



**BOYS & GIRLS CLUBS  
OF MONMOUTH COUNTY**

For Office Use Only: \_\_\_\_\_  
Membership Type: \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Application # \_\_\_\_\_

### Camp Rock-It Application 2019

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 1<sup>st</sup> - July 5<sup>th</sup> (week 1) \_\_\_\_\_ July 29<sup>th</sup> - August 2<sup>nd</sup> (week 5) \_\_\_\_\_  
July 8<sup>th</sup> - July 12<sup>th</sup> (week 2) \_\_\_\_\_ August 5<sup>th</sup> - August 9<sup>th</sup> (week 6) \_\_\_\_\_  
July 15<sup>th</sup> - July 19<sup>th</sup> (week 3) \_\_\_\_\_ August 12<sup>th</sup> - August 16<sup>th</sup> (week 7) \_\_\_\_\_  
July 22<sup>nd</sup> - July 26<sup>th</sup> (week 4) \_\_\_\_\_ August 19<sup>th</sup> - August 23<sup>rd</sup> (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: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_



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**Please be aware of the following policies:**

If a child is diagnosed with a contagious illness, the child will require a statement from the doctor indicating that the illness is no longer communicable upon return to the program.

1. Club staff members will not administer any medications. Parents can set up a schedule to come into the Club and give their child medication.

2. Members who use an asthma pump or Epipen® may carry it with them and use it as needed. For Club members who do not feel well (e.g., vomiting, diarrhea, uncontrollable or persistent cough, etc.), a staff member will notify the parent of a Club member’s illness. If a parent cannot be reached, the emergency contact will be notified to pick up the Club member. It is expected that the Club member will be picked up within an hour. Until the parent arrives, the Club member will be excluded from activities/programs with other Club members and will rest quietly under the supervision of a staff member. If an accident or medical emergency occurs, the staff member in charge will:

- Administer the necessary first aid immediately
- Call an ambulance if the Club member’s injury is perceived by staff members to require emergency room treatment
- Call the parent or emergency contact (if the parent cannot be reached)
- Stay with the Club member at the hospital until the parent or emergency contact

**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:

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Is your child currently on any prescription or over-the-counter medication?      Yes      No  
If yes, please describe, (dosage, time, side effects):

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

If yes, please describe:

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

Has/does the camper:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Ever been hospitalized?.....                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Ever had surgery? .....                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Had a recent injury? .....                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath? .....               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have diabetes? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Had seizures? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Had headaches? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? .....        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Had fainting or dizziness? .....                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Passed out/had chest pain during exercise? .....            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Had mononucleosis ("mono") during the past 12 months? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. If female, have problems with periods/menstruation?.....    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Ever had back/joint problems? .....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Have a history of bedwetting? .....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have problems with diarrhea/constipation? .....             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have any skin problems? .....                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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***Please explain "Yes" answers in the space below, noting the number of the questions:***

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**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.***

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**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.*

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**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 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. This completed form may be photocopied for trips out of camp. BGCM and its employees are held harmless and indemnified from any action taken in good faith.

Signature of \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian



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**Refusal to Treat**

It is respectfully requested that \_\_\_\_\_ be exempted upon religious grounds from the all immunization requirements required for attendance at the summer by the sea day 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



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**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: \_\_\_\_\_.



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**Permission to participate in activities**

**General Activities:**

I give permission for my child, \_\_\_\_\_ to participate in all camp activities, including gym, swimming, and Life Skills Programs; as well as any age appropriate group clubs, e.g., 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, e.g., Keansburg Water Park, weekly trips to 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 understand that Boys & Girls Clubs uses a 25-passenger bus and a 12-passenger van 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.* I have read the complete application, understand the rules of the Boys & Girls Clubs of Monmouth County and request that my son/daughter be admitted into membership. Although every effort will be made to prevent injury, if an injury should occur to my child while participating in Club activities, I agree to hold the Boys & Girls Clubs of Monmouth County, its agents and employees, and any volunteers/employees harmless.

I understand by enrolling my child he/she will be part of an electronic student management system that complies with full confidentiality and Acceptable Use Policies of the Boys & Girls Clubs of Monmouth County.

**Photo Release:**

I grant the Boys & Girls Clubs of Monmouth County the unlimited right to use and/or reproduce photographs or likenesses in any legal manner for the internal or external promotional and information activities of the Boys & Girls Clubs of Monmouth County. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of the Boys & Girls Clubs of Monmouth County in which he/she is involved. I also agree to allow my child's work and/or photograph to be published on the Boys & Girls Clubs of Monmouth County Web site/Internet pages, and publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

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Signature of Parent or Guardian

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Date