

Camp Site Attending: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

2022 Summer Camp Registration Form



**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

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

Child's School Information: \_\_\_\_\_

School Name

Student #

**Family Information:** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

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

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

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

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

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_

**Coronavirus / COVID-19 Warning & Disclaimer**

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs of accessing YMCA facilities. The YMCA; however, will take all necessary precautions to avoid any risks. We sanitize periodically throughout the day and every evening.

**Liability Release:**

I give permission for my child to participate in Youth Development at the YMCA. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA property while my child participates in the activities of this program. By registering I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

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**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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**Discipline Policy**

Our discipline policy is based on recognizing and providing positive reinforcement for appropriate behaviors and natural or logical consequences as a response to less desirable ones. We believe that children truly want to learn how to behave in an appropriate manner. Our job is to help them learn this by serving as role models and guides. Our discipline policy is designed to be effective in a variety of situations and is based on the following components: Consistency, Emphasis on the positive, Logical consequences, Response. \*We will never use any type of physical punishment. Nor will we shame, scold, or humiliate children. \*The YMCA reserves the right to dismiss a child from the ASPIRE/YREADS program if repeated efforts at modifying misbehavior have failed and/or if parents are not cooperating with our policies. \*\*\* Please note: Any child who runs away from his/her group, will be terminated from the program immediately.

**Tuition Payments**

Tuition is due before the scheduled attendance days. If paying weekly, the tuition is due the Friday prior to the up-coming week. If participating in a drop-in day payment must be made in advance. Payment must be paid in advance for all payment options. Failure to make payments timely, will result in immediate termination from program.

All drafts will be charged as scheduled on a monthly basis (for sites that offer this option). All registrations and program fees are non-refundable, regardless of attendance, termination, or any circumstances resulting in cancellation of programs or components within.

**Hours of operation:**

Camp is operating Monday thru Friday. Hours will vary depending on specific camp location, please see parent handbook. There is a late fee charge of \$1 per minute, per child for anyone picked up after camp site closing hours. Multiple (more than three) late pick-ups will result in termination from the program.

**Program Permissions: (please circle yes or no)**

Program Permissions and Information (please circle yes or no)

My child may go swimming in the YMCA pool:   yes   no

Sunscreen and bug repellent may be used on my child at staff discretion:   yes   no

I authorize any photos taken of my child to be used for program advertising purposes:   yes   no

Does your child receive free or reduced lunch through CCPS?   yes   no

I understand that on field trip days, if my child does not have their shirt or arrives after field trip cut off time, I must find alternative care for that day and there will not be a refund issued. \_\_\_\_\_ (initial)

By signing below, I also acknowledge that I have read, received, and agree to abide by all the policies within the YMCA Summer Day Camp Parent Handbook

Signature

Print Name

Date

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# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor’s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor’s participation in YMCA Programs, now or any time in the future.

**Acknowledgment of Risk**

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

**Coronavirus / COVID-19 Warning & Disclaimer**

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs of accessing YMCA facilities.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of \_\_\_\_\_’s participation in YMCA, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of South Collier, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor’s participation in the YMCA, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor’s YMCA participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in YMCA participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in the YMCA and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the YMCA.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)



**Exercise:**

P.E. at school? (Please circle): YES/NO      If no, why not? \_\_\_\_\_

Time of day: \_\_\_\_\_ Times/week: \_\_\_\_\_ Problems: \_\_\_\_\_

Other Exercise: \_\_\_\_\_ Team Sports: \_\_\_\_\_

Degree & Frequency of Exercise (please circle): None      Light      Moderate      Heavy

Times per week: \_\_\_\_\_

Hypoglycemia after exercise? (Please circle): Yes/No

If yes, how severe and how soon after? \_\_\_\_\_

**Health History:**

Has Camper been hospitalized for any reason (medical or psychological) since application was submitted?

(please give dates and reason): \_\_\_\_\_

Are there any changes in Camper's medical history since application was submitted? (please explain):

Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Females: Has Camper menstruated? YES/NO      Onset Date: \_\_\_\_\_ Next due date: \_\_\_\_\_

Is history normal? \_\_\_\_\_ Vaginal infections: \_\_\_\_\_

**Medications:**

Rx: \_\_\_\_\_ Dose: \_\_\_\_\_ Reason: \_\_\_\_\_

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**PARENTS: LEAVE ALL MEDICATIONS WITH NURSE**

**Blood Glucose Testing:**

Usual Blood Sugars for: AM \_\_\_\_\_ NOON \_\_\_\_\_ PM \_\_\_\_\_ BEDTIME \_\_\_\_\_

HYPERGLYCEMIA: Time of day: \_\_\_\_\_ Times/week: \_\_\_\_\_ Reason: \_\_\_\_\_

Ketones (Circle and fill in frequency \_\_\_\_ times per month):

Trace \_\_\_\_\_ Small \_\_\_\_\_ Moderate \_\_\_\_\_ Large \_\_\_\_\_

Nocturia (getting up at night to urinate): YES/NO      Enuresis (bedwetting): YES/NO

HYPOGLYCEMIA: Time of day (please circle all that apply):

Breakfast to Lunch      Pre-Lunch      Afternoon      Pre-Dinner      During Sleep (time \_\_\_\_\_)      Waking Up

Frequency in times per week (please circle): <1      1      2      3      4      5      >5

Reason(s) (please circle): Exercise      Not enough food      other \_\_\_\_\_

Symptoms (check all that apply):

- Headache                       Dizziness                       Twitching                       Other: \_\_\_\_\_
- Irritability                       Nausea                           Shaking
- Fatigue                           Hunger                           Pale

Can your child tell when their sugar is low? YES/NO

Please check appropriate box for each question	Needs Improvement	Satisfactory	Mastered
<b>Blood Sugar Testing</b>			
Uses proper technique when checking blood sugar.			
Tests blood sugar at required time.			
Is able to correctly interpret blood sugar results.			
<b>Injections/Pump Use</b>			
Rotates injection sites appropriately.			
Able to correctly draw up insulin or give bolus.			
Able to give injections or change pump infusion site independently.			
Able to use advanced pump features.			
<b>Food Habits</b>			
Makes appropriate food and drink choices.			
Able to accurately count carbohydrates.			

**ALL PARTICIPANTS MUST SIGN:**

I give permission for the YMCA of Collier County and the Boys and Girls Club of America personnel to care for my child, transport my child in case of emergency and to give him/her any care necessary while in route, and share medical and other relevant information with other care providers.

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Parent/Guardian Signature

Date

Witness Signature

Date



## **Consent to Release Protected Health Information CHP, University of Florida, and HADC**

I understand my healthcare rights protect my medical records as private. I consent to the use or the disclosure of my protected health information by Core Health Partners for the purposes of providing my treatment, obtaining payment for my healthcare bills, or to conduct healthcare operations, this includes sharing these records with Help a Diabetic Child (HADC), the University of Florida who have agreed to provide support that may include financial assistance for my medical services. My consent to use or the disclosure of my protected health information is ongoing by Core Health Partners for the purposes of providing my treatment, or obtaining payment for my healthcare bills, or to conduct healthcare operations, and does not expire, however I understand that my treatment may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I am always able to revoke my standing consent, in writing at anytime, should I desire to not have long-term standing consent that allows Core Health Partners to use, or the disclose my protected health information. This includes my right to terminate my consent to disclose my records with the University of Florida and/ or Help a Diabetic Child, HADC. Without terminating the my consent agreement in writing, my signature on this documents is my approval for my consent to be ongoing, without expiration, under the framework of these conditions and terms.

Child's Name: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_



## **Core Health Partners Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the use or the disclosure of my protected health information by Core Health Partners for the purposes of providing my treatment, obtaining payment for my healthcare bills, or to conduct healthcare operations. My consent to use or the disclosure of my protected health information is ongoing by Core Health Partners in ongoing for the purposes of providing my treatment, or obtaining payment for my healthcare bills, or to conduct healthcare operations and does not expire, however I understand that my treatment may be conditioned upon my consent as evidenced by my signature on this document. I also understand that I am able to revoke my standing consent, in writing at anytime, should I desire to not have long-term standing consent that allows Core Health Partners to use, or the disclose my protected health information. Without terminating my consent agreement in writing, my signature on this documents is my approval for my consent to be ongoing, without expiration, under the framework of these conditions and terms.

I understand that I have the right to request restrictions as to how my protected health information is used or disclosed to carry out treatment, payment, or other healthcare operations of the facility. Core Health Partners is not required to agree to the restrictions that I may request. However, if Core Health Partners agrees to a restriction that I request, the restriction is binding on Core Health Partners and my clinical medical therapists.

I have the right to revoke this consent, in writing, at any time, except to the extent that my clinical medical therapists and Core Health Partners has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information collected from me and created or received by my clinical medial therapists, another healthcare provider, a nurse, a medical program instructor, a health plan, my employer, or a healthcare clearing house. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand that I have the right to review Core Health Partners Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of healthcare operations. The Notice of Privacy Practices is provided



to each new patient. This Notice of Privacy Practices also describes my rights and the duty of Core Health Partners with respect to my protected healthcare information.

Core Health Partners reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice by calling the office and requesting a revised copy be sent in the mail.

You may be contacted by Core Health Partners to remind you of upcoming appointments and other health and wellness services that may be of interest to you.

Child's Name: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_