



# YMCA of Pueblo Camp Jackson

## Information Form

Please fill out and return one month prior to your camper's session.

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### Youth:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent / Guardian:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent / Guardian:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Billing Address: (If different from above)

Contact Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### Medical Contacts:

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Emergency Contacts / Pick Up Authorization: (Other than parents listed above)

(Please list authorized people, other than parents, who may pickup your youth. Identification by photo ID may be required.)

1) Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Address: \_\_\_\_\_

If anyone IS NOT permitted access to your camper, please indicate here: \_\_\_\_\_



# YMCA of Pueblo Camp Jackson

## Signature Form

Please fill out and return one month prior to your camper's session.

### All the following must be initialed by the guardian of the youth listed in order to participate in YMCA Camp Jackson programs.

#### Liability Waiver:

\_\_\_\_\_ The health history in this packet is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I am aware that Camp Jackson regularly takes photos of campers and uses those photos for informational and promotional uses and accept that my camper's photo may appear in online or printed material. I agree to follow the rules, guidelines, procedures, and policies described in the Parent Information Packet. The undersigned hereby agree to hold harmless and indemnify the YMCA of Pueblo and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss and/or judgments in connection with any use of YMCA properties. It is my intention that the camp be treated as acting in loco parentis for the person named herein. Further, it is my intention that the appropriate representatives of the camp be treated as "person representatives" for the purposes of disclosing protected health information.

#### Transportation Waiver:

\_\_\_\_\_ I hereby give permission to the YMCA of Pueblo to transport my youth on the YMCA provided transportation.

#### Sunscreen Waiver:

\_\_\_\_\_ I hereby give permission for sunscreen to be applied to my youth by staff/him/herself. In the event that my child forgot sunscreen, my child has permission to apply sunscreen that is provided by the YMCA.

#### Emergency Authorization:

\_\_\_\_\_ I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my youth. In the event that I can not be reached in an emergency, I hereby give permission to transport, hospitalize, secure proper treatment for and to order, injection and/or anesthesia and/or surgery for my youth. I accept all financial responsibility.

#### Over-the-Counter Medication Permission:

\_\_\_\_\_ I give permission for my child to be given Over-the-Counter medications listed below (or the generic equivalent), if needed, while at YMCA Camp Jackson. Doses are to be administered per package directions. I have **crossed off** any medications that **I DO NOT WANT** my child to be given.

Ibuprofen	Acetaminophen	Benadryl	Sudafed	Hydrocortisone Cream
Robitussin	Cough Drops	Throat Lozenges	Pepto-Bismol	Calamine Lotion
Immodium	Cetirizine (Zyrtec)	Triaminic Cold Syrup	Loratadine (Claritin)	

#### Insurance Information:

Youth's Legal Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
 Name of Policy Holder: \_\_\_\_\_ Group / Policy #: \_\_\_\_\_  
 Relationship to Youth: \_\_\_\_\_ Date: \_\_\_\_\_

With my signature I agree to the above parent / guardian authorizations and give my child permission to participate in all YMCA Camp Jackson activities and programs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature



# YMCA of Pueblo Camp Jackson Parents Letter to Counselor and Acceptance of Expectations

Please fill out and return one month prior to your camper's session.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Parents, please note: The purpose of this form is to help us make your camper's experience the best possible. Please feel free to attach additional information about your present family situation or problems your child might be having if you feel it might help the staff at YMCA Camp Jackson.

Names of Parent / Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Parent / Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents Marital Status: \_\_\_\_\_ Family Religion: \_\_\_\_\_

Camper Lives with: \_\_\_\_\_ Significant Allergies: \_\_\_\_\_

Parent / Guardian Occupation: \_\_\_\_\_

What does your child do when they are upset and what upsets him/her? Helpful hints for the staff? \_\_\_\_\_

Does your child have a significant or unusual fear? \_\_\_\_\_

Please give details regarding any allergies or dietary restrictions? \_\_\_\_\_

Your biggest concern / hope for your camper this session? \_\_\_\_\_

Please discuss any additional information about your campers behavior and physical, emotional or mental health that we should be aware of. Any recent stresses, illnesses, separations, etc. What are helpful strategies to help with these behaviors?: \_\_\_\_\_

\_\_\_\_\_

I have read and discussed the camp expectations (on reverse side) with my camper and have explained that these rules are for everyone's safety and the health of the camp community. My camper agrees to abide by the expectations and I will work with the counselors to make their stay at camp the best possible experience.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date



# YMCA of Pueblo Camp Jackson

## Camper's Letter to Counselor and Acceptance of Expectations

Please fill out and return one month prior to your camper's session.

Camper's Name: \_\_\_\_\_ I Prefer to be Called: \_\_\_\_\_

Please Note: These forms are kept in the camp office and are not seen by anyone other than camp staff. We want you to feel free to give us information that will help us get to know you better!

I am coming to YMCA Camp Jackson for the first time: Yes / No I have been to other over night camps: Yes / No

I am coming to YMCA Camp Jackson because: \_\_\_\_\_  
\_\_\_\_\_

What I am most looking forward to doing is: \_\_\_\_\_  
\_\_\_\_\_

What I don't want to do at camp is: \_\_\_\_\_  
\_\_\_\_\_

I am afraid of: \_\_\_\_\_

I would really like my counselor to know this about me: \_\_\_\_\_  
\_\_\_\_\_

### YMCA Camp Jackson Expectations

- Respect others! Treat all campers and Camp Jackson staff with respect
  - Talk to a counselor or other staff member if you have a problem or concern while at camp.
  - Swearing, foul language and name calling is not acceptable
  - Keep your cabin area clean and leave other camper's property alone
- Be safe! All campers must keep their hands to themselves
  - No rough housing, pillow fights, towel snapping, hitting, punching or kicking
  - Sticks and rocks stay on the ground
  - Campers may not leave their cabin after lights out unless accompanied by a counselor
  - Always listen to the directions of your counselor or other Camp Jackson staff
- Be healthy!
  - Try new foods and eat a balanced diet
  - No tobacco, drugs or alcohol are permitted at Camp Jackson
  - Shoes must be worn at all times while in camp unless showering or swimming
- Be Smart! Leave valuables at home
  - Do not bring ipods, electronic games or other electronic devices.
  - Cell phones will be taken away and returned at the end of camp session.
  - **Camp Jackson is not responsible for lost or stolen items.**

I have read and discussed with my parents / guardians the Camp expectations and understand that they are for everyone's safety and the health of the camp community. I agree to follow the rules and I will work with my counselors to make my stay at camp the best possible experience.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date



# YMCA of Pueblo Camp Jackson

## Camper Health History

Please fill out and return one month prior to your camper's session.

**Allergies:** Please CHECK ALL that apply to this camper:

- This camper has NO KNOWN allergies
- This camper has the following allergies

**Food:** camper is allergic to this food: \_\_\_\_\_  
 This food causes Anaphylaxis: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Typical reaction: \_\_\_\_\_  
 Treatment needed: \_\_\_\_\_

**Medication:** camper is allergic to this medication: \_\_\_\_\_  
 This medication causes Anaphylaxis: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Typical reaction: \_\_\_\_\_  
 Treatment needed: \_\_\_\_\_

**Environmental / Animal:** camper is allergic to: \_\_\_\_\_  
 This exposure causes Anaphylaxis: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Typical reaction: \_\_\_\_\_  
 Treatment needed: \_\_\_\_\_

**Nutrition:** Check all that apply to this camper. Our kitchen prepares a menu with variety; be sure your camper is ready to explore various foods. We can work with some medically prescribed diets, but do not cater to individual food preferences. A side bar is available with most meals. Please call with any questions.

- This camper eats a **standard** diet
- This camper is one of the following types of **vegetarian**  
 \_\_\_\_\_ Semi-vegetarian (no pork or beef)      \_\_\_\_\_ Pesco (no pork, beef or chicken)  
 \_\_\_\_\_ Vegetarian (no meat at all)              \_\_\_\_\_ Vegan (no meat or animal by products)
- Camper **does not eat pork** for religious reasons
- Camper is **lactose intolerant** - It is our expectation that the camper self-manage using products such as Lactaid and self regulation.
- Camper has **celiac disease** - We expect the parent speak with the Food Service Manager and Health Care Supervisor regarding diet.

**Chronic or Life-Threatening Health Concerns:** Check all that apply to this camper.

- This camper has no chronic or life-threatening health concerns
- This camper has the following health concern. Please check all that apply
 

_____ Frequent Ear Infections	_____ Heart Defect / Disease	_____ Fainting
_____ Diabetes	_____ Bleeding / Clotting Disorder	_____ High Blood Pressure
_____ Mononucleosis	_____ Epilepsy	_____ Chicken Pox
_____ Measles	_____ German Measles	_____ Mumps
_____ Frequent Headaches	_____ Infectious Disease	_____ Chest Pains
_____ Dizziness from Exercise	_____ Eating Disorder	_____ Convulsions / Seizures

**General Health Information:** Please mark true or false for each statement

1. Has had the chicken pox (if true, indicate month / year \_\_\_\_\_)..... \_\_\_\_\_ True      \_\_\_\_\_ False
2. Has a history of sleepwalking or talking in sleep ..... \_\_\_\_\_ True      \_\_\_\_\_ False
3. Has a history of bedwetting..... \_\_\_\_\_ True      \_\_\_\_\_ False
4. Wears corrective glasses or contact lenses..... \_\_\_\_\_ True      \_\_\_\_\_ False
5. Hospitalized or had surgery in the last year (for \_\_\_\_\_).... \_\_\_\_\_ True      \_\_\_\_\_ False
6. Has received treatment for an injury in last year ( \_\_\_\_\_).... \_\_\_\_\_ True      \_\_\_\_\_ False



# YMCA of Pueblo Camp Jackson

## Health Care Examination

Please fill out and return one month prior to your camper's session.

### This form must be completed by Licensed Medical Provider

Campers Name \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_

In my opinion, the above camper  Is  Is Not able to participate in an active camping program.

The camper is current on immunizations:  Yes  No **Please include current immunization record.**

The camper is under the care of a physician for the following condition: \_\_\_\_\_

Restrictions while at Camp: \_\_\_\_\_

Medications to be administered at camp			
Med: _____	Dosage: _____	Frequency: _____	Route: _____
Med: _____	Dosage: _____	Frequency: _____	Route: _____
Med: _____	Dosage: _____	Frequency: _____	Route: _____

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

Camper uses asthma inhalers:  No  Yes Please provide asthma health care plan for Health Staff

Is camper capable of self-carry?  No  Yes

Camper has prescribed Epi-Pen:  No  Yes Please provide Epi-Pen health care plan for Health Staff

Anaphylaxis allergies treated by Epi-Pen: \_\_\_\_\_

Is camper capable of self-carry?  No  Yes Please provide a self-carry contract

**\* If camper requires immediate treatment with inhaler or Epi-Pen, please provide two so that one can travel with camper / staff and one can remain in office as back up.**

Additional information for health care staff at camp: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Licensed Medical Provider Title Date

\_\_\_\_\_  
 Signature of Parent or Guardian Date



**YMCA CAMP JACKSON  
REGISTRATION PACKET 2017**



**Camper Information**

Name \_\_\_\_\_  Boy  Girl  Y Member

(first name) (last name)

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Cabin Mate Request (one per camper) \_\_\_\_\_

I am a first time Camp Jackson Camper referred by: \_\_\_\_\_

Select 1<sup>st</sup> Choice Specialty Area:  Marksmanship  Eco Survival Challenge  Mountain Sports  Horsemanship

Select 2<sup>nd</sup> Choice Specialty Area:  Marksmanship  Eco Survival Challenge  Mountain Sports  Horsemanship

	Age 7-9	Age 9-10	Age 10-12	Age 13-15		Age 15-17	
June 11-16	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Ex. Riding \$495 / \$545	<input type="checkbox"/> Teen Base (Ages 13-14) \$425 / \$475	<input type="checkbox"/> Sr Rafting \$495 / \$545	<input type="checkbox"/> Sr Climbing \$445 / \$495
June 18-23	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Ex. Terrain \$445 / \$495	<input type="checkbox"/> Teen Base (Ages 13-14) \$425 / \$475	<input type="checkbox"/> CIT (Ages 15-16) \$695 / \$795	<input type="checkbox"/> CREW (Ages 16-17) \$200 / \$250
June 25-30	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Ex. Paddling \$495 / \$545	<input type="checkbox"/> Ex. Terrain \$445 / \$495		
July 9-14	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Ex. Combo \$840 / \$940	<input type="checkbox"/> Extreme Leaders (Ages 14-15) \$695 / \$795	<input type="checkbox"/> Sr Rafting \$495 / \$545	<input type="checkbox"/> Crew (Ages 16-17) \$200 / \$250
July 16-21	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475			<input type="checkbox"/> Sr Climbing \$445 / \$495	
July 23-28	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Ex. Paddling \$495 / \$545	<input type="checkbox"/> Teen Base (Ages 13-14) \$425 / \$475	<input type="checkbox"/> CIT (Ages 15-16) \$695 / \$795	<input type="checkbox"/> Crew (Ages 16-17) \$200 / \$250
July 30 – August 4	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Base Camp \$425 / \$475	<input type="checkbox"/> Ex. Riding \$495 / \$545	<input type="checkbox"/> Ex. Terrain \$445 / \$495		

**Parent Agreement**

I wish to enroll my youth in the sessions of YMCA Camp Jackson as noted. I have read all of the descriptions of the sessions, understand the requirements for participation, and give my youth permission to participate. I will notify camp if my youth or family member has any serious restrictions related to his or her participation. I have enclosed a \$50.00 deposit per summer camp session with this registration. I understand that my deposit is non-refundable, and is applied toward the cost of the session.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send all required forms and payment to: Camp Jackson Registrar  
YMCA of Pueblo  
3200 E. Spaulding Ave  
Pueblo, Colorado 81008