

Camper Information

World Volleyball Training Center

Please return to camp two weeks before your arrival at camp

Camper's Full Name: _____ Likes to be called? _____

Attending: Session 1 Session 2 Session 3 Session 4

Age: ___ Birthday at camp? Yes No Grade entering in school ___ Team Name (if any) _____

Coaches name _____ Phone _____ E-mail _____

Returning camper? Yes No If yes, how many summers _____

Attended another camp before? Yes No If yes: Day Camp Overnight Camp

Notes: _____

Favorite activities? 1. _____ 2. _____ 3. _____

Can your child swim? Yes No Taken lessons before? Yes No

If yes, what level have they attained (ARC, YMCA or camp level)? _____

Are there any dietary restrictions/concerns/allergies? Yes No

Notes: _____

Do you anticipate any difficulties with any aspect of camp or activities? Yes No

Notes: _____

Do you feel your child makes friends easily? Yes No

Notes: _____

Do you have any hopes or goals for camp? Yes No

Notes: _____

Any siblings attending camp? Yes No Same session? Yes No

Name & Age What Session/Program?

1. _____

2. _____

Any Teammates Attending Volleyball Camp? Yes No Same session? Yes No

Names: _____

CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH & ADULTS NEW YORK YMCA CAMP

McAlister Village (6-12)

Talcott Village (12-15)

Outdoor Adventures

Gymnastics

Volleyball

Judo

Camper Details

Name _____ Date of Birth _____ Age at camp _____ Sex _____
Last First Middle Initial

Current or Recurring Medical Conditions

e.g. Heart Defect/Disease, Convulsions, Diabetes, Bleeding/Clotting, Asthma, Hypertension, Psychiatric Treatment, ADD/ADHD, Bedwetting

List any current medical conditions (If none then please note this): _____

Dietary Restrictions (Including food allergies)

List any dietary restrictions (If none then please note this): _____

Health History

Allergies

____ Hay Fever ____ Penicillin
 ____ Other Drugs (specify) _____
 ____ Ivy Poisoning, etc ____ Insect Stings
 ____ Animal Allergies (specify) _____
 ____ Other (specify) _____

Diseases (give approx dates)

____ Mumps ____ German Measles
 ____ Chicken Pox ____ Mononucleosis
 ____ Measles ____ Whooping Cough

List any operations or serious injuries (with dates): _____

FOR ALL PARTICIPANTS

THIS MUST BE SIGNED OR YOU WILL NOT BE ABLE TO ATTEND CAMP

Emergency Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Permission to Treat: I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staff

Date

Camper's name: _____

Last

First

Contact Information

Parent or Guardian (or Spouse) _____ Relationship _____

Home Address _____

Street Apt.#

City

State

Zip

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Second Parent/Guardian or Emergency Contact _____ Relationship _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Third Emergency Contact: Name _____ Relationship _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

For Female

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Family Medical Information

Name of family physician _____ Phone () _____

Name of family dentist _____ Phone () _____

Name of family orthodontist _____ Phone () _____

Whose name is the camper under for medical/hospital insurance? (If none then write NONE) _____

Carrier _____ Policy or group # _____

Immunization Records

<u>Vaccine</u>	<u>Month/Year</u>	<u>Month/Year</u>	<u>Month/Year</u>	<u>Month/Year</u>
Diphtheria, Pertussis (Whooping Cough), Tetanus (DPT)				
Tetanus, Diphtheria (TD)				
Diphtheria				
Tetanus				
Oral Polio (Sabin) TOPV				
MMR				
Measles (Hard Measles, Red Measles, Rubella)				
Mumps				
Rubella (German measles, 3 day measles)				
Haemophilis Influenza B (HIB)				
Varicella (chicken pox)				
Hepatitis B				
Other				

TB Mantoux Test : Date of last test _____ Result (positive or negative) _____

Camper's name: _____
Last First

Health Care Recommendations by Licensed Physician: To be completed by physician, and signed on page 4

Note: Physical exam MUST be completed within 24 months of the campers last day at camp

Recommendations and Restrictions While at Camp:

I have examined the above individual on _____ (date)

In my opinion, the above applicant is is not able to participate in an active camp program. If not, describe limitations _____

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition (s): _____

Please complete with patient's current regimen for both prescription and non-prescription, scheduled and PRN medications, including vitamins. Any changes prior to camp must be in writing and signed by physician.

Drug Name	Route	Dosage	Schedule and Indications	Comments

FOR PARENT/GUARDIAN TO COMPLETE

List any additional health history concerns/comments including any information about the participant's behavior and physical, emotional, or mental health that the camp should be aware of:

Reverse side of this form must be completed and signed by physician and parent/guardian.

Camper's name: _____

Last

First

Standard Over the Counter Medications - The following medications are available in the Health Center and will be administered at the discretion of the Health Director only with **physician's order** and **parental permission**. Please complete dosage and schedule for medications which can be given to participant.

Key: *PRN* (if needed) *PO* (taken by mouth) *Topical* (applied to skin) *Q* (every)

Drug Name	Route	Dosage	Schedule	Indications	Comments
Ibuprofen (e.g. Advil, Motrin)	PO (Chewable tabs, pills or liquid)	_____ mg _____ ml	Q _____ hrs	Pain, fever, cold symptoms, toothache, muscle aches	
Acetaminophen (e.g. Tylenol)	PO (Chewable tabs, pills or liquid)	_____ mg _____ ml	Q _____ hrs	Pain, fever, cold symptoms, toothache, muscle aches	
Pseudoephedrine & Ibuprofen (e.g. Advil Cold & Sinus)	PO (pills)	_____ mg	Q _____ hrs	Pain, fever, nasal congestion	
Robitussin	PO (liquid)	_____ ml	Q _____ hrs	Coughs	
Cough drops and Lozenges	PO (lozenges)		Q _____ hrs	Coughs, sore throats	
Diphenhydramine (e.g. Benadryl)	PO / Topical (pills, liquid, or spray)	_____ mg _____ ml	Q _____ hrs	Insect bites, allergies, respiratory allergies	
Pseudoephedrine (e.g. Sudafed)	PO (Chewable tabs, pills or liquid)	_____ mg _____ ml	Q _____ hrs	Nasal/sinus congestion, hay fever, allergies	
Antacid (e.g. Mylanta, Tums)	PO (pills or liquid)	_____ mg _____ ml	Q _____ hrs	Gas, heartburn, indigestion, stomach upset	
Milk of Magnesia	PO (liquid)	_____ ml	At bedtime	Constipation	
Ivy Block and Tecnu	Topical (cream)		Apply _____ times per day	Contact with poison ivy	
Calagel, Calamine and Hydrocortisone	Topical (cream or gel)		Apply _____ times per day	Insect Bites, rash, skin irritation	
Peroxide	Topical (cream or liquid)		Apply _____ times per day	Cuts, scrapes, splinters, blisters	
Bacitracin	Topical (ointment)		Apply _____ times per day	Cuts, scrapes	
Antifungal Cream/Spray	Topical (cream or spray)		Apply _____ times per day	Athletes foot, jock itch	
Cooling Gel and Aloe	Topical (cream or gel)		Apply _____ times per day	Burns, sunburn, wind burn	
Muscle Rub	Topical (cream)		Apply _____ times per day	Minor muscle strains or pains	
Orasol, Ambesol and Abreva	Topical (cream or liquid)		Apply _____ times per day	Oral herpes, cold sores, toothache	
Medicaine	Topical (liquid)	1 swab	Apply once	Insect stings	
Visine	Optical (liquid)	_____ drops	Apply _____ times per day	Eye strain, eye irritation	
Nix	Topical (liquid)			Head lice	

REQUIRED - Licensed Physician's Signature _____

License # _____ Phone _____

Address: _____

Date _____ By _____

Initial if completed by nurse or physician's assistant

STAMP

REQUIRED - Parental Permission for medications listed above

Signature of Parent/Guardian _____ Date _____

**MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM
WORLD VOLLEYBALL TRAINING CENTER**

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below:

- My child has had the meningococcal meningitis immunization within the past 10 years.
Date received: _____.

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

My signature confirms that I received information on meningococcal meningitis disease from New York YMCA Camp.

Signed: _____

Date: _____

Camper's Name: _____

Date of Birth: _____

New York YMCA Camp – World Volleyball Training Center
TRANSPORTATION - ALTERNATE PICK-UP FORM
PARENTAL PERMISSION SLIP

Complete and submit this form **only if** your child needs to be picked up on departure day or leave camp during visiting day by someone other than the parent/guardian.

~ No camper is allowed to be picked up at camp by anyone other than the parent/guardian without this form completed. ~

Camper's name _____ Arrival date _____ Departure date _____

Transportation from camp provided by

1st Adult: _____ Relationship: _____
(Print name)

2nd Adult: _____ Relationship: _____
(Print name)

Parent/Guardian's name: _____ Phone: _____
(Print name)

Parent/Guardian approval: _____ Date: _____
(Signature)



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(Print name)

Parent/Guardian approval: _____ Date: _____
(Signature)

Have You Registered For Our Weekend Skills Camp on August 5 – 7, 2011?

Weekend skills camp is for beginner to advanced setting/attack and defensive skills.

Weekend skills camp begins Friday evening to late morning on Sunday and include:

Setting Training – proper footwork, hand positioning, hitter selection, and position on defense.

Attack/Spiking Training – approach for maximum power, arm swing, proper contact, and attack variety.

Contact us for more information 877-30-YCAMP, or complete the information below and return this form with the required payment of \$185.00 to New York YMCA Camp, World Volleyball Training Center, P.O. Box 622, Huguenot, NY 12746.
.....

Name of Camper: _____

Signature of Parent/Guardian: _____

Date: _____

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.....

Name of Camper: _____

Signature of Parent/Guardian: _____

Date: _____

New York YMCA Camp
CAMP STORE FORM
World Volleyball Training Center

Camper's Name _____ Dates Attending _____

CAMP STORE

The following are suggested spending amounts:

Snacks, Drinks, Etc. \$15.00 per session.

Printed Camp Wear & Souvenirs (t-shirts, sweatshirts, volleyball shorts, etc.) \$10.00-50.00 per session.

If you have recommended or restricted spending limits, please list those below:

Recommendations: _____

Restrictions: _____

*Please note that refunds under \$5.00 will only be made at your request.

Also – all store refunds will be processed at the end of the camp season.*

Money not spent will be refunded or donated to the scholarship fund per your instruction below.

If you wish your child's camp store account refund to go to the New York YMCA Camp Scholarship Fund, please initial here _____. Last year, over \$3,000 was donated in this manner, enabling us to grant scholarships to six campers.

Or

Camp store refunds are made out to the camper. If you want the refund check made out to someone else, please print that name here _____

CAMP STORE TOTAL \$ _____

DONATION

The New York YMCA Camp Board attempts to raise \$230,000 annually for our camp scholarship fund, which financially assists our participants. We ask that you consider a donation to this fund.

DONATION TOTAL \$ _____

PLEASE PUT YOUR CHILD'S NAME ON ANY CHECK OR MONEY ORDER SENT TO US. THANK YOU!

Please make checks payable to New York YMCA Camp and mail all forms to:
New York YMCA Camp, P.O. Box 622, 300 Big Pond Road, Huguenot, NY 12746

Volleyball Horseback Registration Form

Campers **MUST** register for activities two-weeks prior to the session during which the activity is held to guarantee a place. If space is available registration will be accepted up until 3 pm on the first day of the session during which the activity is held.

Full payment must accompany this registration form. Forms submitted without payment will not be processed.

Camper's Name _____

Please check session you are registering for:

On-site Horseback Trail Ride: \$40.00*

- | | |
|-----------|--------------------------|
| Session 1 | <input type="checkbox"/> |
| Session 2 | <input type="checkbox"/> |
| Session 3 | <input type="checkbox"/> |
| Session 4 | <input type="checkbox"/> |

I give permission for the above-named camper to participate in this activity in the session I have selected. I understand that I will not be issued a refund if my child or I decide not to participate in the activity after the first day of the session in which the activity is held.

Parent/Guardian/Participant (if over 18) Signature

Date

***Horseback Trail Ride is an optional on-site activity that lasts approximately 1½ hours. The signed release form on reverse is also required for the horseback riding activity.**

Horseback Trail Ride Description

Horseback Trail Ride –

Campers can ride across our 1,000 acres. Gentle, responsive, clean horses and a required helmet make this a safe, fun experience. A trail ride is offered once per session for a \$40.00 fee. **Please note – the signed release form on reverse of this form is required for this trip.**

Please Note: There will be no refunds for Horseback Riding. Once registered for the horseback riding lesson that spot is no longer available. If a child decides not to ride once he/she is at camp, this prevents scheduling another camper in that time slot.

See Reverse

HORSEBACK RIDING PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK
Volleyball Camp

Camper's Name: _____

In consideration of the horseback riding services provided by New York YMCA Camp a branch of the YMCA of Greater New York, their agents, officers, participants, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "N.Y.Y.C."), I hereby agree to release and discharge N.Y.Y.C., on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that horseback trail rides and lessons entail unknown and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
 - *The risks include, among other things, injury to life or limb resulting from a fall, bite, collision, stumble, or spooked animal caused by loss of rider- or counselor-control of the horse; collisions with other horses, vehicles, persons, animals, plants or inanimate objects; latent or apparent defects or conditions in equipment, animals or property; acts of other participants, observers, passers-by or counselors in the course of the riding exercise; adverse weather conditions; my own or my child's physical condition or acts of omission or carelessness; the condition of remote roads, trails, paths, waterways or terrain and accidents connected with their use; first aid, emergency treatment or other services rendered; consumption of food or drink.*
 - *Furthermore N.Y.Y.C. guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.*
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless N.Y.Y.C. from any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of N.Y.Y.C.'s equipment or facilities, including any such claims which allege negligent acts or omissions of N.Y.Y.C.
4. Should N.Y.Y.C. 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 certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume – and bear the cost of – all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against N.Y.Y.C., I agree to do so solely in the state of New York, and further I agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST N.Y.Y.C. ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTAND IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant: _____

Print Participant's Name: _____

Address: _____

Phone Number: _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under age of 19)

In consideration of _____ (print minor's name)("Minor") being permitted by N.Y.Y.C. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless N.Y.Y.C. from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____

See Reverse