
Camper Information Packet

2022

Every camper must have a completed 2022-2022 CIP on file in order to attend camp or after school clubs. Campers may not attend if forms are incomplete or missing. **Medical release forms signed by a physician and medication authorization forms must be updated annually.** It is the parent's responsibility to have all paperwork turned in on time.

Camp (*Will your child be attending Day Camp, Overnight Camp, Kids' Clubs or all? Check all that apply*):

Day Camp
(Pre-K, Elementary, or CIT)

Camp Big Bear
(Sleep Away for Elementary, Teen, or CIT).

After School Enrichment
(After School)

Camper's Name: _____ **Date:** _____

CIP Checklist:

- PARTICIPANT INFORMATION FORM
- CAMP POLICY & PERMISSION AGREEMENT
- RELEASE & WAIVER OF LIABILITY & INDEMNITY AGREEMENT
- CODE OF CONDUCT
- CLIMBING WALL WAIVER
- COVID TESTING CONSENT FORM (*ONLY FOR BIG BEAR*)
- MEDICAL FORM (*physician's signature required*)
- MEDICATION ADMINISTRATION FORM (*physician's signature required for prescription medication administration*)

There is a \$25 late fee for any paperwork turned in after the due date. Due dates are the days your 1st camp balance is due. No refunds of deposits or payments will be given for incomplete packets. Please use the above checklist to ensure all papers are filled out and attached. Turn in all permission slips with this cover sheet to camp director. ***Please make copy for your file.***



SANTA MONICA FAMILY YMCA
1332 6th St.
Santa Monica, CA 90401
Phone: 310-393-2721 Fax: 310-451-9906
www.ymcasm.org



**SANTA MONICA FAMILY YMCA
Participant Information Form**

Today's Date: _____

Child's Name: _____ Birthday: _____ Sex: _____

School: _____ Grade: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Email: _____

Information about the Mother/ Guardian

Parent's Name: _____ Home Phone #: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Work/Cell Phone #: _____

Business Address: _____ City: _____ Zip: _____

Information about the Father/ Guardian

Parent's Name: _____ Home Phone #: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Work/Cell Phone #: _____

Business Address: _____ City: _____ Zip: _____

Emergency Contacts (My child has permission to leave with the following persons.)

Name _____ Relationship: _____

Home Phone #: _____ Work/Cell Phone #: _____

Name _____ Relationship: _____

Home Phone #: _____ Work/Cell Phone #: _____

More Information about the Child

Child lives with (circle all that apply): mother father step-mother step-father other

Please list any siblings: _____

Please List any allergies: _____

My child has permission to be photographed to participate in water activities

Participant's swimming abilities (please circle): does not swim beginner advanced
How does your child react to new situations?

My child makes friends: easy a little shy very shy needs encouragement

My child's friends are: older younger same age

What activities does your child enjoy the most when alone?

What activities does your child enjoy doing with others?

In what way does your child need help at home?

List strong dislikes for food or other items

What is the most common discipline problem you have with your child?

What type of discipline do you use with your child?

What types of things do you wish your child to learn while at the Santa Monica Family YMCA Camp?

Please mention anything else you would like us to know about your child:



SANTA MONICA FAMILY YMCA
CAMP POLICY & PERMISSION AGREEMENT FORM
*GENERAL PERMISSION, POLICY INFORMATION, EMERGENCY RELEASE FORM,
PROMOTIONAL WAIVER, AND FEE POLICY AGREEMENT:*

Child's Name: _____ **Parent Name:** _____

ALL ITEMS MUST BE REVIEWED AND CHECKED. SIGNATURE REQUIRED AT THE END OF THE FORM (ON REVERSE SIDE) STATING YOU HAVE READ AND AGREE WITH THE FOLLOWING ITEMS:

1. I hereby grant permission for the above named minor to use all of the equipment and to participate in all of the activities of the Santa Monica Family YMCA Camps. I will notify the Camp Director **in writing** if and when I do not wish the above named minor to participate in a specific activity.
2. I hereby grant permission for the above name minor to leave the Santa Monica Family YMCA facility premises under the supervision of staff member for off campus events in YMCA authorized vehicles, on foot, or in a chartered bus.
3. I hereby grant permission for the Santa Monica Family YMCA to seek **EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT** for the above named minor.
4. I hereby grant permission for the above named minor to be included in promotional pictures for the Santa Monica Family YMCA brochures and publications.
5. I hereby consent to the photographing, recording, or reproduction in any other manner (including videotapes and audio tapes) of the likeness, voice and/or activities of my child and further authorize the Santa Monica Family YMCA and it's employees to make unlimited use of such reproductions for YMCA advertising and recruitment, including, but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participating.
6. I agree to be responsible for paying all fees in a timely manner when due and understand that **ALL FEES must be paid in full and ALL PAPERWORK turned in prior to attending program activities.**
7. I understand that the Santa Monica Family YMCA reserves the right to refuse service and/or cancel a participant's program when fees and paperwork are not received when due.
8. I understand that the Santa Monica Family YMCA will not be responsible for anything that may happen as a result of false information given or for information that has not been updated when changes in address or phone numbers occur. I further understand that I must have a working phone number where I may be reached or a message left (that I check regularly) so that the Santa Monica Family YMCA may contact me when needed.
9. I understand that there will be a \$25.00 charge plus bank charges for the first check returned from a bank. If a second check is returned unpaid, the fee will be a \$35.00 plus bank charges. After a 2nd check is returned unpaid, I understand that no further checks will be accepted, and I must pay all future payments in cash, cashier's check or money order.

CONTINUE ON REVERSE SIDE

10. I understand that there are no refunds, credits or transferring of deposits, credit given or prorates for participants who are absent or ask to leave the program due to behavioral issues.

DAY CAMP ONLY

11. I understand that the Santa Monica Family YMCA Camp will not assume responsibility for the above named minor if s/he has not been properly signed in when s/he arrives.

12. I understand that my child may be visiting the Santa Monica State Beach as part of the daily curriculum of the Santa Monica Family YMCA Day Camp. I understand that my child will be walking to the beach and I will provide proper footwear, swimwear, beach towel, sunscreen & water.

13. I give my child permission to attend fieldtrips to the beach or elsewhere or will otherwise provide alternate care on those days. I understand there are no refunds of fees for not participating or attending on fieldtrip days.

14. I also understand while at the beach, I hold the city of Santa Monica, its agents, officers, and employees, harmless and indemnify the same from any claims relating to the campers activities on the Santa Monica State Beach that arise from or are in any manner connected with the Santa Monica Family YMCA Day Camp.



I AM THE CUSTODIAL PARENT/GUARDIAN OF THE ABOVE NAMED MINOR AND HAVE READ AND AGREE TO UNDERSTAND THE 11 STATEMENTS LISTED ON THE SANTA MONICA FAMILY YMCA CAMP POLICY & PERMISSION AGREEMENT FORM.

(FOR SINGLE PARENT/GUARDIANSHIP FAMILIES, THE CUSTODIAL PARENT OR GUARDIAN MUST SIGN BELOW.)

Mother's/Guardian's Name *(please print)* _____

Mother's/Guardian's Signature _____ DATE _____

Father's/Guardian's Name *(please print)* _____

Father's/Guardian's Signature _____ DATE _____



SANTA MONICA FAMILY YMCA CAMP

RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to the observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for him/herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he/she has or immediately upon entering will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees, and agents from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises of any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or anyway observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. The undersigned hereby assumes responsibility for and risk of bodily injury, death or property damage due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises of any facility or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including in Southern California. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public

Health (CDPH), the Orange County Health Care Agency (OCHCA), and the Los Angeles County Department of Public Health (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice; (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the Santa Monica Family YMCA if he/she/they: (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath; or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he/she/they believes that any of the foregoing access/use restrictions may apply.

The Santa Monica Family YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the Santa Monica Family YMCA may revise its procedures at any time, including, but not limited to, those based on updated recommended guidance and protocols issued by the Public Health Agencies, and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the Santa Monica Family YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of six (6) feet per person among children and their caregivers and/or among participants is not always possible, though at all times the YMCA and the undersigned will attempt to do so. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the Santa Monica Family YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

I Have Read This Release.

Date: _____ Signature Parent/Guardian: _____



SANTA MONICA FAMILY YMCA CODE OF CONDUCT

In order to protect the Santa Monica Family YMCA, other YMCAs, staff, volunteers, and program participants, the following Code of Conduct will be observed. Please review with your camper prior to attending camp.

General Rules & Safety Guidelines

- All campers must listen to and follow rules and guidelines set forth by camp staff
- All campers must wear closed-toed shoes and day campers must wear their day camp shirt or red shirt daily.
- All campers must leave all cell phones, electronics, and toys at home. The Santa Monica Family YMCA is not responsible for lost or stolen items.
- All campers must stay with their group at all times and within designated boundaries for each activity area.
- Camp is a no nut zone. To protect against potentially life-threatening incidences, campers may not bring nuts to camp, and are prohibited from sharing food. *Please consult camp director if you want to bring special food to share for celebrations.*

Campers are expected to

- Be respectful of other campers, staff, and camp property
- Be honest
- Be responsible
- Be caring

Campers in violation of above rules and guidelines will face disciplinary counseling, "time-out", possible suspension, or expulsion at discretion of the Camp Director.

The Santa Monica Family YMCA has a **NO TOLERANCE POLICY** for the following:

- Physical fighting or intentional abuse
- Biting
- Bullying or verbal abuse
- Theft
- Possession of alcohol, drugs, tobacco, or paraphernalia (including lighters, matches, etc.)

Campers found in violation of the above will be suspended or expelled at the discretion of the Camp Director.

In the event a participant is sent home from any activity the program fees will not be reimbursed. The participant's guardian must provide transportation. The participant's guardian is responsible for all costs that are incurred due to the participant's dismissal.

If parents have a concern about the Camp or other program issues they may contact Erika Altshule, Director of Youth and Family Programs at the Santa Monica Family YMCA, at 310-393-2721 *123

I have read and reviewed the Code of Conduct with my camper. We agree to abide by these guidelines and understand consequences.

Participant Name: _____ **Signature:** _____ **Date:** _____

Legal Guardian Name: _____ **Signature:** _____ **Date:** _____



SANTA MONICA FAMILY YMCA CLIMBING WALL WAIVER

Acknowledgement of Risk

I hereby acknowledge and agree that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) has inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Climbing Wall;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall Structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Waiver / Release

In consideration of my child's use of the Climbing Wall, I, _____, The undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE THE SANTA MONICA FAMILY YMCA, its officers, agents and employees from any cause of action claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against The SANTA MONICA FAMILY YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of THE SANTA MONICA FAMILY YMCA, its officers, agents, and employees.

In consideration of my use of the Climbing Center, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS THE SANTA MONICA FAMILY YMCA, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Center.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, my child sustains while my child uses the Climbing Wall and that release by this agreement THE SANTA MONICA FAMILY YMCA of any and all liability for such loss, damage, or death.

I further certify that my child is in good health and that my child has no physical limitations that would preclude my child's safe use of the Climbing Center.

I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

Climbing Users' Name

Climbing Users Age

Witness' Signature

Witness' Name (Print Clearly)

Parent / Guardian if user is under 18

Parent / Guardian's Name (Print Clearly)

Date

This Form is used if your child begins to experience COVID-19 symptoms



Please carefully read and sign the following Informed COVID 19 Screening Test Consent and Authorization for the Release of Information and Test Results

In order to reduce the risk of COVID-19 being transmitted within the state, the California Department of Public Health (CDPH), in partnership with Primary.Health is implementing a COVID-19 testing program. The COVID-19 tests under this program may include, but not be limited to, self-administered over-the-counter antigen tests, testing-site administered antigen tests, and laboratory-based molecular (e.g., PCR) and pooled molecular tests. All testing will be free of charge.

This document provides consent for participation in the testing program:

I authorize on behalf of myself, my child, or the patient being tested, COVID-19 testing by collecting a nasal swab. I understand that specimen collection may include self-collection or collection by a trained, qualified health care operator in compliance with any relevant CDC and FDA guidance.

I represent that I am the parent or guardian authorized to sign this document for my child or the legal representative for the patient being tested.

I authorize Primary.Health and each of the parties listed below to release patient personal and test information in order to facilitate testing for COVID-19 infection:

- The ordering provider for my COVID-19 test, if applicable
- The ordering provider for the patient’s COVID-19 test, if applicable
- The California Department of Public Health and local public health partners
- Any laboratory partner providing confirmation RT-PCR tests and/or providing mandatory reporting to the state health department

I understand that “patient personal and test information” includes the following:

- The patient’s name, gender, date of birth
- If applicable, dependent and/or guardianship information
- Contact information including telephone number, email address, and physical or mailing address
- Appointment information, transaction identification number, COVID-19 test information and results.

I understand that CDPH and its designated testing partners do not act as medical providers and that testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regards to the test results.

By consenting to participate in the CDPH COVID-19 testing program, I acknowledge any health risks, however minor, that may arise from my or the patient’s participation. It is possible that collection of a nasal swab may cause trauma or discomfort from the swab itself, though this is unusual to happen and rarely likely to be serious.

I hereby assume full and complete responsibility for any injury, illness, or accident which may occur during my, my child’s or the patient’s participation in this program and hold harmless CDPH and its designated testing partners from any and all losses, damages, liabilities or other claims and causes of action that may arise.

Name of minor (participant): _____ Date of Birth: _____

Name of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____



SANTA MONICA FAMILY YMCA
Medical Form
 Must be signed by your child's physician

First Name: _____ Last Name: _____

DOB: ___/___/___ AGE: _____ Child's SSN: _____

Child's Address _____

City: _____ State: _____ Zip: _____

Mother's/Guardian Name: _____ Phone: _____

Father's/Guardian Name: _____ Phone: _____

Health Insurance Information

Insurance Company Name: _____ Policy #: _____

Emergency/Medical Release

For Single Parent Families

I, _____, am the custodial parent/guardian of the above named child and hereby authorize the Santa Monica Family YMCA or its delegated representative to seek emergency medical and/or surgical treatment for said child.

Parent/Guardian Signature: _____ Date: _____

Emergency/Medical Release

For Two Parent & Joint Custody Families

Both parents must sign

We, _____ & _____, are the custodial parents/guardians of the above-named child and hereby authorize the Santa Monica Family YMCA or its delegated representative to seek emergency medical and/or surgical treatment for said child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Form for _____'s participation in YMCA activities

Health History

Please indicate Yes (Y) or No (N) next to each item

____ Measles	____ Tuberculosis
____ German Measles	____ Scarlet fever
____ Mumps	____ Allergies specify: _____
____ Chicken pox	_____
____ Whooping cough	____ Frequent colds
____ Asthma	____ Sore throats
____ Stomach upsets	____ Headaches/migraines
____ Kidney infection	____ Constipation
____ Ear/sinus infections	____ Diphtheria
____ Bronchitis	____ Poliomyelitis
____ Convulsions	____ Other: _____

Immunization Records: *List dates of immunizations or attach copy of records*

Polio (OPV or IPV) _____

DTaP _____

MMR _____

Hib _____

Hep B _____

Varicella _____

Medical Information

Does the child take any medication on a daily basis? Y N If so, please explain:

Please list any previous surgery, sports injury, or illness the child has had in the last 12 months?

Does the child have any allergies or dietary restrictions? Y N If so, please explain:

Does the child have adequate vision in each eye? Y N Does the child wear corrective lenses?

Does the child have adequate hearing in both ears? Y N Does the child wear hearing aids? Y N

Is there anything else we should know?

TO BE FILLED OUT BY DOCTOR

Date of last examine: _____ (This must be filled out and last examine must be within the past year)

I have found the above name child's overall physical health and condition to be:

Excellent

Good

Fair

I recommend that the above named child be permitted to engage in all activities. Any limitations are as follows:

Physician's Signature: _____

(PRINT) Physician's Name: _____

Physician's Phone: _____

Office address: _____



Prescribed Medication Administration Permission Form

- All medications that are to be administered by the Santa Monica Family YMCA must be in the original container with the pharmacist’s label, and child’s name. All dates on the container must be current and not expired.
- We cannot administer prescribed medications without written permission and authorization from your child’s physician.
- Fill in this form completely and turn it in with the medication to be administered.

Child’s Name: _____ DOB: _____ Cabin #: _____

Guardian Name: _____ Phone #: _____

Physician’s Name (Print): _____ Phone #: _____

Dates	MEDICATION	DOSAGE	HOURS TO BE ADMINISTERED	SPECIAL INSTRUCTIONS	TIME & DOSE ADMINISTERED	STAFF SIGNATURE
					<i>To be filled out by staff only</i>	<i>To be filled out by staff only</i>
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						

Other instructions: _____

I hereby grant permission for the above-named minor to take the prescribed named medicines above

Guardian’s Signature

Date

Physician’s Signature

Date



OVER-THE COUNTER MEDICAL AUTHORIZATION FORM

I, the undersigned hereby give the Directors, Nursing Staff, and other attendant adult staff of the Santa Monica Family YMCA permission to administer the following, if needed, to my child during his/her stay at camp:

_____ (Print Child's Name)

Check each box notifying permission to administer:

- Sunscreen
- Bug Spray
- Aloe gel/Sunburn Spray
- Calamine/Caladryl/Beneadryl/ 1% Hydrocortisone cream
- Hydrogen Peroxide
- Triple Antibiotic Ointment
- Acetaminophen/Tylenol
- Ibuprofen/Motrin/Advil
- Cough Syrup/Throat Lozenge
- Decongestant (Benadryl Sudafed)
- Anti-nausea Medication
- Antacid/Anti-gas (Mylanta/Tums/Gas X)

Will you be sending any over-the-counter medication with your child? Yes No

If yes, What? _____ Dosage: _____ Reason: _____

If yes, What? _____ Dosage: _____ Reason: _____

Has your child ever been stung by a bee? Yes No

If yes, How many? _____ Reaction _____

Does your child have any allergies? No Yes (Please list medications, food, bugs, plants, sunscreens, etc,) If so, how does your child react and what is the usual treatment?

Does your child have any condition that might require immediate medical treatment or attention (for example: asthma, cardiac, seizures, or other conditions)? No Yes, if yes please explain

Guardian Name _____ Relation to Camper _____ Phone # _____

Guardian's Signature _____ Date _____

Please Note 911 will always be called when necessary

SANTA MONICA FAMILY YMCA

CarPool Information Form

Child's Last Name: _____ Child's First Name: _____

Age: _____ Grade: _____ School: _____

Teacher's Name: _____ RM# _____

Parent/Guardian: _____ Phone #: _____

Parent/Guardian: _____ Phone #: _____

CarPool Policies

I give my child permission to be picked up in a YMCA vehicle operated by YMCA Employees and transported from their school to the Santa Monica Family YMCA.

I will notify the Kids' Club Director by 10am if my child will not be attending Kids' Clubs and will not need CarPool service. *Notify Club Director by phone or email.*

CarPool Rules & Regulations

1. All passengers must wear seat belts at all times.
2. No eating, drinking, or chewing gum in YMCA vehicles.
3. Passengers must sit on their bottoms and be facing forward at all times.
4. All passengers must keep their hands and objects to themselves.
5. Passengers will meet at designated pick-up area as soon as school lets out.

I have reviewed and discussed with my child the CarPool Rules and Regulations and agree to comply.

I have read and understood the above stated policies. Any noncompliance could result in suspension and/or expulsion from the CarPool service.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Contact Information

Erika Altshule, Youth & Family Dept. Director
(310) 393-2721, ext. 123

Erika@ymcasm.org

1332 6th Street, Santa Monica, CA 90401