

<b>FOR OFFICE USE ONLY</b>
Date Received: _____
Payment Included (if applicable): _____
Date Entered: _____
Entered by (staff initials): _____



Participant Last Name, First Name  
Session(s)/Program(s): \_\_\_\_\_

# 2019 Camping & Outdoor Leadership Overnight Camp Care Info Packet

Camp Colman    Camp Orkila    Orkila Teen Expeditions

## Submission Instructions

Please choose one of the following options:

### OPTION ONE: ELECTRONIC VERSION

1. Log in to your UltraCamp account:  
**<http://bit.ly/UltraCamp>**
2. Select **Document Center** via the Additional Options menu
3. Required forms will be listed and linked for you to complete online
4. Follow instructions for completing each form
5. If any downloadable forms need to be submitted, please submit via email to:

**[campforms@seattlemca.org](mailto:campforms@seattlemca.org)**

or mail to:

YMCA Camping & Outdoor Leadership  
909 Fourth Avenue  
Seattle, WA 98104

-OR-

### OPTION TWO: PAPER VERSION\*

1. Complete all 8 pages of this paper packet
2. Sign in ALL required places
3. **Return the completed, signed packet by mail, scan/email or in person to:**

YMCA Camping & Outdoor Leadership  
909 Fourth Avenue  
Seattle, WA 98104  
**P: 206 382 5009**

**Completed Packets:** [campforms@seattlemca.org](mailto:campforms@seattlemca.org)

**Questions:** [campinfo@seattlemca.org](mailto:campinfo@seattlemca.org)

\*Please keep a copy of the completed forms for your records. Any changes should be provided to the Camping & Outdoor Leadership staff BEFORE the participant's session/course start date.

**DUE MAY 1, 2019**  
OR UPON REGISTRATION IF REGISTERING AFTER MAY 1

## Basic Participant Information:

Participant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Camp Program(s) & Session(s): \_\_\_\_\_

Session(s) Date(s): \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_

Friend Requests (Optional, limit to 2 friends): \_\_\_\_\_

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Participant Name: \_\_\_\_\_

This form is to be completed and signed by parents/guardians of minors and information is gathered to assist us in identifying appropriate care for your participant. **Note: we do NOT require your participant to have a physical, or a doctor's signature on any of these forms.**

**Parent / Guardian Information** (with whom the participant lives):

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

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

Best time to reach you? \_\_\_\_\_

Parent/Guardian 2 (Optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Best time to reach you? \_\_\_\_\_

Will you be reachable at the above numbers while your child is at camp?  YES  NO

If no, please give an alternate way of reaching you: \_\_\_\_\_

**Emergency Contacts** (if we are unable to reach a parent/guardian listed above, who can we call in case of emergency?):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

It is the responsibility of each participant's parent or legal guardian to provide the participant's own accident and health coverage while participating in YMCA camp and outdoor activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Is the participant covered by family medical/hospital insurance?  YES  NO

If yes, indicate provider name (please print clearly): \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE SIGN HERE** 

**Parent / Legal Guardian Authorization**

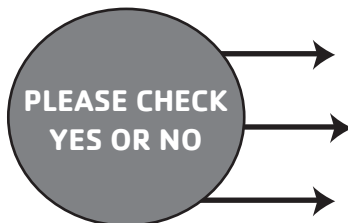
This health history is correct so far as I know, and my child has permission to engage in all prescribed camp activities as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the camp director/program staff to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director/program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp/on an expedition.

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

Participant Name: \_\_\_\_\_

**Over-the-Counter Medications:**

I give my permission for camp health care staff to dispense to my participant the following over-the-counter medications if needed:



- Topical Ointment  YES  NO
- Cough Medicine  YES  NO
- Tylenol (Acetaminophen)  YES  NO
- Ibuprofen  YES  NO
- Sunblock (SPF 30+)  YES  NO
- Benadryl (Diphenhydramine)  YES  NO
- Claritin (Loratadine)  YES  NO
- Sudafed (Pseudoephedrine)  YES  NO
- Dramamine (Dimenhydrinate)  YES  NO
- Anti-Itch (Hydrocortisone)  YES  NO
- Antacids  YES  NO
- Bug Spray  YES  NO

**Medications:**

- Yes, I am aware that in an emergency YMCA staff are trained to and may administer epinephrine when they determine anaphylaxis, a rapidly progressing, life-threatening allergic reaction, may occur.
- YES, this participant takes medication on a regular/routine basis.

Please list ALL medications the participant is bringing, including over-the-counter or non-prescription drugs.

- All medications must be in the original packaging/bottle - no loose pills
- Prescription medications must be in the participant's name
- All medications must be turned in to staff at the check-in table when you arrive (do not pack in luggage)
- Bring enough medication to last the duration of your participant's time away from home

Please attach additional paperwork for additional medication.

**Please list all medication(s) taken and specify if it is for a life-threatening condition. Please print clearly.**

(Please circle time(s) of day medication(s) should be taken: B = Breakfast, L = Lunch, D = Dinner, BT = Bedtime, PRN = As Needed)

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) taken: B L D BT PRN

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) taken: B L D BT PRN

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) taken: B L D BT PRN

Med #4: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) taken: B L D BT PRN

Please list the condition for which this/these medication(s) is/are prescribed/taken, side effects (if any), and any other relevant information: \_\_\_\_\_

**Medical Devices:**

- Yes, this participant requires the an **inhaler, nebulizer or other medical device(s)** and will bring it/them to camp:
  - Inhaler  Nebulizer  CPAP machine  Other medical device: \_\_\_\_\_
  - Will check it/them in with other medications.  Must personally carry it/them at all times.
- Yes, this participant carries an **epi-pen(s)**. Condition for which prescribed/taken: \_\_\_\_\_
  - Will check it/them in with other medications.  Must personally carry it/them at all times.

**Participant Name:** \_\_\_\_\_

**Health History:**

Has/does the participant:	YES	NO		YES	NO
1. Had any recent injury, illness, infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	19. Use an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have any skin problems (e.g. itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have a recent history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Menstruation:</b>					
27. Has the participant menstruated?	<input type="checkbox"/>	<input type="checkbox"/>	27b. If yes, is their menstrual history normal?	<input type="checkbox"/>	<input type="checkbox"/>
27a. If not, have they been told about it?	<input type="checkbox"/>	<input type="checkbox"/>	(Please explain any special considerations below)		

Please provide any additional relevant information, if needed, for any questions above: \_\_\_\_\_

**Behavioral History:**

The participant is currently dealing/has dealt with the following:					
	YES	NO		YES	NO
1. ADHD?	<input type="checkbox"/>	<input type="checkbox"/>	7. Aggression towards self or self-harm?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severe <input type="checkbox"/> Moderate			8. Reactive attachments?	<input type="checkbox"/>	<input type="checkbox"/>
2. Bipolar Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	9. Conduct disorders?	<input type="checkbox"/>	<input type="checkbox"/>
3. Anxiety disorders?	<input type="checkbox"/>	<input type="checkbox"/>	10. Abuse issues?	<input type="checkbox"/>	<input type="checkbox"/>
4. Depression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual		
<input type="checkbox"/> Severe <input type="checkbox"/> Moderate			11. Running away?	<input type="checkbox"/>	<input type="checkbox"/>
5. Obsessive/compulsive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	12. Eating disorders?	<input type="checkbox"/>	<input type="checkbox"/>
6. Aggression towards others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Overeating		

Please provide any additional relevant information, if needed, for any questions above: \_\_\_\_\_

**Counseling:**

Has the participant been in counseling with a psychiatrist, psychologist, therapist or other counselor within the past two years?

YES - currently  YES - previously  NO

If yes, what was the reason for counseling: \_\_\_\_\_

**If currently in counseling**, please make arrangements for release of information should it become necessary for us to contact them. Release of information arranged?  YES  NO

Name of counselor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Participant Name: \_\_\_\_\_

**Immunization Dates:**

Accurate immunization dates are highly recommended. To obtain a copy of your immunization records, contact your health care provider.

**Please list only the most current immunization dates:**

Vaccinations	Date	Vaccinations	Date
Hep B		Influenza	
DTaP		MMR	
DTP		Varicella (chicken pox)	
DT		Hep A	
Tdap		Meningococcal vaccine	
Td		HPV	
Polio (IPV/OPV)		TB Mantoux	

**My participant has had the following illnesses:**

Please check the box ONLY if your participant has suffered from an illness listed below:

- Measles
- Chicken Pox
- German Measles
- Varicella Zoster (Shingles)
- Mumps
- Hepatitis

Participant has a medical or religious exemption from immunizations.

**Allergies / Dietary Restrictions:**

Please list any **food allergies** (if any) and describe reaction and management: \_\_\_\_\_

Please list any **allergies to medicine** (if any) and describe reaction and management: \_\_\_\_\_

Please list any allergies not previously listed (if applicable) and describe reaction and management: \_\_\_\_\_

**Please indicate any dietary restrictions that we should be aware of (check all that apply):**

- Glucose intolerant    Lactose intolerant    Gluten intolerant    Vegan    Vegetarian    Pork-free

We can provide a substitute diet for MOST of these dietary needs, and can work with you on forming a plan, potentially asking you to provide supplemental food, to make sure your child has a successful time with us. Please contact our Food Service Directors for each program to discuss options and/or concerns:

**Camp Colman\*:** Connie Fechner   cfechner@seattlemca.org   206 717 2656  
**Camp Orkila\*:** Kim Klein-Toombs   ktoombs@seattlemca.org   360 376 2678 x132

**\*Please remember, our camps are NUT-FREE. Supplemental food items sent to Camp Colman or Camp Orkila may NOT contain nuts.**

**Additional Considerations:**

How does the participant deal with stress? What do they need? \_\_\_\_\_

Tell us about their emotional strengths & challenges: \_\_\_\_\_

Are there special family or personal considerations which may affect their experience? \_\_\_\_\_

Have they been dealing with any issues during the past school year? \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Please read this Acknowledgment of Risks and sign below.** I understand that if the Acknowledgement of Risks and Camp Policies and Waiver and Release of Liability forms are altered, my child will not be accepted into camp. If you have any questions or would like any portions explained to you in greater detail, please contact the Camping & Outdoor Leadership Office at 206-382-5009. Camp Orkila and Camp Colman take pride in their efforts to provide a safe and supervised program, but summer camp by nature is not without risk. The elements that make summer camp a unique experience, such as being out of doors, near and around water, traveling by ferry, van, bus and powerboat, can cause loss or damage to equipment, injury, illness and even death. We do not want to diminish your enthusiasm for the experience; we want all participants to know in advance what to expect and what some of the potential risks are by participating in the camp program. The following describes some, but not all, of the risks:

- Accidents or mishaps while traveling to or from camp on coaches or school buses and Washington State Ferries
- Slips and falls during activities at camp and on expeditions may take place during tag games, running games, Frisbee throwing, sports, backpacking, and running on slopes and paths with bumps, sharp sticks and exposed roots. Falls may also take place from bikes which may produce injury or death.
- Participants may be out of doors for prolonged periods of time, including overnight trips, in conditions such as sun, wind and prolonged periods of rain. While out of doors participants may also be exposed to a variety of natural life including, but not limited to, marine life such as crabs, sea urchins, and jelly fish, plant life such as stinging nettles, flying insects such as yellow jackets, wasps, and mosquitoes, other animals such as snakes, raccoons, and deer, and, at Camp Orkila, farm animals such as horses, pigs, chickens and goats.
- Water activities are an integral part of the camp experience, and include swimming and diving in a pool (at Camp Orkila), in an inlet (at Camp Colman) and in the Puget Sound. Boating activities include kayaking, canoeing, row boating, sailing, or traveling by powerboat. All activities have the danger of bodily harm, hypothermia and drowning.
- Participants will be responsible for helping with meal preparations and may be around outdoor cooking stoves, flammable materials, sharp knives and open fire.
- Participants may have the opportunity to utilize challenge activities, including, but not limited to, the low and high ropes courses, the climbing wall, rock climbing, zip line and the Giant Swing. These activities involve lifting, passing people, spotting technique, climbing trees, and wearing harnesses and helmets. Participants always have a safety line when climbing elements are ten (10) feet off the ground.
- Participants may also have the opportunity to participate in activities with a higher than normal element of risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. In addition to activities listed above, these activities include, but are not limited to, archery and at Camp Orkila, skateboarding, BMX racing, mountain biking and racing, horseback riding, and riflery.

Potential consequences of the activities include, but are not limited to broken bones, muscle tears, sprains, joint problems, or other orthopedic injuries, disabling head or spinal injuries, eye injuries, heart attacks, strokes, and other cardiovascular problems, heat exhaustion or heat stroke, allergic reactions, cuts, infections, burns, homesickness, serious illness, dehydration, mental anguish, hypothermia, drowning or other means of death.

Risks may include equipment malfunction or loss of control, collision with obstacles, variation of terrain, or unexpected actions by horses or other people. I understand that participants may act in a negligent manner that can contribute to injury to themselves or others, such as failing to maintain control, not acting within his or her abilities or not following the rules.

I acknowledge that Camp Orkila, Camp Colman, the YMCA of Greater Seattle, or its representatives are not responsible in any way for personal clothing, items or equipment that may be lost, stolen, or damaged as a result of participation in camp activities.

We, participant and parent / guardian, understand that it is the responsibility of each participant to participate in the whole program including activities of work, play, values, sharing and living together. We understand and support policies prohibiting participants from possessing or using tobacco products, alcoholic beverages, non prescription drugs, fireworks, knives and weapons of any kind. We recognize that participants must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to oneself or others. Failure to adhere to camp policies will be cause for participant's dismissal from camp without refund of camp fees. We acknowledge that we will be responsible for pick-up and transportation of our participant if dismissed from camp early.

**PLEASE SIGN HERE** 

In consideration for my child being permitted to participate in camp activities, I have read or have had read to me the risks of activities at YMCA Camp Orkila and Camp Colman. I voluntarily accept the risks involved and agree to abide by the camp policies.

\_\_\_\_\_  
Parent / Guardian Printed Name

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

\_\_\_\_\_  
Date

**Participant Name:** \_\_\_\_\_

I have read the Acknowledgement of Risks statement and I have reviewed the Camp Policies with my child. I am aware that my child will have the opportunity to participate in, and I approve of his/her participation in, camp activities involving a degree of risk.

I understand it is my responsibility to provide for my child's accident and health coverage while participating in any YMCA activity. The YMCA does not provide any accident or health coverage for its participants.

I hereby consent to the use, publication and display, by or on behalf of the YMCA of Greater Seattle, any photograph, video or digital image and any reproduction thereof in which I or my minor child may be portrayed or identified. It is understood that the YMCA of Greater Seattle and member organizations may use, publish and display such photographs, videos, digital images or reproductions thereof, in whole or in part, for any business purpose in their individual discretion. I waive all claim for any compensation for such use.

I understand that YMCA staff will encourage my child to set his/her own touching and personal space limits. I understand that staff in YMCA resident camp programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that my child will not be released from the camp site unless the signature on the health form matches the signature of the person picking up the child or matches the signature giving written permission for a different person to pick up the child.

I understand that should a person arrive to pick up the child and appear to be under the influence of drugs or alcohol that the child will not be released until another person who is not under the influence of drugs or alcohol arrives to pick up the child. If no person is located, staff may have no recourse but to contact the police.

 **PLEASE SIGN HERE**

In consideration for my child being permitted to participate in camp activities, I hereby agree to release the YMCA of Greater Seattle ("YMCA"), its directors, officers, employees, agents and volunteers (collectively "YMCA Releasees") from all liability to me or my child for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person, and while I or my child are at camp or participating in camp activities. I agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above, and I agree to indemnify and hold the YMCA Releasees harmless from any loss, damage or cost they may incur due to my or my child's participation in camp activities.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue in full force and effect.

I have read or have had read to me, and I understand and agree to the above statements. I understand that this form may not be altered and that my child may not attend camp without this form signed. I acknowledge that I have signed this of my own free will and that my or my child's participation in camp activities is purely voluntary.

\_\_\_\_\_  
Parent / Guardian Printed Name

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

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_

### Transportation Arrangements:

#### PICK-UP AUTHORIZATION PROCEDURES

I give my permission for the YMCA to release my child to any of the people listed below. I also understand that I, or the authorized person, must present the participant claim check, given to me on check-in day before they can be released from the bus, camp or ferry. If no claim check is presented, I, or the authorized pick-up person listed below, will present a photo ID to a YMCA staff member in order to obtain a replacement claim check.

#### AT LEAST TWO NAMES ARE REQUIRED:

1. Parent/Guardian \_\_\_\_\_
2. Parent/Guardian \_\_\_\_\_
3. Pick-Up Person #3 \_\_\_\_\_
4. Pick-Up Person #4 \_\_\_\_\_

### Camp Colman Transportation

There is a **\$40 fee** for **round-trip** bus transportation from SeaTac. If you are only taking the bus one-way, the fee is \$20.

#### First Day Check-In

Date of Check-In: \_\_\_\_\_

- Matt Griffin YMCA (Bus)  
 Camp Colman by own transportation

#### Return Day Pick-Up

Date of Pick-Up: \_\_\_\_\_

- Matt Griffin YMCA (Bus)  
 Camp Colman by own transportation

**Important!** Participants attending consecutive sessions at Camp Colman **must** return home between sessions.

### Camp Orkila Transportation

There is a **\$60 fee** for **round-trip** bus transportation from Shoreline. If you are only taking the bus one-way, the fee is \$30.

There is a **\$15 fee** for campers checking in at Anacortes and walking onto the ferry.

#### First Day Check-In

Date of Check-in: \_\_\_\_\_

- Meridian Park Elementary (Bus)  
 Anacortes Ferry Landing  
 Camp Orkila by own transportation

#### Return Day Pick-Up

Date of Pick-Up: \_\_\_\_\_

- Meridian Park Elementary (Bus)  
 Anacortes Ferry Landing  
 Camp Orkila by own transportation

**Important!** Participants attending consecutive sessions 4 and 5 only at Camp Orkila **must** return home between sessions.

**If you have any questions regarding transportation, or need to make any special arrangements, please contact the YMCA Camping & Outdoor Leadership Office at 206 382 5009 or [campinfo@seattleyymca.org](mailto:campinfo@seattleyymca.org)**