



# Catholic Youth Camp - 2013 Registration Form

PLEASE COMPLETE ONE FORM PER CAMPER AND RETURN TO:  
2131 Fairview Avenue N, #200, Roseville, MN 55113  
office@cycamp.org

## PARENT/GUARDIAN PROFILES

### Primary Parent/Guardian

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: FEMALE MALE Birthdate: \_\_\_\_\_

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

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

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

Day Phone: \_\_\_\_\_ ext \_\_\_\_\_

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

Email: \_\_\_\_\_

### Additional Parent/Guardian

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: FEMALE MALE Birthdate: \_\_\_\_\_

CONTACT INFORMATION IS THE SAME AS THE  
PRIMARY CONTACT.

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

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

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

Day Phone: \_\_\_\_\_ ext \_\_\_\_\_

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

Email: \_\_\_\_\_

INCLUDE THIS PERSON ON ALL EMAILS

THIS PERSON IS AN AUTHORIZED PICK UP

## CAMPER PROFILE

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: FEMALE MALE Birthdate: \_\_\_\_\_

Grade entered in Fall of 2012: \_\_\_\_\_

CONTACT INFORMATION IS THE SAME AS THE  
PRIMARY CONTACT.

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

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

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

Email: \_\_\_\_\_

School Attended: \_\_\_\_\_

Parish or Church: \_\_\_\_\_  
(IF APPLICABLE)

## FAMILY INFORMATION

Family Status:

MARRIED  DIVORCED  SEPARATED

SINGLE MOTHER  SINGLE FATHER

OTHER \_\_\_\_\_

With whom does the camper reside?:

BOTH PARENTS  MOTHER  FATHER

GUARDIAN(S)  OTHER \_\_\_\_\_



### CAMPER HEALTH HISTORY

#### Allergies

This camper is allergic to:

- FOOD
- MEDICINE
- THE ENVIRONMENT *(insect stings, hay fever, etc)*
- OTHER
- NO KNOWN ALLERGIES

If applicable, describe what the camper is allergic to and the reaction seen: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(attach an additional sheet if necessary)*

#### Diet/Nutrition

This camper:

- EATS A REGULAR DIET.
- EATS A REGULAR VEGETARIAN DIET.
- HAS SPECIAL FOOD NEEDS.

Please, describe any special food needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(attach an additional sheet if necessary)*

#### Restrictions

- I HAVE REVIEWED THE PROGRAM AND ACTIVITIES OF THE CAMP AND FEEL THE CAMPER CAN PARTICIPATE WITHOUT RESTRICTIONS.
  - I HAVE REVIEWED THE PROGRAM AND ACTIVITIES OF THE CAMP AND FEEL THE CAMPER CAN PARTICIPATE WITH THE FOLLOWING RESTRICTIONS OR ADAPTATIONS:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*(attach an additional sheet if necessary)*

### Medical Insurance Information

This camper is covered by family medical/hospital

insurance:  YES  NO

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Insurance Co. Phone Number: \_\_\_\_\_

### Immunization History

Provide the month and year of the last dose of each immunization. Starred(\*) immunizations must be current. Copies of immunization forms from health care providers or state or local government are acceptable; this may be attached to the Physician's Physical Exam form.

Immunization	Dose in Mo/Yr
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)	
Tetanus booster* (dT) or (TdaP)	
Mumps, measles, rubella* (MMR)	
Polio* (IPV)	
Haemophilus influenza type B (HIB)	
Pneumococcal (PCV)	
Hepatitis B	
Hepatitis A	
Meningococcal meningitis	
Tested for Tuberculosis (TB)?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Had chicken pox? YES NO	
Test Results: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	

IF POSITIVE, FOLLOWUP TREATMENT:

\_\_\_\_\_

### Incomplete Immunization History

If your camper has not been fully immunized, please sign the following statement:

**I UNDERSTAND AND ACCEPT THE RISKS TO MY CHILD FROM NOT BEING FULLY IMMUNIZED.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**Medication** *(Please see attached medication policies)*

This camper:

- WILL NOT TAKE ANY DAILY MEDICATIONS WHILE ATTENDING CAMP.** *(skip to health providers below)*
- WILL TAKE THE FOLLOWING DAILY MEDICATION(S) WHILE AT CAMP** *(attach additional pages if needed):*

Medication 1 Name: \_\_\_\_\_

- Dosage: \_\_\_\_\_
- Route:
  - ORAL       TOPICAL
  - INJECTION     SUPPOSITORY
- Schedule:

TIME	ALL DAYS	S	M	T	W	TH	F
BREAKFAST							
LUNCH							
DINNER							
BEDTIME							
AS NEEDED							

Medication 2 Name: \_\_\_\_\_

- Dosage: \_\_\_\_\_
- Route:
  - ORAL       TOPICAL
  - INJECTION     SUPPOSITORY
- Schedule:

TIME	ALL DAYS	S	M	T	W	TH	F
BREAKFAST							
LUNCH							
DINNER							
BEDTIME							
AS NEEDED							

**Health Care Providers**

**Camper's Primary Care Doctor(s):**

\_\_\_\_\_  
(FIRST AND LAST NAME)

\_\_\_\_\_  
(PHONE NUMBER)

**Camper's Dentist(s):**

\_\_\_\_\_  
(FIRST AND LAST NAME)

\_\_\_\_\_  
(PHONE NUMBER)

**Camper's Orthodontist(s):**

\_\_\_\_\_  
(FIRST AND LAST NAME)

\_\_\_\_\_  
(PHONE NUMBER)

**General Health History**

Check "YES" or "NO" for each question below.  
**Please, explain any "YES" answers on the lines provided below:**

Has/Does the Camper:	Yes	No
1) ever been hospitalized?		
2) ever had surgery?		
3) have recurrent/chronic illnesses?		
4) had a recent infectious disease?		
5) had a recent injury?		
6) had asthma/wheezing/shortness of breath?		
7) have diabetes?		
8) had seizures?		
9) had headaches?		
10) wear glasses, contacts or protective eyewear?		
11) ever had fainting or dizziness?		
12) passed out/had chest pain during exercise?		
13) had mononucleosis "mono" during the past 12 months?		
14) if female, have problems with periods/menstruation?		
15) had problems with falling asleep/sleepwalking?		
16) ever had back/joint problems?		
17) have a history of bedwetting?		
18) have problems with diarrhea/constipation?		
19) have any skin problems?		
20) traveled outside the country in the past 9 months?		

**Note the number of and explain "YES" answers here** *(use additional sheets if necessary):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Mental, Emotional, & Social Health

Check "YES" or "NO" for each question below.  
**Please, explain any "YES" answers on the lines provided below:**

Has the camper:	Yes	No
1) ever been treated for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)?		
2) ever been treated for emotional or behavioral difficulties or an eating disorder?		
3) during the past 12 months, seen a professional to address mental/emotional health concerns?		
4) had a significant life event that continues to affect the camper's life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)?		

**Note the number of and explain "YES" answers here** (use additional sheets if necessary): \_\_\_\_\_

### What Have We Forgotten to Ask?

**Please, indicate additional information that may affect full participation in camp:** \_\_\_\_\_

### Alternate Contact

In the event the primary and secondary contact cannot be reached, an alternate contact is required. Please, complete the information for an alternate emergency contact below:

First & Last Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ ext \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

THIS PERSON IS AN AUTHORIZED PICK UP

### Permission to Treat Authorization

*I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.*

*If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.*

*In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.*

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE

### PICK-UP AUTHORIZATION

Campers will only be released to their parents or legal guardians at camp or at the bus stops. If someone other than a parent/guardian needs to pick up your child, CYC needs authorization from the legal parent/guardian at least 48 hours in advance. **We cannot accept phone messages or notes at the pick-up point.** Please, list below anyone you authorize to pick up your child from camp. If you need to authorize someone to pick up your child after you have submitted this registration, contact the CYC office to receive a "Pick-Up Authorization Form" or add this info online.

#### Authorized Adult Pick-Up 1:

\_\_\_\_\_  
 (FIRST AND LAST NAME)

\_\_\_\_\_  
 (PHONE NUMBER)

\_\_\_\_\_  
 (RELATIONSHIP TO CAMPER)

#### Authorized Adult Pick-Up 2:

\_\_\_\_\_  
 (FIRST AND LAST NAME)

\_\_\_\_\_  
 (PHONE NUMBER)

\_\_\_\_\_  
 (RELATIONSHIP TO CAMPER)



### CAMPER PERSONAL INFORMATION

Please answer the following questions. Information will help the CYC director, nurse and counselor better understand your child while at camp. Otherwise, responses will be private.

#### Has your child stayed away from home overnight?

YES  NO

- If yes, how many nights? \_\_\_\_\_

#### Do you foresee difficulties or homesickness with being away for an extended period?

YES  NO

- If yes, what might our staff do to help? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your child has any specific fears (i.e., insects, storms, etc.), please identify them here. How can counselors best support him/her if the fears arise at camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your child relate socially? Describe your child's relationship with siblings and peers, especially those who may be attending camp at the same time. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any behavior difficulties at home, school or elsewhere (i.e. extreme anger or conflict; running away from home or school; obscene/offensive language; fighting; use of tobacco, alcohol or other drugs; etc.)?

YES  NO

- If yes, describe successful techniques to improve the behavior. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any other information you feel would be helpful to CYC staff: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### CAMPER T-SHIRT SIZE - Each camper receives a t-shirt at camp. Select your child's size:

- CHILD SMALL (6-8)     CHILD MEDIUM (10-12)     CHILD LARGE (14-16)
- ADULT SMALL     ADULT MEDIUM     ADULT LARGE     ADULT XLARGE

#### BUDDY REQUEST

If your child has a friend(s) of the same age (grades 1-3, 4-6, or 7-9) and same sex attending camp during the same session, your child may request to room in the same cabin as his/her friend(s). If applicable, please list the **first and last names** of your child's friend(s) in the box to the right:

Buddy 1: _____
Buddy 2: _____
Buddy 3: _____



**SUCCESSFUL CAMPER BEHAVIOR AGREEMENT**

Please read this behavior agreement with your child **BEFORE** signing at the bottom. All campers attending Catholic Youth Camp must annually provide a signed copy of this agreement to participate in camp activities.

The Catholic Youth Camp community embraces a respectful, supportive and inclusive environment where each camper, staff member, volunteer, and visitor can fully experience camp. To promote safety and comfort, we ask all individuals to act appropriately, maturely, responsibly, and respectfully at all times, whether at our facilities or while participating in our programs. To achieve this, the following behavioral expectations have been established:

- Campers will treat their peers, CYC staff, volunteers and camp guests with respect at all times, including respect for feelings and privacy.
- Campers will respect camp property and the property of others.
- Campers will remain in the presence of CYC staff at all times or have permission to visit other designated camp program areas.
- Campers will follow directions of all CYC staff and designated volunteers.
- Campers will not use obscene or offensive language or gestures (or wear it on their clothing) while participating in and/or being transported to/from CYC or its designated activities and events.
- Campers may disagree with others, but they are expected to share their disagreement calmly and privately with the person or persons with whom they disagree. They should discuss with staff if this is unsuccessful.

A camper unsuccessful in meeting the behavioral expectations of CYC will first be referred to the Camp Director's office to respectfully work on choosing appropriate behavior. If the problem continues, the parent/guardian will be notified and asked for additional assistance in helping the camper make positive choices. If the behavior cannot be resolved after exhaustive efforts, the camper will need to leave camp, and the camper's parent/guardian will be **REQUIRED** to pick him/her up at camp. No refund is issued for behavior-related departures.

**The following behaviors will result in immediate removal from camp:**

- Possession and/or use of alcoholic beverages, tobacco products, narcotics, illicit drugs, drug-related paraphernalia, and all other controlled substances.
- Possession and/or use of any type of weapon including but not limited to guns, knives, martial arts-type weapons, etc.
- Theft or vandalism of camp property or the property of others.
- Any behavior that seriously compromises the safety and/or well being of any camper, camp staff, volunteer or guest.

***My child and I have read and understand the Successful Camper Behavior Agreement. We have discussed the behavioral expectations for participants attending Catholic Youth Camp and agree to abide by the statements in this agreement.***

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE                      PARENT/GUARDIAN PRINTED NAME                      DATE

**PERMISSION**

***I give permission for my child to attend Catholic Youth Camp (CYC) and to participate in all activities unless otherwise specified in this form or the Physician's Physical Exam Form. I have read all materials, agree to submit all forms, and will meet my financial obligations. I agree that likenesses taken of my child may be used to promote CYC and that my child may be transported for off-site trips. I understand that CYC does not furnish accident insurance and that any medical bills and prescription drugs will be my responsibility. I am the legal parent/guardian and am authorized to give consent for the child this registration pertains to. I have read the above paragraph and understand it.***

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE                      PARENT/GUARDIAN PRINTED NAME                      DATE





## SESSION REGISTRATION

### Select a Session

Session	2011 Dates	Completed	Price	Select
<i>Private Week</i>	<i>June 16-21</i>	Contact CYC for details	*****	
<b>Christmas in June</b>	June 23-28	Grades 1-9	\$495.00	
<b>CYC Sampler</b>	July 7-12	Grades 1-6	\$495.00	
<b>Inventors Workshop</b>	July 14-19	Grades 4-9	\$495.00	
<b>The Game of CYC!</b>	July 21-26	Grades 1-6	\$495.00	
<b>MACH 47</b>	July 21-26	Grades 7-9	\$495.00	
<b>CYC's Got Talent</b>	July 28-August 2	Grades 4-9	\$495.00	
<b>Secret Agent Week</b>	August 4-9	Grades 4-6	\$480.00	
<b>Counselors in Training</b>	July 7-12 & July 14-19	Grades 11	\$710.00	
<b>Leaders in Training</b>	July 21-26 & July 28-Aug2	Grade 10	\$710.00	

### Fee Worksheet and Add-Ons

Description	Select	Amount
<b>Total Session Fee</b> ( <i>enter the amount for your selected session[s]</i> )	X	+
<b>Bus to Camp - Sunday</b> ( <i>write selection # in box to right</i> ) 1. Cambridge to Camp: +\$35.00 2. Roseville to Camp: +\$35.00 3. No Bussing: +0.00 Mid-session bussing for LIT/CIT only (free of charge—must select 2)		+
<b>Bus from Camp - Friday</b> ( <i>write selection # in box to right</i> ) 1. Camp to Cambridge: +\$35.00 2. Camp to Roseville: +\$35.00 3. No Bussing: +\$0.00 Mid-session bussing for LIT/CIT only (free of charge—must select 2)		+
<b>Camp Store Deposit</b> ( <i>typical deposit is from \$5-\$50 per camper</i> )		+
<b>Early Bird Discount</b> \$80 if registered by Oct 31, 2012		-
		-
<b>Donation to Camper Assistance Fund</b> ( <i>Donate to help campers requesting financial assistance. Your donation is tax-deductible. We thank you for your support!</i> )		+
<b>TOTAL</b>		=
<b>TOTAL ENCLOSED</b> ( <i>minimum \$100 deposit PER CAMPER required to process registration—Balance due May 15, 2012</i> )		

If full

payment not enclosed, preferred payment schedule \_\_\_\_\_.

**Method of Payment:**     **Check/Money Order** made payable to **CYC** (*enclosed*)

**E-Check** (*must contact CYC with information*)

**Credit Card** (*circle one*):    **Visa**    **Mastercard**    **Discover**

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card (*please print*): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_ Signature: \_\_\_\_\_