

Camp Ta Ta Pochon Camp Registration Form

A

Camper's First & Last Name _____ Age _____ Date of Birth _____ Gender _____

Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian's First & Last Name _____ Mobile Number _____ Work Number _____

Home Address _____ City _____ State _____ Zip Code _____

Cabin Buddy #1 _____ Cabin Buddy #2 _____

(Buddy must be no more than one year apart. The YMCA cannot guarantee a camper will be placed in the same cabin with requested buddy)

2020 Winter Camp Session	
Feb 15th – Feb 17th, 2019 • Camper Ages 8-15	
Early Bird Registration: \$250	
After December 31st 2019: \$275	
Registration Deadline is Saturday, Feb 1th 2019	
\$50 Non-refundable Deposit Must be paid at time of sign up	STAFF INITIALS
Payment Plan Has Been Filled Out Form Checked for Signatures and Payment Info	STAFF INITIALS
Financial Assistance If applicable	\$
Balance Due Due Feb 1 st , 2019	\$

Agreement & Payment Policy

By signing this form, I give my child permission to attend YMCA Camp Ta Ta Pochon. I understand it is my responsibility to thoroughly read the contents, policy forms, and waivers of the parent packet. I understand the \$50 deposit is non-refundable and non-transferable and that my child's registration may be canceled by the YMCA if the outstanding balance is not received by **Feb 1st, 2019**. I understand camp fees beyond the deposit are **not refundable** but may be used as credit towards another program or the following camp year unless due to injury/illness verified by a doctor's notice.

Method of Payment

- Check enclosed (payable to YMCA of WSGV)
 Charge \$ _____ to my Visa MC

Card #: _____

Security Code (3 Digits): _____

Exp. Date: _____

Signature: _____

Parent/Guardian Signature _____ Parent/Guardian Name _____ Date _____

Please return this form with deposit to the Front Desk or mail with deposit to
 YMCA of West San Gabriel Valley 401 E. Corto St. Alhambra, CA 91801. Attn: CTTP 2019.
PLEASE NOTE: YOUR CHILD WILL NOT BE REGISTERED UNTIL DEPOSIT HAS BEEN MADE



Camper Name: _____

Overnight Camp Registration Form Camp Ta Ta Pochon 2020

FOR OFFICE USE ONLY

Registration Date: _____

- Form A-** Camp Registration Form
- Non-Refundable Deposit**
- Form B** – Health History Form
 - Health Insurance Information
 - Copy of Child’s Immunization Record**
 - Allergies & Special Needs Listed (If Applicable)
 - Current Medications Listed (If Applicable)
 - Camper & Parent’s Signature Acknowledging Terms
- Recent Photo of Camper** (school photo acceptable)
- Form C-** Health Examination Form completed by Licensed Physician (with Office Stamp)
- Form D** – Medical Treatment Authorization Form
- Form E** – Pick-Up Authorization & Liability Waiver Form
- Camp Fee Paid in Full**

PLEASE MAKE SURE ALL SECTIONS ARE COMPLETE BEFORE ACCEPTING FORMS

Camp Ta Ta Pochon Health History Form

Please complete this form in its entirety. One form per child.
Please print clearly with blue or black ink.



Camper Name _____ Age (at camp) _____ Date of Birth _____ Gender _____

Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian's Name #1 _____ Mobile Number _____ Email Address _____

Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian's Name #2 _____ Mobile Number _____ Email Address _____

Home Address _____ City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Name _____ Mobile Number _____ Relationship _____

Name _____ Mobile Number _____ Relationship _____

Name _____ Mobile Number _____ Relationship _____

INFO REQUIRED BY LAW (If you have insurance)

Health Insurance Provider/Policy Number _____

Policy Number _____

Dependent _____ Relationship _____

Social Security Number or Ins. ID Number of Dependent _____

Family Physician _____

Contact Number _____

Family Dentist _____

Contact Number _____

Camper Photo and Immunization Record

Please include a recent photo of your child to be stapled in this box. Current school year photo is acceptable and highly encouraged.

Also please include a copy of your child's immunization record with most recent vaccinations.

These are two important items that are required for your child to attend camp.

MEDICAL INFORMATION PAST OR PRESENT (Please check all boxes)

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect/Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed-Wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Under Doctor Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each yes, please explain:

ALLERGIES & SPECIAL NEEDS (Please check all boxes)

Hay Fever Yes No
 Oak/Ivy Poisoning Yes No
 Foods Yes No

Bee Stings Yes No
 Bee Sting Skit Yes No
 Other Insects or Animals Yes No

Penicillin Yes No
 Other Medication? Yes No
 Other Allergies Yes No

Foods

Reaction & Treatment Procedures

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Medications

Reaction & Treatment Procedures

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For each Yes, please explain:

NON-PRESCRIPTION MEDICATIONS (Please check all boxes)

I authorize the following medications **to be administered as needed.**

Acetaminophen Yes No
 Chloraseptic Yes No
 Ibuprofen Yes No
 Cough Drops Yes No
 Syrup Yes No

Generic Benadryl Yes No
 Calamine Lotion Yes No
 Bacitracin Yes No
 Hydrocortisone Cream Yes No
 Lice Shampoo Yes No

Midol Yes No
 Generic Antacid Yes No
 Laxative Yes No
 Cough Decongestants Yes No
 Epi-Pen Yes No

CURRENT MEDICATIONS

THIS CAMPER TAKES NO MEDICATION ON A ROUTINE BASIS

Please list all medication (including over-the-counter or non-prescription drugs) taken routinely. Make sure you prepare enough medication to last your child's entire stay at camp.

Medication #1	Dosage	Frequency (Specific times taken each day)
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Reason for Medication

Medication #2	Dosage	Frequency (Specific times taken each day)
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Reason for Medication

Medication #3	Dosage	Frequency (Specific times taken each day)
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Reason for Medication

Notes:

PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the camp health personnel selected by the YMCA to dispense routine; and as needed medications and to provide treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician, nurse practitioner, dentist and/or orthodontist selected by the YMCA to release medical records, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this health history form. We recognize that the participant must follow safety precautions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees.

CONSENT TO SEARCH CAMPER'S BELONGINGS

In order to prevent harm, maintain order and safety to all campers and staff who are participating in the YMCA of West San Gabriel Valley camping activities, I (parent/guardian) hereby give permission to YMCA camp staff to search my camper's belongings when there is reasonable suspicion that the camper has possession of illegal or dangerous items (i.e. weapons, knives, alcohol, illegal drugs, fireworks or explosives) or the camper seriously violates camp rules and evidence of the infraction can be found through search of the camper's personal belongings. To the extent possible, the camper will be present during such a search and the scope of the search will be limited to their personal belongings.

PHOTO RELEASE

I hereby irrevocably give consent and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, or any and all photographs which you have taken of my child, negative or positive, for any purpose without compensation to me. All negatives and positives, shall constitute as the YMCA's property, solely, and completely. I will assume responsibility and speak to a Director if arrangements need to be made.

MEMO OF UNDERSTANDING

In order to provide the best possible experience for everyone,
there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety, and welfare of all campers.
2. Campers are not allowed to smoke, chew tobacco, possess any smoking material, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept in a secure location under the control of the Camp Nurse.
4. Campers are not to possess or use firecrackers or explosives. Campers may not possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without YMCA camp staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, sexual harassment/intimidation and improper behavior in transportation vehicles, may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged. We reserve the right and WILL send ANYONE home (at parents' expense and liability) who violates these rules.
9. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper once we arrive back to the YMCA on Saturday. The camp directors reserve the right to determine what constitutes a violation of these rules and will enforce them as necessary.

I have read, and understood and will abide by the rules as stated above throughout my stay at camp.

Camper Signature

Camper Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

CAMP USE ONLY

Date Screened

Time AM/PM

Update/Additions to HHF? Y N N/A

Screened By

Screener's Signature

Medication Received:

Current Health Needs Identified:

Observational Notes:

Camp Ta Ta Pochon Health Examination Form



THIS FORM MUST BE COMPLETED BY A LICENSED M.D., D.O, or NURSE PRACTITIONER

All campers are required to have a written confirmation of a health examination within 12 months before attending Resident or Travel Camps.

PARENT PLEASE COMPLETE THE FOLLOWING (Please print clearly)

Camper Name _____ Age (at camp) _____ Date of Birth _____ Gender _____

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number _____

Parent/Guardian's Name _____ Mobile Number _____ Work Number _____

Home Address _____ City _____ State _____ Zip Code _____

CAMP IS HELD IN AN OUTDOOR SETTING AT AN ELEVATION OF 6,800 FEET WITH PROGRAMS THAT ARE VERY ACTIVE, INCLUDING BUT NOT LIMITED TO HIKING, GAMES, SWIMMING, CANOEING, 20 FOOT ROCK CLIMBING WALL, ETC. CAMPERS MAY HAVE THE RESPONSIBILITY, BASED ON AGE GROUP, TO PARTICIPATE IN HIKE RANGING TO 11,500 FEET. YOUR CAREFUL CONSIDERATIONS WITH REGARDS TO LIMITATION, CONCERNS, OR ALLERGIES ARE APPRECIATED. INFORMATION LISTED WILL BE KEPT PRIVATE AND CONFIDENTIAL ONLY TO BE UTILIZED BY CAMP MEDICAL STAFF AND ADMINISTRATIVE STAFF FOR MEDICAL CONCERNS AND TREATMENT.

I have examined the child named on this form within the past 12 months.

The examination date was ____/____/____.

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.

Is the applicant under the **care of a physician** for any conditions? Yes No

If yes, please explain:

Any activities to be **encouraged** or **limited**?

Any **treatments** or **medications** to be continued at camp? (please provide specific dosages and frequency)

Additional information for medical and administrative staff:

OFFICE STAMP

Office

Address

Phone Number

Name of Medical Personnel

Medical Personnel Title

Medical Personnel Signature

Date form completed





Camp Ta Ta Pochon Medical Treatment Authorization Form

Please complete this form in its entirety. One form per child.

Please print clearly with blue or black ink.

Camper Name	Age (at camp)	Date of Birth	Gender
Home Address	City	State	Zip Code
Parent/Guardian Name #1	Mobile Number	Work Number	
Home Address	City	State	Zip Code

EMERGENCY CONTACT INFORMATION

Name	Mobile Number	Relationship
Name	Mobile Number	Relationship

EMERGENCY MEDICAL PERSONNEL, PLEASE CALL (626)559-2267
FOR ACCESS TO MORE DETAIL HEALTH RISK HISTORY ASK FOR FACILITIES OR PROGRAM DIRECTORS

MEDICAL INFORMATION

Health Insurance Provider	Policy Number
Dependent	Relationship
Social Security Number or Ins. ID Number of Dependent	
Family Physician	Contact Number
Family Dentist	Contact Number
Has your child been or currently being treated for:	Please list any allergies or other medical conditions of which we need to be aware:
Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fainting Spells <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Allergies to medication <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PARENT'S AUTHORIZATION

I am the parent or legal guardian for the above-mentioned on this form, and give permission to the camp health personnel selected by the YMCA of West San Gabriel Valley to dispense routine; and as needed medications and to provide treatment for the health of my child, and in the event I cannot be reached in an emergency I hereby give permission to a licensed physical, nurse practitioner, dentist, and/or orthodontist selected by the YMCA to release medical records, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this authorization form. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE, AND FOREVER DISCHARGE Camp Ta Ta Pochon, YMCA of West San Gabriel Valley and their employees, directors, counselors, program staff, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens, and costs whatsoever, in law or equity, including, without limitation, liability for death and bodily injuries to any person or damage to any property resulting from any claims made against medical providers of emergency services under this authorization, or against the Camp Ta Ta Pochon, YMCA of West San Gabriel Valley for obtaining medical emergency services for the above pursuant to this authorization.

Parent/Guardian Signature	Parent/Guardian Name	Date
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**Camp Ta Ta Pochon
Pick-Up Authorization & Liability Waiver Form (see back of form)**



TO BE COMPLETED BY PARENT/GUARDIAN

The staff of Camp Ta Ta Pochon and the YMCA take the responsibility of the well-being of your child seriously. If you for any reason are unable to pick up your child upon our return from Camp on Saturday, we want to make sure the person who does pick up your child has authorization.

Camper's Name

I, _____ (please print parent/guardian name), have contacted the adults listed below who are ready, willing and able to assist in picking up my child on Saturday and hereby give permission for my child to be released from camp in the care of the following who must present a photo ID:

_____	_____	_____
Name as it appears on Driver's License	Mobile Number	Relationship
_____	_____	_____
Name as it appears on Driver's License	Mobile Number	Relationship
_____	_____	_____
Name as it appears on Driver's License	Mobile Number	Relationship
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name	Date

CAMP USE ONLY

I am picking up the child named above from the YMCA of West San Gabriel Valley and assume full responsibility.

Authorized Guardian Signature	Name	Staff Initials
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ASSUMPTION OF RISK AGREEMENT, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

1. I understand that there are numerous risks associated with participation in any camping activities, including hiking, backpacking, out camping, archery, riflery, rope courses, technical climbing, river rafting, mountain biking, crafts and transportation to and from camp activities. These risks, which contribute to the unique nature, character, and desirability of the activities involved may possess the possibility of physical injury, illness, or death. I further understand the activities involved will take place in an outdoor environment in mountainous terrain. For this and other reasons, the risk cannot be eliminated, altered, or controlled.
2. **Some but not all, of the specific risks include:** Weather conditions which may change rapidly and unpredictably and may cause injury directly (for example, rain or hail storms, sunburn, lightning strikes, cold temperatures and the lake) or by acting upon the factors (for example, performance of equipment may be impaired by weather conditions.)
3. Equipment used in the activity may break, fail or malfunction despite reasonable maintenance and use. Some of the equipment used in activities may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and to others.
4. Most activities take place in natural environment where unexpected, unseen and unmarked objects and conditions create risk of injury or death from falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, potentially harmful vegetation and the like.
5. Activities near or in the water, such as rafting, swimming, snorkeling, kayaking, canoeing, surfing, boogie boarding, fishing, hiking, horseback riding, and the like, involve risk injury, illness, or drowning. Because these activities are in the natural environment, oceans, lakes, ponds, streams, rivers, and creek present risks of water movement, subsurface conditions, cold water temperatures, water impurities, and the like. In addition, there is risk of falling out of or being struck by watercraft.

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, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, volunteers, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his/her personal representatives, assigns, and heirs for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in deaths, the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children 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 releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases 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 HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

These are some, but not all, of the risks inherent in camping activities; a complete listing of risks is not possible. In addition, there are risks, which cannot be anticipated. I give permission for my child to participate in all camping activities, including those described above. I acknowledge and assume the risks involved in these activities. **There are no physical, emotional, or mental problems or limitations associated with participation in camp activities except as disclosed by me in writing to the YMCA of West San Gabriel Valley.**

I HAVE READ THIS RELEASE.

Camper Signature

Camper Name

Date

Parent/Guardian Signature #1

Parent/Guardian Name

Date

Parent/Guardian Signature #1

Parent/Guardian Name

Date