



Kishwaukee Family YMCA – Camp Power 2022

PARTICIPANT EMERGENCY INFORMATION PACKET

CAMPER PERSONAL INFORMATION (PLEASE PRINT)

(Please write the grade each child will be entering in Fall 2022)

Camper Name _____ Birthdate _____ Age _____ Gender _____ Grade _____

Address _____ City _____ State _____ Zip _____

Family Email Address _____

Child(ren) lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

PRIMARY PARENT/GUARDIAN INFO ☐ MOTHER ☐ FATHER ☐ OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

Employer _____ Title _____ Work Phone _____

SECONDARY PARENT/GUARDIAN INFO ☐ MOTHER ☐ FATHER ☐ OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

Employer _____ Title _____ Work Phone _____

ADULTS AUTHORIZED TO PICK-UP/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN (Minimum 2 Required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				

Any notes about authorized pickups (e.g. adult can only pick up one of the two kids, additional information, etc.): _____

AUTHORIZED PICK-UP/EMERGENCY PICK-UP: I,

authorize the people listed above to pick up my child and be contacted in the event of an emergency from the Kishwaukee Family YMCA. Attempts will be made to reach the parent/legal guardian(s) first. Initials__

UNAUTHORIZED PICK-UP: (People who CANNOT pick up your child from Day Camp:)

1. Name_____Relationship_____
2. Name_____Relationship_____

PARTICIPANT MEDICAL INFO

Please answer the following questions so that we can better serve your child in programs. Any information that you choose to disclose is confidential.

1. While in Day Camp, are there any health conditions that you would like us to be aware of?

☐ No ☐ Yes _____

2. While in Day Camp, will your child need to take medication?

☐ No ☐ Yes _____ *Must fill out Medication Authorization Form

3. While in Day Camp, are there any allergies we should be aware of?

☐ No ☐ Yes _____

Allergic Reaction: _____

Treatment: _____

*Epi-pens require Medication Authorization Forms.

4. Does your child require a modification, due to a disability, in order to participate in Day Camp?

☐ No ☐ Yes Please describe _____

(Questions, please contact Aaron Confer, Youth Development Director.)

5. Are there activities your child should be exempt from due to medical reasons?

☐ No ☐ Yes Please list: _____

6. Are all immunizations up to date?

☐ No (Must provide exemption letter.) ☐ Yes, Date of last Tetanus Shot _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? ☐ No ☐ Yes

If Yes, please indicate carrier or plan name: _____ Group # _____

Carrier Address _____ City/State/Zip _____

Name of Insured: _____ Relationship to Participant _____

Primary Doctor: _____ Phone Number _____

I certify that _____ has been examined by a licensed physician in the past 12 months and is able to participate in the Kishwaukee Family YMCA Summer Day Camp program. The above medical information is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and field trips, except noted by examining physician and me.

Parent/Legal Guardian Signature: _____ Date _____

PARTICIPANT PERSONAL INFORMATION

Swimming Ability: We will be using this information to help determine swimming groups on field trips over the summer. Please note that many pools will ask your child to swim test as well, this is just to help us create baseline groups.

- ☐ Non-Swimmer (restricted to sand areas, splash pads, and zero-depth pools)
- ☐ Fair Swimmer (can utilize all attractions aside from pools more than 5-6 feet deep)
- ☐ Good Swimmer (can utilize all attractions)

Please Describe your child's social interactions with children of the same age: _____

How would you describe your child's personality? _____

Does your child have any fears we should be aware of? _____

Is there any other information that you would like to share so that we may better understand and work with your child? _____

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PARENT AGREEMENT/CONSENT

Please initial on each line below to indicate you have read and agree to each statement:

___**SUNSCREEN:** I agree to apply sunscreen to my child prior to drop-off. I agree to provide sunscreen for my child, and for day camp staff to apply sunscreen during the day. I understand that weather permitting, my child will be spending most of the time outdoors.

___**TRANSPORTATION:** I give permission for my child to go on walking trips and field trips with Day Camp Staff. I also give permission for my child to be transported in authorized buses for field trips. Parents/Guardians will be informed of all planned field trips.

___**PHYSICAL ACTIVITIES:** I give permission for my child to participate in physical activities, such as sports and swimming, during the Day Camp program hours. I understand that physical activity is a regular part of the Day Camp program.

___**MOVIES:** I give my child permission to view a Director approved G or PG rated movie, though it is not part of the regularly scheduled curriculum.

___**PHOTO RELEASE:** The Kishwaukee Family YMCA is hereby granted permission to use any individual or group photos/videos showing my child participating in YMCA activities for use in public relations, social media, promotional or advertising purposes. (*OPTIONAL*)

___**CUSTODY:** YMCA staff are not trained to review legal documents or court decrees. Decisions regarding authorized pick-up will be governed by the persons listed in this document. All authorized pick-up persons must be 18 years or older, and have a valid picture ID.

___**YMCA CLOSURES:** I understand that the YMCA will be closed on select holidays listed in the parent handbook.

___**CHARACTER CONTRACT:** I have read and understand the YMCA behavior policy. My child and I have read and understand the character contract found in the Parent Handbook.

___**POLICIES AND PROCEDURES:** I have read and understand and adhere to the policies and procedures contained in the Parent Handbook.

I have read the above statements and fully agree to its terms. I have also received, read, and accept the **Policies and Procedures** listed in the Parent Handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Kishwaukee Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages, or other losses, whether personal or property, sustained by me or any party who I am responsible.

Parent/Legal Guardian Signature_____Date_____

CAMP POWER NO TOLERANCE POLICY

Please initial on each line below to indicate you have read and agree to each statement:

___ **NO FIGHTING:** No fighting of any kind, (wrestling, play fighting or violence of any kind) Hands and feet need to be kept to yourself at all times (unless where playing a game that involves teamwork or tag) hitting, kicking, pushing, and spiting will not be tolerated

___ **NO PROFANITY:** No profanity whatsoever (including derogatory language such as the N word, racist remarks or swear replacements Ex. Such as "what the heck" what the fly or shut the flock up, etc.) Please discuss with your child the importance of appropriate language while at camp.

___ **STAY WITH THE GROUP:** No walking off from the group at any time (not even if the child see's a familiar adult, friend, or family member).

___ **DRESS CODE:** Please send your child to camp dressed in appropriate clothing or they will not be able to be signed in or dropped off to camp. No short shorts, skirts or dresses (children must wear shorts under skirts and dresses) please send your child to camp dressed in appropriate clothing or they will not be able to be signed in or dropped off to camp. Children are to wear modest length shorts. Shorts should be no more than 3 inches from the top of the knee. No crop tops (midriff, half shirt or cut off shirt will not be allowed).

___ **FOOTWEAR:** No flip-flops at any time (all children must wear closed toe gym shoes with socks to camp) (on water days' children need water shoes or crocs) (wet flip-flops are very slippery and can cause unnecessary injuries to a camper) please send your child to camp dressed in appropriate shoes or they will not be able to be signed in or dropped off to camp.

___ **SWIMWEAR:** No Bikinis (all swimwear should fit and cover the child's body properly) one-piece swimsuit, trunks or full shirt tankini are allowed (no boxer brief, underwear, or basketball shorts allowed)

___ **NO ELECTRONICS OR TOYS FROM HOME:** iPads, tablets, phones, fidgets, toys etc. are not welcome at camp and will be confiscated for an adult to pick up at the end of day. Camp Power Staff are not responsible for any items brought to camp that end up broken, lost, or stolen so please make sure your camper is not bringing these things to camp.

___ **NO WEAPONS:** Safety is our primary concern. No weapons of any kind will be tolerated at camp. Communicating gang affiliation, including announcing that you're in a gang, drawing graffiti, or using gang slang will not be tolerated. Threats of any kind will not be tolerated and will be handled by the police.

___ **NO SEXUAL BEHAVIOR OR LANGUAGE:** Children must always act appropriately. No sexual behavior or sexual language will be tolerated at all at camp.

___ **NO BULLYING:** No bullying of any kind will be tolerated at camp.

___ **PROPERTY DAMAGE:** I have read and understand and adhere to the policies and procedures contained in the Parent Handbook.

___ **DROP OFFS/PICK UPS:** Children have to be dropped off and picked up by an adult (18 years or older). Children cannot sign themselves in. An adult has to sign them in for them to attend camp.

___ **CAMP END TIME:** Camp ends at 4pm (pickup begins at 3pm), please list multiple people (ages 18 or older with an ID) on your emergency contact who can pick up your child. Three late pick ups will result in removal of camper from camp. Depending on how long your child is at camp for late pick up will result in child welfare serves (DCFS) will be called.

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____ **RESPECT YOUR CAMP STAFF:** Camp Staff are responsible for all campers, safety and their wellbeing. It is important that you talk to your child about being respectful, listening to the camp staff, and following the camp rules. Failure to do so will result in one written warning, suspension, or end in dismissal from camp power (up to the Director's discretion).

Parent/Legal Guardian Signature_____Date_____