



# Junior Counselor - Health Form & Waiver Packet

## YMCA of the North - Day Camps

**\*ALL FOUR PAGES ARE REQUIRED**

### YOUTH INFORMATION

Youth First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Youth Home Phone: \_\_\_\_\_ Youth Cell: \_\_\_\_\_ Youth e-mail: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_ School: \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Participant race/ethnic background (Check all that apply)

- Black/African American  White  Hispanic/Latino  American Indian/Alaskan Native
- Somali  African (non-Somali)  Asian/Pacific Islander  Hmong  Other \_\_\_\_\_

### PARENTS/GUARDIAN INFORMATION

#1 Parent First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent #1 email: \_\_\_\_\_

Gender:  Male  Female  Other \_\_\_\_\_

#2 Parent First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent #2 email: \_\_\_\_\_

Gender:  Male  Female  Other \_\_\_\_\_

### NON-PARENT EMERGENCY CONTACTS AND MEDICAL INFORMATION

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Doctor/Clinic \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This student is current with all required immunizations as required by the Minnesota Department of Health.  Conscientious Objector

Do you carry family medical/hospital insurance?  Yes  No Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Is the participant taking any medications?  Yes  No If yes, what kind and why: \_\_\_\_\_

Has student had any of the following? If so, please explain:

Special needs \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Status of child's vision, hearing and speech \_\_\_\_\_

Does your child have a communicable disease or condition that may prove to be a risk to others?  Yes  No

If yes, please comment: \_\_\_\_\_

Description of any activities from which the participant should be exempt for health reasons: \_\_\_\_\_

Significant information about your child's behavior that would be helpful to know: \_\_\_\_\_

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this youth and provide information about supportive health care.

- Asthma
- Diabetes
- Frequent Ear Infections
- Bleeding/Clotting Disorder
- Convulsions/Epilepsy
- Hypertension
- Surgeries
- Heart Defect/Disease
- Other: \_\_\_\_\_

Provide information about health care need for each item checked:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE FEBRUARY 2022

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the North (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks, which could result in physical or emotional injury, illness, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries resulting from falls or contact with other participants; death or brain damage as a result of drowning or near drowning in pools or other bodies of water; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19. Releasees are not responsible for lost, stolen or damaged clothing or other property. I understand such risks can't be eliminated, despite the use of safety and security equipment and protocols, increased cleaning, masking and physical distancing, without jeopardizing essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. I /my child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state apply.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from all claims, demands, or causes of action, which are in any way connected with my/my child's participation in these activities, or our use of equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I represent that I have adequate insurance to cover any injury, illness or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury, illness or damage myself. I further represent that I/my child have no medical or physical conditions that could interfere with our safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

## PARENT/GUARDIAN AUTHORIZATION SECTION — TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries or illness that may occur while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed. I understand that until COVID-19 or other subsequent illnesses are fully eliminated, I may be asked to quarantine myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
2. If applicable, I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission for myself/my child to participate in all walking activities and field trips.
3. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
4. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
5. If my child or I require use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and medication are on my child or me or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/ or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from all liability arising out of or resulting from use or administration of the epi-pen and/or medication.
6. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; following all infectious disease protocols as defined by WDH, MDH and CDC; safety and security protocols, and all other protocols as trained or stated during participation.

## WILDERNESS TRIPS AND PARTICIPATION

I give permission for myself or my child to enter Canada or other International location as designated by participation in the program. I also understand that I/my child will need to bring our passport with if the trip involves international travel.

Nothing in this Acknowledgement and Assumption of Risks and Release and Indemnity Agreement shall be interpreted as the participant and parent releasing the YMCA and the Releasees from liability for injuries, damage, death, or other loss to participant or others that may occur within the Jurisdiction of the National Park Service and is caused by YMCA negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to the YMCA judgments and decisions, or YMCA failure to take reasonable precautions to ensure it provides defect-free equipment.

## GENERAL

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care if applicable.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. In addition, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

## PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# CAMPER RELEASE WAIVER

The YMCA of the North conducts a sign-in and sign-out procedure with all children participating in YMCA programs in order to ensure to the extent reasonably possible that all children have a safe and secure experience. Adults authorized by each parent are expected to sign-out and return children from the YMCA program to their home.

I am requesting that my child be released from the YMCA program without adult supervision and be allowed to travel to his/her destination (whether by walking, biking or other) on his/her own. I understand that the YMCA cannot be responsible for my child's care or safety once he/she leaves the YMCA program site. There are various dangers that exist between the YMCA and my child's destination including among others vehicular traffic, being lost or abducted, environmental hazards and injury from unsupervised activities. I also understand that the YMCA has not investigated or made any evaluation of the circumstances regarding the reasonableness of my plan for my child reaching his/her destination, including among others my child's maturity and the location of his/her destination in relation to the YMCA.

I request that my child be released on his/her own responsibility at the end of the regular program time. I understand the risks and agree to indemnify and hold harmless the YMCA of North from any and all responsibility and liability for my child after his/her departure from the YMCA program.

**Child's Name** \_\_\_\_\_

**Program Name** \_\_\_\_\_

**Session/Dates Attending** \_\_\_\_\_

**YMCA Day Camp** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Phone contact** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Only campers in grades six and older can sign him/herself out after a parent/guardian signs this waiver and returns it to the appropriate YMCA team member.**

# Teen Leader Agreement

## YMCA Day Camp

Name: \_\_\_\_\_ Program/Session: \_\_\_\_\_

By participating in a Day Camp Teen Leader program, I agree to:

- Always act as a positive role model for campers and peers, and live by the five core values- caring, honesty, respect, responsibility, and equity.
- Maintain a caring, inclusive, and supportive attitude toward campers and staff.
- Use respectful language and tone—no swearing, yelling, etc.
- Have appropriate conversations at camp, especially with or around children. (Conversations must remain positive and age appropriate. Teen Leaders should avoid topics such as violence, drugs, sexuality, dating, politics, or other sensitive and mature subjects.)
- Keep electronic devices at home (or turned off and stored inside my backpack).
- Never be alone or in one-on-one situations with campers. (A staff member must always be present, and all interactions should occur in group or visible settings.)
- Stay engaged and attentive during activities and avoid distractions such as phone use.
- Report any unsafe behavior, bullying, or conflicts to a staff member immediately.
- Maintain confidentiality and respect the privacy of all campers and staff. Teen Leaders are not allowed to use their personal devices to take photos with or of campers.
- Dress appropriately for camp (example- shoes with backstrap, raingear, sunglasses, etc.)  
*(Junior Counselors will be given an orange volunteer camp shirt, name tag, and lanyard.)*
- Arrive on time and ready to support campers.  
*(Junior Counselors should call/email camp if they cannot make it to a scheduled day.)*
- Ask questions and seek guidance when unsure about your role or responsibilities.
- Take initiative when appropriate but defer to camp counselors for final decisions.
- Always prioritize camper safety and wellbeing above all else.
- Maintain appropriate physical and social boundaries. (For example, don't allow campers to sit on your lap or share overly personal information. Do not give campers your phone number, connect them on social media, or make plans to interact with them outside of camp.)
- Support counselors in leading activities and supporting campers, but at no time should I as a Teen Leader be solely responsible for supervising camp participants.

*Being a Teen Leader is an important responsibility. Teen Leaders who take away from positive camp experiences or do not follow the above agreement, will receive coaching and/or may be removed from the program.*

X

Teen Leader's Signature & Date

X

Parent/Guardian Signature & Date