**OF MONMOUTH COUNTY**

Membership number:

Summer By The Sea Camp Application 2016

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

Write an X next to the weeks your child WILL be attending camp**.**

July 5th-July 8th (week 1) \_\_\_ August 1st - August 5th (week 5) \_\_\_\_

July 11th-July 15th (week 2) \_\_\_ August 8th- August 12th (week 6) \_\_\_\_

July 18th- July 22nd (week 3) \_\_\_ August 15th- August 19th (week 7) \_\_\_\_

July 25th- July 29th (week 4) \_\_\_ August 22th- August 26th (week 8) \_\_\_\_

**Parent/guardian with legal custody to be contacted in case of illness or injury:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phones: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from above) Street Address City State Zip

*Second parent/guardian or other emergency contact:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phones: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History:**

*Parents will be notified as soon as possible if there is an illness or serious injury, for minor injuries parents will be notified at time of pick-up.*

For Office use: \_\_\_\_\_\_Copy of immunization on file \_\_\_\_\_\_\_\_\_Date of last tetanus shot

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies, medical conditions, or dietary restrictions? Yes No

If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently on any prescription or over-the-counter medication? Yes No

If yes, please describe, (dosage, time, side effects)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed the Permission to Give Medication Forms?

Are there any camp activities from which your child should be exempted for health reasons? Yes No

If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Check those which the camper can have.***

* Acetaminophen (Tylenol)
* Ibuprofen (Advil, Motrin)
* Antihistamine/allergy medicine
* Guaifenesin cough syrup (Robitussin)
* Sore throat spray Generic cough drops
* Lice shampoo or cream (Nix or Elimite)
* Antibiotic cream Calamine lotion Aloe
* Bismuth subsalicylate for diarrhea (Pepto-Bismol)
* Diphenhydramine antihistamine/allergy medicine (Benadryl)

**General Health History: *Check "Yes" or "No" for each statement. Explain “Yes” answers below.***

Has/does the camper:

1. Ever been hospitalized?……………………………………………..….. 􀂆 Yes 􀂆No

2. Ever had surgery? .............................................................................. 􀂆Yes 􀂆No

3. Have recurrent/chronic illnesses? …………………………………..….. 􀂆Yes 􀂆No

4. Had a recent infectious disease? …………………………………..…… 􀂆Yes 􀂆No

5. Had a recent injury? ............................................................................ 􀂆Yes 􀂆No

6. Had asthma/wheezing/shortness of breath? ........................................ 􀂆Yes 􀂆No

7. Have diabetes? .................................. ………………………………….. 􀂆Yes 􀂆No

8. Had seizures? ...................................................................................... 􀂆Yes 􀂆No

9. Had headaches? …………………………………………………………. 􀂆Yes 􀂆No

10. Wear glasses, contacts, or protective eyewear? …………………….. 􀂆Yes 􀂆No

11. Had fainting or dizziness? .................................................................. 􀂆Yes 􀂆No

12. Passed out/had chest pain during exercise? ….…………………….... 􀂆Yes 􀂆No

13. Had mononucleosis ("mono") during the past 12 months? ................ 􀂆Yes 􀂆No

14. If female, have problems with periods/menstruation?.…………….… 􀂆Yes 􀂆 No

15. Ever had back/joint problems? …….………...…………………………. 􀂆Yes 􀂆No

16. Have a history of bedwetting? ………………….………………………… 􀂆Yes 􀂆No

17. Have problems with diarrhea/constipation? ………………...................􀂆Yes 􀂆No

18. Have any skin problems? …………………….......................................􀂆Yes 􀂆No

***Please explain “Yes” answers in the space below*,** noting the number of the questions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental, Emotional, and Social Health: *Check "Yes" or "No" for each statement.***

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? 􀂆 Yes 􀂆 No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder?

 􀂆 Yes 􀂆 No

3. During the past 12 months, seen a professional to address mental/emotional health concerns? 􀂆 Yes 􀂆 No

4. Had a significant life event that continues to affect the camper’s life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

 􀂆 Yes 􀂆 No

***Please explain “Yes” answers in the space below,*** noting the number of the questions. The camp may contact you for additional information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What Have We Forgotten to Ask? *Please provide in the space below*** any additional information about the camper’s health that you think important or that may affect the camper’s ability to fully participate in the camp program***. Attach additional information if needed.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

**This health history is correct and accurately reflects the health status of the camper 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 to the Health or Program Director to administer medication as needed. I understand the information on this form will be shared on a "need to know" basis with camp staff. In addition, 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.** In the event I cannot be reached in an emergency, I hereby give permission to the Boys & Girls Club to provide treatment, for the person named above. This completed form may be photocopied for trips out of camp. The BGCM and its employees are held harmless and indemnified from any action taken in good faith

Signature of

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**OF MONMOUTH COUNTY**

***Refusal to treat***

It is respectfully requested that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be exempted upon religious grounds from the all immunization requirements required for attendance at Camp Rock-it Camp. To the best of my knowledge and belief, s/he is and has been in normal good health and is free from all communicable or contagious diseases.

Should \_\_\_\_\_\_\_\_\_\_ manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious diseases, I agree that a physical examination may be performed by a health care provider of my choice. Also, I agree that if any such disease is found, \_\_\_\_\_\_\_\_ will comply with the regular sick camper policies.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary.

I release and forever discharge the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the “Released Parties”) from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of \_\_\_\_\_\_\_\_\_\_\_.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

**OF MONMOUTH COUNTY**

**RELEASE OF CAMPERS**

Parents have entrusted us with their most precious possession – their children. We must do all we can to provide them the best care while they are our responsibility. Therefore, the following guidelines are intended to avoid any problems:

 1. All campers are to be released only to an authorized person. Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone other than the custodial parent or legal guardian. Photo Identification will be required for release of campers to authorized persons.

 2. Authorized persons are to be directed to the camp director to sign their camper out.

 3. If custodial parent requests that a camper not be signed out to a noncustodial parent, such a request must have a copy of the legal order.

 4. When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person.

 5. No camper may leave camp at any time without prior authorization from the custodial parent and the camp director.

**No-Shows/Absentees**

 To be sure that camper have not unexpectedly disappeared, the following procedures will be implemented if a camper does not appear:

Day Camp – Day campers are to be checked in each day. Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Release of Camper**

Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the following persons to pick up my child:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Custodial parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OF MONMOUTH COUNTY**

Permission to participate in activities

*General Activities*

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in all camp activities, including gym, swimming, and SMART Moves Programs; as well as any age appropriate group clubs, i.e. Passport to Manhood, RSVP Reading Buddies, and Runners Club.

*Field Trips*

If you would like your child to participate in Field Trips, please complete and sign the following statement of consent and acknowledgment. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named member.

I hereby certify that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate

In any field trip organized by the Boys & Girls Club of Monmouth County, i.e. Funtime America, Keansburg Water Park, weekly trips to the county parks, etc. To the best of my knowledge, he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against the Boys & Girls Club of Monmouth County and any of its employees, and agree to hold them harmless from any and all liability relating to my son

or daughter for any personal injury or illness that may be suffered, or any loss of property that may occur to my son/daughter that is not due to negligence by a Boys & Girls Club representative (i.e. employee or chaperone).

I understand that Boys & Girls Clubs uses a 25- passenger bus to transport the students. All drivers have good driving records.

\_\_\_\_ **No**, **my son/daughter may not participate in any trips**.

\_\_\_\_ **Yes,** my child **may attend any organized trip**

It is understood that my child is expected to behave in a safe and respectful manner while on trips, this includes respecting the staff, bus, and each other; failure to do so may result in termination of trip privileges. My child will not be allowed to participate in this activity until a parent or guardian signs this form. Please return this permission form, as soon as possible. If the permission form is not on file your child will not be permitted to participate. *Boys & Girls Club will no longer accept verbal permission on the day of the trip;*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date