

Camp Robbins Health & Information Sheet

YOU MUST PROVIDE A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATION RECORD.

Child's Name _____ Sex _____ T-Shirt Size _____

Youth ___ Adult ___

Age _____ Birth date _____ Grade This Fall _____

Address _____ City/St/Zip _____

Parent/Guardian Name _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

	6/25-7/6 <small>(2 weeks-Closed July 4)</small>	7/9-7/20 <small>(2 weeks)</small>	7/23-8/3 <small>(2 weeks)</small>	8/6-8/17 <small>(2 weeks)</small>	8/20-8/24 <small>(1 week only- busses are not available)</small>
PIONEERS (ages 5 - 8)	Session 1__	Session 2__	Session 3__	Session 4__	Session 5__
ADVENTURERS (ages 9-12)	Session 1__	Session 2__	Session 3__	Session 4__	Session 5__
L.I.T.S (ages 13 & 14)	Session 1__	Session 2__	Session 3__	Session 4__	Session 5__
C.I.T.S (ages 15-16)	Session 1__	Session 2__	Session 3__	Session 4__	Session 5__
PRE CAMP (7-9am)	Session 1__	Session 2__	Session 3__	Session 4__	Session 5__
POST CAMP (4-6pm)	Session 1__	Session 2__	Session 3__	Session 4__	Session 5__
BUS	Session 1__	Session 2__	Session 3__	Session 4__	

Authorized Release and Emergency Contacts (Any pick up person will be asked for ID)

It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself.

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Does your child have any physical limitations? If yes, please specify. _____

Does your child have any allergies? If yes, please specify. _____

Is your child in a special classroom setting? If yes, please describe. _____

Is your child currently under care for any emotional physical, or socialization problems? If yes, please describe. _____

Does your child wear glasses or contacts? _____

If your child is currently taking medication, please specify what and why. _____

I hereby enroll my child in the above program. In signing this application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed and/or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child when necessary. I have received a copy of the Camp Handbook.

Signature Parent/Guardian _____ Print Name _____

Relationship to child _____ Date _____



CAMP ROBBINS PAYMENT AUTHORIZATION FORM

Session 1: June 25th-July 6th-\$375

Payment Due: June 11th

Session 2: July 9th-July 20th-\$375

Payment Due: June 25th

Session 3: July 23rd-August 3rd-\$375

Payment Due: July 9th

Session 4: August 6th-August 17th-\$375

Payment Due: July 23rd

Session 5: August 20th-August 24th-\$210

Payment Due: August 6th

____ I will be making payments in person at the YMCA of Middletown located at 81 Highland Avenue, Middletown, NY or the South Orange Family YMCA located at 45 Gilbert Street Extension, Monroe, NY. I understand that payments may not be mailed and are due no later than the date listed in the above payment schedule.

____ Department of Social Services approval letter is attached.

____ I authorize the YMCA of Middletown to draft each camp payment in full two weeks before the first day of the session. I understand that unless I contact the YMCA, charges will be made as stated in the above payment schedule. I will provide my complete draft information below. All returned payments will incur a \$25.00 fee.

The parent/guardian who enrolls his/her child in Camp Robbins is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in collecting fees from non-custodial parents or others, and cannot allow delays in payments due to delays in child support or other funding.

AUTOMATIC DRAFT AUTHORIZATION FORM

Camper's Name (Please print): _____

Please circle one:

VISA

AMERICAN EXPRESS

MASTERCARD

Credit/Debit Card Number

Expiration Date

Cardholder's Name

Billing Zip Code

____ **CHECKING ACCOUNT** I have enclosed a copy of a voided check from my checking account.

Parent/Guardian First and Last Name: _____

Parent/Guardian Signature: _____

ROPES COURSE AUTHORIZATION

This form is for the express purpose to enable your child to participate in our ROPES COURSE. Based on the descriptions below, we ask that you make a determination as to the level your child can participate. The checking and signing of this document will provide us the permission that is necessary for your child to participate in the activity level that, you feel as a parent, is appropriate based on your child's abilities. Please check the level(s) of the course that you will permit your child to partake in. Please understand that at no times will any child be forced to participate. Participation in these activities is voluntary.

<input type="radio"/>	LOW ROPES AND CABLES	This is a series of challenge activities made of ropes and/or cables, 1 to 2 feet off the ground, which participants walk across. Participants are spotted (guarded) at all times to prevent injury.
<input type="radio"/>	CLIMBING TOWER	Our simulated climbing wall tower reaches up to 24 feet. All participants are required to wear helmets and harnesses and to be belayed (secured to a safety rope) at all times.
<input type="radio"/>	HIGH ROPE ELEMENTS	This is a series of challenge activities made of ropes and/or cables, including a zip line element that is 24-40 feet off the ground. All participants are required to wear helmets and harnesses and to be belayed (secured to a safety rope) at all times.

I hereby acknowledge and agree that the sport of rock climbing and ROPES COURSE (which includes the Low Ropes and Cables, Climbing Tower and High Ropes Course) have inherent risks. I have full knowledge of the nature and extent of all risks associated with the ROPES COURSE and assume the inherent risks including but not limited to:

- All types of injury resulting in falling off the ROPES COURSE , hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
- Rope or ground abrasion, entanglement and other injuries resulting from activities on or near the ROPES COURSE such as, but not limited to, climbing, belaying, rappelling, lowering on a rope, rescue systems and any other rope techniques;
- Injuries resulting from falling climbers or dropping items, such as but not limited to, ropes or climbing hardware;
- Cuts and abrasions resulting from skin contact with the ROPES COURSE;
- Failure of ropes, harnesses, climbing hardware, anchor points or any component of the ROPES COURSE.

I understand that the ROPES COURSE is designed to challenge the participant, both physically and mentally, and enhance self-reliance. The ROPES COURSE, like most sports, contains inherent risks. This includes, but is not limited to, the risk of personal injury which may be caused by weather conditions, other individuals using the course components, and/or the natural setting of the course. In the event of an injury to my child, I agree to waive any claim(s) for the recovery of the loss on behalf of my child or my personal loss on behalf of the injury. I further acknowledge that the above list is not inclusive of all the possible risks associated with the use of the ROPES COURSE and the above list in no way limits the extent or reach of this release and covenant not to seek monetary compensation.

I understand all the information provided to me regarding the Camp Robbins ROPES COURSE. I understand and acknowledge that by signing below, I authorize and accept all waivers and releases and provide my child permission to participate in the ROPES COURSE elements that I've designated above.

PRINT Child's Name _____

Parent/Guardian Signature _____ **Date** _____

I want my child to participate in the activities checked above. _____ I do not want my child to participate in the Ropes Course. _____