

2022 YMCA CLS Teen Camp Application & Mandatory Participant Health/Emergency Information Form

NOTE: In order for your child to participate in the YMCA CLS Teen Camp, this form must be fully completed and returned to Dan Schulze, 2815 Scott Ave Suite D, St. Louis, MO 63103 or emailed to registrar@leaders-school.org. Name and local YMCA may be published in the CLS Directory. All other information will be kept confidential and used only by the CLS Directors and YMCA staff. *Please type in the form and print; or clearly write all information in dark ink.*

Legal Name _____ Common name _____ Age _____ Sex M F
For nametag/roster at CLS

Address _____ City _____ State _____ Zip _____

Birthdate _____ Teen Cell Phone (____) _____ - _____ Cell Phone Carrier _____
for text msgs

Club Advisor/Sponsor _____ Teen Email _____

Local branch _____ Home YMCA _____ Pronoun he/him/his they/them/theirs
 she/her/hers Other: _____

T-shirt Size S M L XL XXL This is my 1st 2nd 3rd 4th 5th 6th 7th I just completed 7th 8th 9th 10th 11th 12th
year of attending CLS grade in school

EMERGENCY INFORMATION MUST BE FILLED OUT BY PARENT/GUARDIAN

Parent/Guardian Name _____ Work (____) _____ - _____ Cell (____) _____ - _____
 Relation to Teen _____ Email _____

Parent/Guardian Name _____ Work (____) _____ - _____ Cell (____) _____ - _____
 Relation to Teen _____ Email _____

Additional Emergency Contact: Name _____ Relationship to Teen _____
 Home (____) _____ - _____ Work(____) _____ - _____ Cell(____) _____ - _____

General Health History

Check Yes or No for each Statement. Explain "Yes" answers below. Has the Teen:

- | | |
|--|---|
| 1. Have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Ever had surgery or been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have recurrent/chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis ("mono") in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back or joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had seizures/epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have any problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Traveled outside the country in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have any dental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. If female, have problems with period/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health

Check Yes or No for each Statement. Has the Teen:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention-deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the Teen's life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)
 Please explain "Yes" answers in the space below. Please include current copy of IEP/BIP/504 Student Accommodation Plan.

Teen's Name _____

Medication

- This student will not take any daily medications while attending CLS Teen Camp.
 This student will take the following daily medication(s) while at CLS Teen Camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please include the original pharmacy container which shows the teen's name and how the medication should be given. Provide enough of each medication to last the entire week including travel to and from CLS Teen Camp to Y staff at drop-off.

Name of medication	Date Started	Reason for taking	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		<input type="checkbox"/> Refrigeration required?
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		<input type="checkbox"/> Refrigeration required?
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		<input type="checkbox"/> Refrigeration required?

The following non-prescription medications may be available from the school first aid director and are used on an as-needed basis to manage illness and injury. **Please cross out those the teen should not be given:**

- | | | |
|--------------------------------------|---------------------------|--|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Phenylephrine decongestant (Sudafed PE) |
| Antibiotic cream | Calamine Lotion | Pseudoephedrine decongestant (Sudafed) |
| Bismuth subsalicylate (Pepto-Bismol) | Aloe | Dextromethorphan cough syrup (Robitussin DM) |
| Sore Throat Spray | Generic Cough drops | Guaifensin cough syrup (Robitussin) |
| Antihistamine/allergy medicine | Laxatives (Ex-Lax) | Diphenhydramine antihistamine/allergy medicine |
| Antacid (Tums) | | |

Date of last tetanus shot _____ COVID Vax type: _____ Shot date(s) _____

Health Insurance Provider _____ Policy # _____ Group # _____

Student does not have Health Insurance

Doctor's Name _____ Phone () - _____

Dentist's Name _____ Phone () - _____

Immunizations: I/We certify that our child has received and is current on their immunization records:
 Yes No; If no, I/we understand and accept the risks to my child not being fully immunized. _____ (Initial here)

Nutrition: Student eats a regular diet Student eats a regular vegetarian diet Student does not eat pork

Student has special food needs; please describe:

Restrictions:

- I have reviewed the program and activities at CLS Teen Camp and feel my child can participate without restrictions
 I have reviewed the program and activities at CLS Teen Camp and feel the my child can participate with the following restrictions or adap

What have we forgotten to ask? Please provide in the space below any additional information about the teen's health that you think important that may affect his or her ability to fully participate in the YMCA CLS Teen Camp program. Attach additional information if needed.

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all YMCA CLS Teen Camp activities except as noted by me. I give permission to the physician selected by YCLS to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I give permission for the YCLS First Aid Staff to administer over the counter medication to my child as needed. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy/scan this form. In addition, YCLS 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 YCLS staff about my child's health status.

Parent/Guardian's Signature _____ Date _____

INDEMNITY AGREEMENT & PARTICIPATION AUTHORIZATION

Teen's Name _____

I hereby waive any claim of liability and will hold harmless YMCA CLS Teen Camp, the Gateway Region YMCA, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am participating in any child care program, contest or exhibition sponsored by the MCA. I also waive any claim of liability and hold harmless the Gateway Region YMCA described above for injury or contraction of any illness or medical condition including but not limited to COVID-19, which might result from participation in programs run by CLS and the Gateway Region YMCA. In addition, I understand that the YMCA is not responsible for my personal property. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms. I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. For emergency medical treatment, I understand that my child will be transported to the nearest hospital via ambulance.

Parent/Guardian Signature _____ Date _____

- I understand I am electing for my child to participate in YMCA programs.
- I understand I am financially responsible for YMCA services.
- I understand my child may be subject to daily health checks and may not be accepted into a YMCA program, may be denied participation in program, or may be removed from program if he/she: (a) is ill or exhibiting symptoms of illness, including without limitation any symptoms of COVID-19 per the most up to date guidelines provided by the Center for Disease Control (CDC) (which currently include fever, cough, and shortness of breath), or has not been fever free without medication for 24 hours; (b) has traveled outside the United States in the past 14 days; (c) has had contact with any person with confirmed COVID-19 in the past 14 days; or (d) has had contact with anyone who has been instructed to self-quarantine in the past 14 days. Wellness criteria are subject to change based on guidelines provided by the CDC or local health authorities.
- If my child is experiencing problems or illness in the program, I may be required to retrieve my child early from the program. Agreed upon response must be within one hour of call.
- I understand the YMCA is an inclusive, family-friendly organization and the responsibilities as outlined.
- I understand if the YMCA is required to respond regarding legal issues and I may be responsible for payment of costs incurred by the YMCA as outlined.
- I understand and will abide by the Indemnity Agreement as outlined.
- I understand that photos, video by the YMCA and outside media may be taken throughout the day. These pictures may be displayed in YMCA brochures, YMCA website and promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Director in writing of exclusions.
- I have read, understand and agree to abide by all the policies, procedures, fee requirements as outlined.
- I certify that I am at least 18 years of age and all information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.
- I give consent for my teenager's name and local YMCA to be published in the CLS Notebook in the directory.
- By providing my teenager's cell phone carrier, I authorize YCLS to send text messages for registration and school related communication.

Parent/Guardian Signature _____ Date _____

Voluntary Testing Consent & Acknowledgement Form

Individuals showing any symptoms of COVID-19 will be quarantined and tested with a BinaxNOW antigen test. BinaxNOW detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not be administered without the signature below. All test results will be shared with the Missouri Department of Health and Senior Services (DHSS) pursuant to state regulation and with the local public health agency (LPHA) in order to begin contact tracing and instituting appropriate disease control measures. Except as required by law, test results and testing information will be kept confidential by the agency and test administrators conducting the testing, LPHA, and DHSS.

Your signature below serves as consent of voluntary participation, if deemed necessary, in the BinaxNOW testing program and is also an acknowledgement of the above statements.

Mark N/A below if consent is not provided.

Parent/Guardian Signature _____ Date _____

YMCA CLS Teen Camp Code of Conduct

Please read and discuss these with your parent(s) or guardian. To show your joint commitment to these expectations, both of you please sign and date this form in the spaces at the bottom, and send the signed form back to the Camp Director along with your registration.

1. All participants shall conduct themselves in a caring and responsible manner in transit to and from, and during all functions of the CLS Teen Camp program. Personal behavior reflects upon the quality of the program, one's club, the YMCA, and one's self.
2. You are expected to listen and cooperate with those leading the various CLS Teen Camp activities, from early morning fitness to lights out. CLS Staff, YMCA Trout Lodge staff, and your fellow teens all deserve your attention and support as they lead activities throughout the day.
3. You are expected to attend all of your assigned classes, values group sessions (including skit practices) and the evening events. You are expected to take full advantage of the quality educational opportunities offered at CLS Teen Camp by actively participating in them (offering opinions, sharing ideas, asking questions, etc.).
4. You are expected to respect the property of staff, staff-in-training, fellow teens, YMCA Trout Lodge, and any other property or facilities used or visited by CLS Teen Camp. Each participant is legally and financially responsible for any removal, defacing, or willful damage to public or private property.
5. You are expected to observe the "lights out" time identified by the School Director each night. From this time until 6:00 AM the next morning, Teens must be quiet in their own rooms with the lights out. Of course, trips to the bathroom are allowed, but visits to other rooms, vending, and personal care must be done before lights out.
6. The use, possession or concealment of certain materials is forbidden including but not limited to firearms, knives, flame producing devices, incense, candles, tobacco, nicotine, e-cigarette products, alcoholic beverages, noxious chemical agents, illegal drugs – including but not limited to misuse/misappropriation of prescription or over-the-counter drugs.
7. Harassment or intimidation by words, body language, social media, or other age-inappropriate or menacing behavior will not be tolerated.
8. Cabin/Lodging switches will not be permitted without the approval of the School Director. These may be assigned at random or intentionally as need/requested.
9. You must have the permission of both roommates before entering another room of the same sex. Cabin building public lounges may be used during class times with staff supervision, but students of the opposite sex should never be in the bedrooms of the opposite sex. Other cabins should not be visited without a staff member present.
10. Visitors, alumni, parents, friends, etc., are not permitted on campus unless approved by the School Director. Visitors, alumni, etc., are not permitted in dorms at any time.
11. Expensive electronics are discouraged during the week at CLS Teen Camp. Cell phone and media player use should be limited and only be used outside of classes and scheduled activities.
12. At all times outside of cabins, nametags should be worn visibly on the front of the upper torso.
13. Intimate sexual behavior is not appropriate and will not be tolerated.
14. Participants are expected to conform to all regulations on the honor system. Those who are present when a violation occurs and who do not intervene or report the situation may be considered a participant in the violation and may be disciplined accordingly.

These expectations are designed to ensure a safe and comfortable environment for everyone involved with YMCA CLS Teen Camp. If you violate these expectations, the CLS Council's Standards Committee and/or your advisor, with the Camp Directors, will determine the disciplinary consequences, **which may include being sent home immediately at the family's expense without refund of program fees.**

I understand these expectations and agree to meet them during the entire week at CLS Teen Camp.

Teen's Signature _____ Date _____

I understand these expectations and support the CLS Teen Camp Directors and staff as they encourage and enforce these behaviors.

Parent/Guardian Signature _____ Date _____