

ASRC POWER CAMP 2019 PEER BUDDY APPLICATION

First Name		Last Name	
Date of Birth (mo./day/yr.)			Grade in School
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	T-SHIRT SIZE (included in fee) Youth Sm Adult Sm Youth Med Adult Med Youth Lg Adult Lg Adult XL Adult 2XL Adult 3XL	SKILLS <input type="checkbox"/> Cares for Others <input type="checkbox"/> Cheerful <input type="checkbox"/> Creative <input type="checkbox"/> Easy to Talk To <input type="checkbox"/> Follows Directions <input type="checkbox"/> Friendly	SKILLS <input type="checkbox"/> Good Communicator <input type="checkbox"/> Good Role Model <input type="checkbox"/> Mentor <input type="checkbox"/> Has Patience <input type="checkbox"/> Problem Solver
Were you a Peer Buddy at a prior POWER Camp? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is Peer Buddy attending for a specific Power Camper? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Camper's Name: _____			
Select Week: <input type="checkbox"/> July 22-25 (\$100) or <input type="checkbox"/> August 5-8 (\$100) or <input type="checkbox"/> both sessions (\$200)			
Would Peer Buddy stay overnight on July 25 th until 10 AM Friday July 26 th ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does Peer Buddy have allergies, chronic illness, psychiatric/developmental diagnosis or medical condition? If yes, please describe. _____			
PARENT/GUARDIAN INFORMATION			
First Name		Last Name	
Address			
City		State	Zip
Cell Phone ()		Home Phone ()	
Email			
EMERGENCY CONTACT INFORMATION			
First Name		Last Name	
Relationship			
Phone 1: ()		Phone 2: ()	

Please list an emergency contact person(s) in the event we cannot reach you.

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____

Please list all adults authorized to pick up your child, **INCLUDING YOURSELF**.

I give permission for _____ to be released to the following adults: _____
(Camper's Name)

Please select a security word to be used in the event that people listed above cannot pick up your child from their camp program. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check-out if this occurs.

Security Word:

Does your child have any allergies? _____

What are your child's current medications? _____

Does your child have dietary restrictions? _____

**Autism Support & Resource Center (ASRC)
WAIVER, RELEASE OF LIABILITY, ACKNOWLEDGEMENT OF RISK AND
INDEMNITY AGREEMENT**

In consideration of being permitted to participate in Autism Support & Resource Center (ASRC) activities in any capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives:

- 1. Understand that my execution of this Waiver is a prerequisite for my participation and/or the participation of my child(ren) or ward of whom I am the parent or guardian (“my child”), in the Event.**
- 2. Understand that I am solely responsible for the health and safety of myself and/or my child, and represent that I and/or my child is in good health and physically capable of participating in this Event. If at any time during my and/or my child’s participation in the Event I feel like my and/or my child’s physical condition no longer allows me and/or my child to participate or I believe the Event becomes unsafe, I will immediately stop my and/or my child’s participation. I will abide by all Event rules and will be responsible for ensuring that my child will do so.**
- 3. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my and/or my child’s participation in the Event. I understand that in order to be allowed to participate in the Event, I agree to fully accept and assume all risks and all responsibility for any injury, losses and damages to person or property that I and/or my child may incur as a result of my and/or my child’s participation in the Event.**
- 4. Hereby agree to release and hold harmless the ASRC, the owner or possesor of the venue, and their past and present affiliates, assigns, successors in interest, agents, servants, employees, volunteers, participants, officers, directors and sponsors, and all government and public entities including, but not limited to, the State, County and local municipalities where the Event takes place (collectively the “Released Parties”).**
- 5. Understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I and/or my child may have, whether past, present or future, whether known or unknown, arising from, resulting from, or in connection to the Event. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action that I and/or my child may have against the Released Parties, including but not limited to any claims for personal injury, property damage, or wrongful death and including but not limited to any injuries resulting from negligent actions or omissions.**
- 6. Irrevocably authorize the ASRC to use my and/or my child’s recorded voice, image and likeness in any medium including, without limitation, video, photograph, film, tape, and digital medium, for any lawful purpose. I understand that neither I nor my child will receive any compensation for the use of my and/or my child’s recorded voice, image and likeness in promotional materials and waive rights to any compensation now or in the future.**
- 7. Have carefully read this Waiver and fully understand its contents. I am aware that this is a release of liability and I sign of my own free will. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by the law, even though that liability may arise from the negligence or carelessness of the Released Parties listed above, and I agree that if any portion of this agreement is held to be invalid, the remaining portion of the agreement shall continue to be in full force and effect.**

Name _____ Phone: _____ email: _____
Address: _____ City _____ ST _____ ZIP _____
Children(s) Name: _____
Children(s) Name: _____
Signature: _____ Date: _____

Confirmation and Signature

I certify that the information contained in this application is true and correct. I understand that false information may be grounds for not using me as a Peer Buddy at any point in the future. I authorize the verification of any or all information listed above. I certify I have read and agree to the WAIVER, RELEASE OF LIABILITY, ACKNOWLEDGEMENT OF RISK AND INDEMNITY AGREEMENT.

Signature of Parent(s):

Date:

Signature of Peer Buddy Applicant:

Date:

**OTHER INFORMATION REQUIRED FOR SUBMISSION ALONG
WITH THIS COMPLETED APPLICATION. ALL MATERIALS DUE
IN THEIR ENTIRETY BY MAY 1st, 2019.**

- YMCA Health Form
- Copy of Immunization Record
- Copy of Insurance Card
- Full Payment



Camper Name: _____

Birth Date (mm/dd/yyyy): _____

Parent/Guardian Name: _____

Phone Number: (____) _____

2nd Guardian/Emergency: _____

Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Camper's Primary Physician Name: _____ Phone: (____) _____

May we contact your camper's physician? Yes No (Circle one)

Is your camper covered by family health insurance? Yes No (Circle one)

Policy Holder's Name: _____

Policy Holder's Birth Date: __/__/____

SSN or Insurance ID: _____

Policy Holder's Relationship: _____

Insurance Carrier: _____

Policy Number: _____

Carrier Phone #: (____) _____

Group Number: _____

Claims Processing Address: _____

Rx Bin Number: _____

City: _____ State: _____ Zip: _____

Prescription Plan Carrier: _____

Prescription Plan #: _____

Date of last TB Test: __/__/____ Result: _____

	Last Occurance
Chicken Pox	
German Measles	
Hepatitis A	
Hepatitis B	
Hepatitis C	
Measles	
Mumps	
H1N1	

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP						
Tetanus, Pertussis Booster						
MMR						
IPV						
HIB						
PCV						
Hep. B						
Hep. A						
Chicken Pox						
MCV4						
H1N1						
Flu						

ALLERGIES

Does your camper have any allergies? Yes No

If yes:

Allergen(s): _____ Reaction Seen: _____ Last Rxn: __/__/____

Anaphylactic? Yes No Does your camper carry an epi-pen? Yes No Can they use it themselves? Yes No

I attest that all my child's immunizations required for school are up to date.

PHYSICAL HEALTH HISTORY

Please check any that apply to your camper, and provide all relevant details (dates, treatment plans, etc) on next page

- Abdominal Menstrual History
- Bed Wetting
- Bleeding, Clotting
- Diarrhea, Constipation
- Chest Pain, Dizzy, Passing Out
- Glasses/Contacts/Eyeware
- Head Injury
- Heart Murmur
- Lice
- Mono (within last 12 months)
- High Blood Pressure
- Knocked Unconscious
- Skin Problems (itching, rash, etc)
- Sleep Walking
- Orthodontic Appliance
- Seizures, Convulsions
- Hospitalized
- Had Surgery
- Have Chronic/Recurrent Illness
- Infectious Disease
- Recent Injury
- Have Diabetes

Please use this space to provide us with any relevant notes regarding the health history on the previous page:

Please note any recurring health issues you camper experiences:

Has your camper had any recent operations or serious injuries?

Has your camper traveled outside the United States in the past 9 months? If so when/where?

MENTAL HEALTH HISTORY

Please check any that apply to your camper, and provide all relevant details (dates, treatment plans, etc) below

- Attention Deficit Disorder (ADD or ADHD)
- Depression
- Disordered Eating
- Learning or Processing Challenge
- Obsessive-Compulsive Disorder
- Panic, Anxiety Disorder
- Substance Abuse
- Other Mental/Emotional/Social Health Issue

SPECIAL DIETS

Please check or describe below any special dietary needs your child has

- No Dairy
- No Eggs
- No Fish
- No Pork
- No Poultry
- No Red Meat
- No Seafood
- No Wheat
- Vegan
- Vegetarian

PRESCRIPTIONS

Please fill out the following information for any medications your camper will take while at camp.

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

CAMPER RELEASE AUTHORIZATION

To comply with State of Michigan Law, YMCA Camp Copneconic must have the names of the adults you authorize to pick up your child. Please list such names and sign below.

Note: Photo Identification will be required to pick up your child at the time of EACH pick-up.

Please list all adults authorized to pick up your child, **INCLUDING YOURSELF**.

I give permission for _____ to be released to the following adults:
(Camper's Name)

Parent Signature: _____ Date: _____

Please select a security word to be used in the event that people listed above cannot pick up your child from their camp program. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check-out if this occurs.

Security Word: _____

AUTHORIZATION FOR AUDIO/VISUAL RECORDS

I understand that the YMCA may take certain reasonable recording of this camping event. I hereby authorize the YMCA to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate YMCA records, public relations, and/or advertising. I understand that photos may be shared to social media outlets.

Signature of Parent/Legal Guardian: _____ Date: _____

CAMP COPNECONIC CAMPER CODE OF CONDUCT

YMCA Camp Copneconic is dedicated to providing a fun, safe, and welcoming environment for kids to play, learn, and grow. To accomplish this, we ask that all participants follow a simple set of behavior guidelines. Campers will be expected to follow the following code of conduct as soon as they arrive at camp.

PLEASE READ THIS CODE WITH YOUR CHILD.

While at YMCA Camp Copneconic:

- Campers will be honest and respectful of peers, camp staff, and themselves.
- Campers will follow directions and rules at camp.
- Campers will act peacefully to fellow campers and staff members.
- Campers will respect property belonging to any other campers, staff members, or Camp Copneconic.
- Campers will use/practice appropriate conduct and language.
- Campers will stay within the camp boundaries.
- Campers will do their best to ensure that everyone, including themselves, has fun at camp!

Discipline will be handled in the following manner:

- STEP 1: Counselors will address behavior with the camper, helping the camper to understand the rules and take responsibility for changing their behavior.
- STEP 2: Senior staff will meet with the camper to discuss and implement solutions
- STEP 3: The camper will meet with the Camp Director. Parental contact and clear objectives will be established.
- STEP 4: The camper will be removed from their camp program without a refund.

CAMPERS UNDERSTAND: Specific rules will be explained to me when I arrive at Camp. I also realize that failing to follow this code will result in disciplinary action by the staff of Camp Copneconic, and may include removal from my camp program.

Note: Actions deemed harmful to oneself or another camper are subject to immediate dismissal.