ASRC POWER CAMP 2021
PEER BUDDY APPLICATION

First Name	Last Name
Date of Birth (mo./day/yr.)	Grade in School Fall 2021

GENDER	**T-SHIRT SIZE (included in fee)**	**SKILLS**	**SKILLS**
• Male • Female	Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL Adult 2XL Adult 3XL	• Cares for Others • Cheerful • Creative • Easy to Talk To • Follows Directions • Friendly	• Good Communicator • Good Role Model • Mentor • Has Patience • Problem Solver

Were you a Peer Buddy at a prior POWER Camp? ☐ YES ☐ NO

Is Peer Buddy attending for a specific Power Camper? ☐ YES ☐ NO

Camper's Name:

Select Week: July 12-15 ($100) or July 19-22 ($100) or both sessions ($200)

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 **names and numbers** of 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, 2021.

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

YMCA CAMP COPNECONIC

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 child's physician? Yes No (Circle one)

Is your child covered by family health insurance? Yes No (Circle one)
Policy Holder's Name: _____
SSN or Insurance ID: _____
Insurance Carrier: _____
Carrier Phone #: (_____) _____
Claims Processing Address:
_____
City: _____ State: _____ Zip: _____

Policy Holder's Birth Date: ___/___/_____
Policy Holder's Relationship: _____
Policy Number: _____
Group Number: _____
Rx Bin Number: _____
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
for 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 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
- ☐ Chest Pain, Dizzy, Passing Out
- ☐ Lice
- ☐ Skin Problems (itching, rash, etc)
- ☐ Hospitalized
- ☐ Recent Injury
- ☐ Bed Wetting
- ☐ Glasses/Contacts/Eyeware
- ☐ Mono (within last 12 months)
- ☐ Sleep Walking
- ☐ Had Surgery
- ☐ Have Diabetes
- ☐ Bleeding, Clotting
- ☐ Head Injury
- ☐ High Blood Pressure
- ☐ Orthondic Appliance
- ☐ Have Chronic/Recurrent Illness
- ☐ Diarrhea, Constipation
- ☐ Heart Murmur
- ☐ Knocked Unconscious
- ☐ Seizures, Convulsions
- ☐ Infectious Disease

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.

NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER

Medication Name: _____ Dosage: _____
Notes: _____
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Notes: _____
Medication Name: _____ Dosage: _____
Notes: _____

The following medications are over-the-counter meds that we stock in our health center. Please circle any that you **do NOT** wish to be given to your camper.

Acetaminophen (Tylenol)
Antidiarrheal (maalox)
Bismuth Subsalicylate (Pepto Bysmol)
Calamine Lotion
Cough Drops (Generic)
Diphenhydramine (Benadryl)
Guaifenesin (Mucinex, Robitussin)
Ibuprofen (Advil)
Loratadine (Claritin)
Poison Ivy Treatment (Ivy Rid)
Pseudoephedrine Hydrochloride (Advil Cold & Sinus)
Pediculosis Treatment (Nix)
Antibiotic Cream (Neosporin)

PROGRAM RESTRICTIONS

I have reviewed the program and activities of the camp and feel that my camper my participate (check one)

_____ without restrictions

_____ with restrictions (Describe below)

_____

_____

What have we forgotten to ask?

Please use the space below to provide us with any information that will help your camper be successful at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Any information that may affect their participation in camp programs and potential accommodations are useful.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TERMS AND CONDITIONS

Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper/staff member to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission for Camp Copneconic to provide care to my child based on their Health Service Policy. I understand that camp will attempt to contact me and the other emergency contacts provided in this document before obtaining professional medical care, but in the event I can not be reached, I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine care (over-the-counter medications, care for Asthma or Allergies, etc.) and in an emergency situation. If I can not be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a need-to-know basis with camp staff. I give permission to photocopy this form. In addition, in an emergency situation where my child's guardians and emergency contacts can not be reached, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____