by credit card, please visit one of our branches; Redlands Family YMCA, Highland Family

STEP 3.

Please fill in **ALL** the blanks below. Incomplete applications will **NOT** be accepted.

Are you currently a member of the *YMCA of the East Valley*? _____

Parent / Guardian information (used for membership purposes)

Name _____

Gender (M / F) Birth Date _____ / _____ / _____
MONTH DAY YEAR

Address _____

City _____ State _____ Zip _____

Work Phone (____) _____ EXT _____

Employer/School _____

Home Phone (____) _____ EXT _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Camper information

ID# _____	Facility _____	Basic _____
-----------	----------------	-------------

Camper's Name: _____ Relation to above _____

Parent main contact phone (____) _____

Grade in September _____

Gender (M / F) Age _____ Birth Date _____ / _____ / _____
MONTH DAY YEAR

Height _____ Weight _____ Hair Color _____ Eye Color _____

Father/Guardian _____
Name Occupation / Place of Employment
 (____) _____ (____) _____
Work Phone Ext Mobile phone or pager

Mother/Guardian _____
Name Occupation / Place of Employment
 (____) _____ (____) _____
Work Phone Ext Mobile phone or pager

Social Worker _____ (____) _____ (____) _____

STEP 4.

Are you applying for a Campership? _____
YES NO

If yes, please fill out the Financial Assistance form (Step 9).

Is a separate agency paying fees to Camp? If YES, please list Agency Name (DCS, County, etc.) _____

Credit Card Information	
CARD: AMEX DISCOVER VISA MASTERCARD	
Card# _____	
Expiration Date _____	Amount \$ _____
Signature _____	

For Office Use ONLY	
Registered by _____	Date _____
Verified _____	Date _____
Contacted by _____	Date _____
Campership by _____	Date _____

STEP 5.

Please fill in **ALL** the blanks below. Incomplete applications will **NOT** be accepted.

HEALTH HISTORY

Allergies: (Please answer **YES**, **NO** or **UK** if unknown)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Poison Oak | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Foods (please list) | <input type="checkbox"/> Medications | <input type="checkbox"/> Other |

Please list allergy and reactions and explain any of the above if special circumstances exist:

Medications: (Please answer yes or no) May *the Camper Be Given or the Nurse Administer:*

- | | |
|--|---|
| <input type="checkbox"/> Sunscreen to apply | <input type="checkbox"/> Non-aspirin pain reliever |
| <input type="checkbox"/> Neosporin to apply | <input type="checkbox"/> Benedryl or other antihistamine |
| <input type="checkbox"/> Antiseptic wash/wipes | <input type="checkbox"/> Caladryl to apply |
| <input type="checkbox"/> Insect repellent to apply | <input type="checkbox"/> Imodium AD for diarrhea |
| <input type="checkbox"/> Ibuprofen for pain | <input type="checkbox"/> Calcium tablets for upset stomach (Tums) |
| <input type="checkbox"/> Cough drops | <input type="checkbox"/> Chap stick to apply |

★ All medication must be in **ORIGINAL PRESCRIPTION CONTAINER** and labeled with **CAMPER'S NAME** and specific instructions from a physician to give to Camp Director and Camp Nurse. Medications are kept locked in infirmary and will not be allowed in cabins.

Please list ALL medications sent to camp - name of drug, dosage, time taken, specific condition treated for and possible side effects. _____

Does camper wear appliances for vision, hearing, dental correction or have a prosthesis? If yes, please describe and list any restrictions and care instructions. (Is there a spare?) _____

Has the camper been exposed to any communicable diseases within the past 30 days?

If yes, please name disease(s) _____

Has camper had any serious illnesses or operations? If so, please name dates and any repercussions: _____

Please circle and date the most recent occurrence of condition in camper.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Constipation | Other: _____ | | |

If female, has camper menstruated?

Has personal hygiene instructions been given?

Does camper sleep alone?

Sleepwalk?

Toss or roll in sleep?

May camper sleep on top bunk? (If no, please advise your child prior to coming to camp)

Are there any further instructions that will be useful for the **Camp Nurse** or **Camp Director** in case of emergency or illness? Please use this space provided for any additional information about participants behavior and physical, emotional or mental health about which the camp should be aware. _____

Immunization History: Attach photocopies of immunization documents.

(Please list dates to the best of your knowledge)

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> DTP Series | <input type="checkbox"/> Tetanus Booster | <input type="checkbox"/> Polio OPV (sabin) | <input type="checkbox"/> Measles/Mumps/Rubella |
| <input type="checkbox"/> Small Pox | <input type="checkbox"/> TB Skin Test | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> BCG | <input type="checkbox"/> Haemophilus influenzae B | | |

STEP 6.

Please fill in **ALL** the blanks below. Incomplete applications will **NOT** be accepted.

MEDICAL INFORMATION

Name of Minor's Physician _____

Address: _____ Phone (____) _____

Health Insurance Information (Company) _____ Agent _____

POILCY# _____ Phone(____) _____

EMERGENCY CONTACTS

Please list persons 18 or older who may have custody and can transport camper, make personal and medical decisions of said minor in case of unavailability of parent/guardian.

(other than parent/guardian already listed on this form)

Name _____ Relationship to minor _____

Address _____

Home Phone (____) _____ Work (____) _____ Other (____) _____

Occupation / Place of Employment _____

Name _____ Relationship to minor _____

Address _____

Home Phone (____) _____ Work (____) _____ Other (____) _____

Occupation / Place of Employment _____

★ **IMPORTANT:** If a parent/guardian is restricted by law from having custody of minor, please attach a copy of Court Restraining Order. Indicate if there is a potential problem or danger - if so, give a description of person: _____

Will parents be away while camper is at Camp? YES / NO If YES, does Camper know? YES / NO

Other locations/phone numbers parents/guardians may be reached _____

Authorization To Consent To Treatment Of A Minor

I, (WE), the signed, parent(s) of minor, do hereby authorize the YMCA of the East Valley as agent for the undersigned to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise given pursuant to the provisions of section 25.8 of the civil code of California. This authorization shall remain effective, unless revoked in writing and delivered to said agent.

I addition, I/We authorize the YMCA of the East Valley (Camp Edwards) to administer the over-the-counter medications listed under **Step 5 of this application** if the nurse deems necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Parent/Guardian Signature _____ Date _____

STEP 8.

AGREEMENT FOR CIT PARTICIPATION WITH YMCA CAMP EDWARDS

I, the CIT and I, the Parent/Guardian of CIT have read the entire Parent Guide to Camp and all information related to the YMCA of the East Valley Camp Edwards Program.

I agree to give the Staff and my fellow Campers the opportunity to feel accepted and good about themselves while camping with YMCA of the East Valley. Therefore, I will try to encourage and appreciate others in fun, fellowship and adventure where growth in Spirit, Mind and Body are emphasized.

I agree to the financial obligations for participation in the program as well as for any vandalism or damage caused by the CIT.

I understand that the following are strictly prohibited by the YMCA: Leaving Camp boundaries or area without permission and authorization of the Camp Director; contraband; vandalism; drugs; alcohol; smoking (tobacco or all tobacco products); weapons (knives, firearms, etc); fighting; or violence of any kind.

Noncompliance with these rules as well as all others outlined in Parent Guide, as well as all state and federal laws will result in CIT being **transported home by the parent/guardian at their own expense**. CIT may be left in the custody of local law enforcement officials if apprehended for illegal activity.

I acknowledge that the YMCA of the East Valley, Camp Edwards and its staff and volunteers are not responsible for lost, stolen or damaged personal belongings of participants. I further agree that the YMCA of the East Valley Camp Director or agent may search all luggage brought to a Camp program as deemed necessary.

The YMCA of the East Valley has permission to photograph and use photographs of participants in publicity and other information pertaining to the organization.

Camper's Signature _____ Date _____

STEP 9. (optional)

REQUEST FOR CAMPERSHIP (FINANCIAL ASSISTANCE) (Please DO NOT fill out if Camper is funded through DCS)

Camperships are available for Campers 7 to 17 years old who live in the YMCA of the East Valley's service area. Criteria include the Camper's need for a Camp experience, economic and social needs, or Parents inability to meet the needs of one or more children due to a lack of funds. "Rules for acceptance and participation in the camp program are the same without regard to race, sex, age, color, religion or national origin." Financial assistance is a separate application and applies to all YMCA of the East Valley programs. Every application is evaluated individually based on an income sliding scale guideline. If you would like to request Financial Assistance, Please fill out the information below and an application will be sent to you. A \$40 deposit will still be due.

Send application to _____ () _____ () _____
Name Home Phone Work Phone

Address _____
Address City St Zip

Amount Family Can Contribute To Camp Fee (including \$40 deposit) \$ _____

Amount Family Will Earn Selling YMCA Peanuts \$ _____

STEP 10.

YMCA of the EAST VALLEY

Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself and any personal representative 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 acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

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 RELEASE, 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.
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 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 due to negligence of releasee 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 California 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 expressly grants permission to the YMCA of the East Valley to photograph himself/herself and/or his/her children for publicity purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

_____/_____/_____
Date Participant Signature

I HAVE READ THIS RELEASE

_____/_____/_____
Date Parent or Guardian Signature
(if participant is legally a minor)