



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

Participant Last Name, First Name
Course Name/Dates: _____

2020 Camping & Outdoor Leadership BOLD & GOLD Admissions Packet

Please complete all pages of this packet. Some pages require signatures.

We will use the information gathered to provide us with background information to determine participants' expedition appropriateness based on their physical fitness and emotional well-being, and to determine appropriate care for those admitted to the program. We ask for full disclosure so that our staff can know the participant's needs. Depending upon the participant's history, additional paperwork and/or a meeting with a YMCA Director may be required to ensure that the participant can best be accommodated. All information is governed by our confidentiality policy and will not be released to any outside organization except in accordance with the law.

BOLD & GOLD ADMISSIONS PACKET CHECK LIST:

- | | | |
|--|---|---|
| <input type="checkbox"/> This 8-page Packet | <input type="checkbox"/> Physician's Form* (2 & 3 week courses only) | <input type="checkbox"/> Gear & Clothing Rental Form (optional) |
| <input type="checkbox"/> Parent Questionnaire | *Note: If you have to wait for a doctor's appointment, please submit the rest of the paperwork and send that form later | <input type="checkbox"/> Orion Acknowledgement of Risk Form** |
| <input type="checkbox"/> Participant Questionnaire | | **For Art of Leadership & Rivers and Rocks trips only |

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

or mail to:

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

-OR-

DUE MAY 1, 2020

OR UPON REGISTRATION IF REGISTERING AFTER MAY 1

OPTION TWO: PAPER VERSION***

1. Complete all 8 pages of this paper packet
2. Sign in the 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

Questions: 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.

Basic Participant Information:

Participant Name: _____ Preferred Name: _____

Course Name/Dates: _____

Gender Identity: _____ Birthdate: _____ Grade in Fall 2020: _____

Used for Gear: Height _____ Weight (lbs) _____ Shoe Size (US) _____ Waist (in) _____ Inseam (in) _____

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: 2-3 week expeditions REQUIRE a physical and doctor's signature. Please attach separate BOLD & GOLD Physician's Form.**

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

Parent/Guardian 1: _____ Relationship: _____
 Home Phone:(____)_____ Work Phone:(____)_____ Cell Phone:(____)_____
 Mailing Address: _____

Parent/Guardian 2 (Optional): _____ Relationship: _____
 Home Phone:(____)_____ Work Phone:(____)_____ Cell Phone:(____)_____

Will you be reachable at the above numbers while your child is on expedition? YES NO
 If no, please give an alternate way of reaching you: _____

Emergency Contacts

We will contact parents/guardians first, but if we are unable to reach them, 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 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 carrier/plan name (please print clearly): _____
 Policy Holder: _____ 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 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 on an expedition.

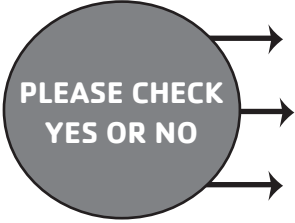
Parent / Guardian Signature _____ Date _____

Participant Name: _____

- 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
- Nasal Decongestants YES NO
- Dramamine (Dimenhydrinate) YES NO
- Anti-Itch (Hydrocortisone) YES NO
- Antacids YES NO
- Insect Repellent YES NO
- Anti-Diarrheal (Loperamide) YES NO

Over-the-Counter Medications:

I give my permission for YMCA staff (trained as Wilderness First Responders or in Wilderness First Aid) to administer the over-the-counter medications specified here if needed:



Medications:

- Yes**, I am aware that in an emergency YMCA staff trained as Wilderness First Responders or in Wilderness First Aid 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 of day medication(s) should be taken: **B=Breakfast, L=Lunch, D=Dinner, BT=Bedtime, PRN=As Needed**)

Med #1: _____ Dosage: _____ Specific times taken: B L D BT PRN

Med #2: _____ Dosage: _____ Specific times taken: B L D BT PRN

Med #3: _____ Dosage: _____ Specific times taken: B L D BT PRN

Med #4: _____ Dosage: _____ Specific times 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:
 - Inhaler** **Nebulizer** **CPAP** **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"/>
Menstruation:					
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"/>
<input type="checkbox"/> Severe <input type="checkbox"/> Moderate			8. Reactive attachments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bipolar Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	9. Conduct disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anxiety disorders?	<input type="checkbox"/>	<input type="checkbox"/>	10. Abuse issues?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
5. Obsessive/compulsive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	12. Eating disorders?	<input type="checkbox"/>	<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 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 trip.

Please contact Anna Bauer, BOLD & GOLD Operations Coordinator, for details or questions: abauer@seattleyymca.org or 206 659 0231

Additional Considerations:

How does your child 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? _____

Has your child 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): _____

YMCA of Greater Seattle

BOLD & GOLD Outdoor Leadership Admissions Packet
2020 Acknowledgement of Risks & Trip Policies

Participant Name: _____

In consideration of the services of the YMCA's Boys Outdoor Leadership Development (BOLD) & Girls Outdoor Leadership Development (GOLD), their officers, agents, employees, and stakeholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "BOLD & GOLD") I agree as follows:

Although BOLD & GOLD has taken steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, BOLD & GOLD has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. BOLD & GOLD does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. All opportunities are subject to change based on environmental conditions, availability of federal land use permits and backcountry reservations. The following describes some, but not all, of those risks.

Risks of my enrollment or participation in BOLD & GOLD activities include, among other things: Slipping and falling; falling objects; water hazards, including drowning; exhaustion; exposure to temperature and weather extremes that could cause hypothermia, frost nip, and frostbite that may result in loss of limbs, digits and permanent scarring, hyperthermia (heat related illnesses), heat exhaustion, and heat stroke; sunburn; dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure or injury from equipment; van or automobile-related accidents/incidents; improper lifting or carrying; an "act of God" including things like avalanche, rock fall, inclement weather, high winds or tides, and lightning, accidents or illnesses occurring in remote places without available medical facilities. My own capabilities may contribute to the risk, including my sense of balance, physical coordination, and ability to follow instructions. If I experience fatigue, chills or dizziness during the activities, my reaction time will be diminished and the risk of accident will increase.

I am aware that a BOLD & GOLD wilderness course entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to enroll or participate, and I elect to enroll and participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of BOLD & GOLD has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of enrolling and participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

PLEASE SIGN HERE



I have carefully read (or had read to me), clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Participant Printed Name: _____

Participant Signature: _____ Date _____

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____ Date _____

YMCA of Greater Seattle

BOLD & GOLD Outdoor Leadership Admissions Packet
2020 Waiver & Release of Liability

Participant Name: _____

I have read the Acknowledgement of Risks statement and I have reviewed the Program 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 adventure activities involving a degree of risk.

I authorize YMCA personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, the YMCA shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

I hereby give permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media in which I or my minor child may be portrayed or identified. It is understood that the YMCA may use, publish, broadcast and display such photographs, videos, digital images or reproductions thereof, in whole or in part, for any business purpose in their individual discretion, including media coverage of YMCA programs and activities. I waive all claim for any compensation for such use.

I understand that fellow participants may also use media, including but not limited to photography or videography on this trip. I release the YMCA from any liabilities, known or unknown, arising out of the use of this material.

I understand that YMCA staff will encourage my child to set his/her own touching and personal space limits. I understand that staff in the YMCA outdoor adventure 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 adventure 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 outdoor 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 participating in outdoor 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 outdoor activities.

The U.S. National Park Service and some other federal land management agencies do not allow service providers, such as the YMCA of Greater Seattle, to be released by their participants from liability for injuries or other losses occurring on certain public lands. On those lands, the YMCA of Greater Seattle is limited to the Acknowledgment of Risks.

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 their program 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 outdoor activities is purely voluntary.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____ **Date** _____

Participant Name: _____

Essential Eligibility Criteria

Please read the supplemental forms before signing below.

AGREEMENT TO COMPLY

Signing this Essential Eligibility Criteria (EEC) indicates an understanding and agreement to comply with these criteria for participation in a BOLD & GOLD program. Please review this information with the participant. A parent or legal guardian must sign below.

PLEASE SIGN HERE 

Yes, I have reviewed with my child the YMCA BOLD & GOLD Essential Eligibility Criteria (EEC) and we both feel they meet the EEC and agree to comply with these criteria. I further understand, that if it is found that my child is out of compliance with the EEC it may result in their removal from the program.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____ Date _____

Transportation Arrangements:

Authorized Pick-Up Procedures

I give my permission for the YMCA to release my child to any of the people listed below. I also understand that if a parent/guardian is unable to pick up my child, the authorized person listed below must present a photo ID to a YMCA staff member in order for my child to be released.



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

Transportation is included in the cost of the program fee for your course. Unless otherwise stated in your course information materials, trips will start/end at:

The Y @ Cascade People’s Center
309 Pontius Ave N
Seattle, WA 98109

Our check-in and check-out processes involve an opening and closing circle. Staff will spend about 30 minutes with the families and participants on the course start and return days. An adult/guardian must be present for this; please plan accordingly. You will receive a letter 2 weeks prior to your trip start date confirming this information.

If you have any questions regarding transportation, please contact the BOLD & GOLD Admissions Office:
Phone: 206 382 5009 Email: campinfo@seattleyymca.org.