



YMCA CAMP QUEST

Reynolds Middle School, 2 Rocket Drive, Asheville NC 28803

Please complete all pages of form and return to your school office

Participant Information

Year: 2018-19

Today's Date: _____

School Attending: _____

Full Name _____ Name called _____

Date of Birth _____ gender ____ race/ethnicity _____ grade ____ shirt size? ____

Current Address _____

City _____ State ____ Zip Code _____ Phone _____

Is your student a former Y Horizons Afterschool participant? yes ____ no ____

Enrollment of Camp Weeks

Please check the weeks your child will be attending YMCA Camp Quest (*Camp Hours 7:30 AM-5:30 PM*)

1. ____ July 9th, 10th, and 11th
2. ____ July 16th, 17th, and 18th
3. ____ July 23rd, 24th, and 25th
4. ____ July 30th, 31st, and August 1st
5. ____ August 6th, 7th, and 8th
6. August 13th, 14th and 15th. **CAMP WATIA WEEK (Overnight)** (Students with highest attendance are prioritized)
 - a. ____ Please check here if you are interested in sending your child overnight to Camp Watia

Home & Family Information

With whom does the student live?

- Both Parents Mother Only Mother & Stepfather Relatives
 Legal Guardian Father Only Father & Stepmother Foster Care
 Other, Please Explain _____

Name of Parents/Guardians student lives with:

Name _____ Relationship _____ Cell Phone _____

Occupation & Employer _____ Work Phone _____

Email _____

Name _____ Relationship _____ Cell Phone _____

Occupation & Employer _____ Work Phone _____

Email _____

Emergency Contact Information

When a parent/guardian cannot be reached, I authorize these individuals to pick-up my student up:

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Medical Information

Does your student have any allergies that we should know about? YES or NO

If yes, please describe _____

Does your student have any medical conditions that we should know about? YES or NO

If yes, please describe _____

Does your student take any medication on a daily basis? YES or NO _____

Specific activities to be encouraged or limited by physician's advice: _____

Special needs/disabilities (health, physical, emotional or educational): _____

Other important medical information: _____

Transportation Information

Limited transportation is available at select Buncombe County Schools each morning and afternoon. *If you need transportation:* _____ Please check here. Y Staff will contact you with bus information.

PARENT HANDBOOK

_____ (initial here) I have received or have access to the parent handbook which can be found online at <https://www.ymcawnc.org/programs/children-teens/academics>

Nutrition

The YMCA of Western North Carolina participates in the USDA funded Summer Food Service Program (SFSP). SFSP provides healthy, appealing meals and snacks to all program participant. Should you have any questions about this program please contact John Brown at 828-210-2268.

Signature of Acknowledgement

My student has permission to participate in all YMCA of Western North Carolina youth activities, including field trips and transportation where applicable. I grant permission for photographs, or other media, which include my child, quotes and written work to be used in media releases which benefit the YMCA. Accordingly, neither the YMCA nor any of its agents, employees, servants, community partners or invitees shall be liable to me or any of my family, agents, employees, servants, or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the YMCA or any of its agents, servants, community partners or invitees or due to the condition or design or any defect in the building, its mechanical systems, or its equipment.

Guardian Signature _____ Date _____

2018-2019 Camp Quest Program Policy Form

Parents/Guardians, please read each area below carefully.

Your signature on this document indicates your acknowledgement, understanding, and agreement with all Y policies.

Emergency Treatment and Emergency Transportation — I agree that the operator, YMCA of Western North Carolina, may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I authorize for my child to be transported in the case of an emergency when medical attention by a physician is necessary. I understand that the YMCA staff is never to transport children in their personal vehicles at any time and a hospital or fire/emergency department will always be contacted.

I, as the operator – YMCA of Western North Carolina, do agree to secure transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Staff will not administer any drug or any medication without specific instructions from the physician or the student's parent, guardian, or full-time guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of YMCA Representative: **Angel Chandler**, K-12 Operations Director, Program dates: **7/9/19-8/15/19**.

Field Trips and Transportation — I permit my student to be transported to an approved drop-off location when necessary. I authorize the YMCA to transport my student on field trips and to be transported in YMCA vehicles under the supervision of the YMCA staff. I understand that field trips will include physically demanding activities, hikes, swimming, etc. I will notify YMCA staff of any physical limitations my student has that may prevent him/her from participating in certain activities.

Registration Paperwork — I understand and agree to complete the registration paperwork completely and leave no areas blank or my student will not be able to attend the program. I understand that changes in status and contact information should be reported to the Horizon program staff immediately.

Release of Information — I give my permission for Horizon program staff to contact all medical physicians, psychiatric staff, or family social workers for information concerning my student's health concerns, including behavior challenges. I also give permission for Horizon staff to obtain the above information six months after my student's completion of the program.

Photo Release — I grant permission for photographs, or other media, which include my student, quotes and written/created work to be used in media releases which benefit the YMCA and their community partners.

Sunscreen — I allow YMCA Horizon staff to provide sunscreen for my student.

YMCA Statement — I hereby, for myself, my family, heirs, executors, and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina and their respective agents, representatives, successors, community partners, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I agree to adhere to all policies as outlined on this policy/signature page. I agree to comply with YMCA policies and procedures and understand that my participation can be terminated for exhibiting inappropriate behavior or abuse toward other students, YMCA staff, community partners and/or facilities.

Behavioral Expectations: I understand that students attending Camp Quest are expected to follow and exhibit the YMCA four core values of Respect, Responsibility, Honesty and Caring. Behavioral issues may result in suspension or expulsion. Please refer to the camp handbook for further information.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Childs Name: _____ Date of birth: _____