

Name:

Date of Birth:

Sex:

**Participant Information**

**Address**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Contact Information**

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_

Type \_\_\_\_\_

Phone #2 \_\_\_\_\_

Type \_\_\_\_\_

**YFC Site Information**

YFC Site Name \_\_\_\_\_

**Parent/Guardian/Emergency Contact Information**

Parent/Guardian Name #1 or Emergency Contact (if over 18) \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_

Type \_\_\_\_\_

Phone #2 \_\_\_\_\_

Type \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_

Type \_\_\_\_\_

Phone #2 \_\_\_\_\_

Type \_\_\_\_\_

## Camper Scholarship

### Instructions

Don't let money get in the way of having a life-changing week of YFC Camp.

It is our desire that no kid would miss out on a YFC Camp experience because of financial circumstances. There are two main ways your child can receive help for camp:

1) Your local YFC chapter will be running various fundraisers that your child can participate in to raise money. In addition, your local community (individuals and/or organizations) may also raise donations that you may request. Please contact your local YFC staff for more information.

2) YFC Nationally also offers scholarships to those who apply and are proven to be in financial need. These funds are made possible through the donations of individuals and organizations nationwide. Unfortunately, we cannot guarantee financial help to everyone who applies, as scholarship funds are limited. We will direct our funds to those with the most severe need.

In order to submit your scholarship application and to be eligible to receive a National Camp Scholarship, both the Participant Information and Parent/Guardian/Emergency Contact Information tab must be completed at the time of submission. The deadline for the scholarship application for YFC Camp 2020 is Friday, May 15, 2020.

### \*\*Instructions\*\*

If qualified for this scholarship, the maximum award is 50% of the YFC Camp National camper registration fee and can only be used 1 time per summer. If you are applying for more than one camper from

the same household, all campers may qualify for this scholarship.

This scholarship opportunity is only available for campers. Project Serve Participants, Cabin Leaders and LST members do not qualify for this scholarship – please do not apply.

**TO APPLY FOR NATIONAL SCHOLARSHIPS FOR YFC CAMP**

**Instructions**

The maximum award is 50% of the YFC Camp National camp fee and can only be used 1 time per summer.

**Do you want to apply for a scholarship?**

Yes  No

**Parent or Guardian First Name**

\_\_\_\_\_

**Parent or Guardian Last Name**

\_\_\_\_\_

**Household Size**

\_\_\_\_\_

**Instructions**

**\*\*Please share your annual or monthly household gross income\*\*  
\*(Gross income is the amount earned before taxes and deductions)\*.**

**Please select either annual or monthly.**

\_\_\_\_\_

**Annual Amount**

\_\_\_\_\_

**Monthly Amount**

\_\_\_\_\_

**What is the source of your household income?  
(examples: job, welfare, child support, Medicaid,  
housing assistance, etc.)**

\_\_\_\_\_

**Please tell us why you would like to send your child  
to YFC Camp?**

\_\_\_\_\_

**How much can you afford to pay for camp per  
month?**

\_\_\_\_\_

**In total, how much can you afford to pay for camp?**

\_\_\_\_\_

**Are there any specific circumstances that we should  
be aware of in considering this request?**

Yes  No

**Please specify**

\_\_\_\_\_

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**\*\*Parent/Guardian Authorization for Camp Scholarship\*\***

It is our desire to be wise with the resources we've been entrusted with. We ask you to please sign this application stating you have a true financial hardship that would prevent your child from attending YFC Camp without financial assistance

**Signature**

**Date**

**Instructions**

**\*\*After your application is reviewed, your local YFC staff person will inform you of the scholarship amount you were awarded after May 31, 2020.\*\***

\*\*Questions about national scholarships: please contact your local YFC Leader who will contact the National Camping Department if needed. \*\*

## Healthcare Information

### *Physician*

Name of Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

### *Health History*

Does your participant have any medical conditions?

Yes  No

Please describe: \_\_\_\_\_

### *Physical*

I had had a physical within the last 24 months.

Yes  No

### *Insurance*

Does participant have medical/health insurance?

Yes  No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## Medications and Allergies

### *Non-Prescription Medications*

Instructions

The following non-prescription medications are commonly stocked in the camp medical team station and are used on an as needed basis to manage illness and injury. Please indicate below which medications your camper may or may NOT receive. These non-prescription medications will be administered by YFC Camp Medical Team staff according to manufacturer's labeled dosages unless a written statement (prescription) from camper's health-care provider authorizes a different dosage.

### *Over-the-counter Medications*

Please circle Yes or No

Acetaminophen (Tylenol) - ( YES / NO )

Aloe Vera Gel - ( YES / NO )

Antacid (i.e. Tums) - ( YES / NO )

Antiseptic Wipes (Benzalkonium Chloride) - ( YES / NO )

Bacitracin/Triple Antibiotic Ointment - ( YES / NO )

**Medications and Allergies (continued)**

Calamine lotion - ( YES / NO )

Cough Drops - ( YES / NO )

Day & Night Time Cold Medicine (Nyquil or Dayquil types) - ( YES / NO )

Diphenhydramine oral tablet (i.e. Benadryl) - ( YES / NO )

Hydrocortisone 1%/Anti-Itch Cream (i.e. Benadryl cream) - ( YES / NO )

Ibuprofen (i.e. Advil) - ( YES / NO )

Loperamide HCl (i.e. Imodium AD) - ( YES / NO )

Loratadine (i.e. Claritin) - ( YES / NO )

Menstrual relief (i.e. Midol) - ( YES / NO )

Sunscreen Lotion - ( YES / NO )

Vosol Ear Drop (i.e. Swim Ear) - ( YES / NO )

**Allergies**

		Anaphylaxis Risk?	Bringing Epi-Pen?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____		
Allergy	Reaction		
_____	_____		
Allergy	Reaction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____		
Allergy	Reaction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Prescription Medications**

Medication	Strength	Dose Qty	Dose Form	Time of Day
_____	_____	_____	_____	_____
Medication	Strength	Dose Qty	Dose Form	Time of Day
_____	_____	_____	_____	_____
Medication	Strength	Dose Qty	Dose Form	Time of Day

## Medications and Allergies (continued)

### *What have we forgotten to ask*

What have we forgotten to ask? Please provide in the space below any additional information about your camper's health that you think important or that may affect your camper's ability to participate in the camp program (i.e. – medical diagnosis, recent injuries or illness or restrictions, etc...)

\_\_\_\_\_

## Michindoh Adventure Activities Participant Health History

### Instructions

This form is intended to remind participants of the seriousness of participation in adventure activities with a preexisting injury or other known medical condition which might be aggravated during participation or cause harm to others, and to collect basic health history in case of an emergency.

Do you have any preexisting injuries that could be aggravated during participation?

Yes  No

Are you taking any current medications?

Yes  No

Do you have any allergies?

Yes  No

Have you had a recent surgery or illness?

Yes  No

Do you have a heart condition, high blood pressure, or aneurysms?

Yes  No

Do you have neck, back, or bone ailments?

Yes  No

Do you have emotional or mental factors that could affect your participation?

Yes  No

Is there any other information you feel is relevant to your participation?

Yes  No

What is your level of physical activity in daily life?

\_\_\_\_\_

Would you like to share any additional information you feel is relevant?

Yes  No

Please specify

\_\_\_\_\_

### Authorization

If you answered "Yes" to any question above, it is your responsibility to discuss that item with a medical professional, group leader, and/or Michindoh facilitator in order to make an informed decision about whether or not you should participate. Michindoh facilitators can only provide information regarding the activities to participants and cannot provide suggestions, approval, or advice on whether a participant should participate in light of the kind of information communicated on this form. Michindoh reserves the right to deny or stop participation of any participant at any time.

Signature of Parent/Guardian or Self if over 18: \_\_\_\_\_

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

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## Authorizations

### *Michindoh Authorizations*

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#### **Adventure Activities Participant Agreement**

<li>I am voluntarily agreeing to participate in adventure activities (e.g. high ropes, climbing walls, challenge initiatives), and I understand I have the right to limit my participation in any activity that I believe will compromise my safety.

<li>I understand these activities require minimum levels of fitness, ability, and health (physical, mental, and emotional), and that I am responsible to know my own condition and limitations and should not participate if I suspect my health could be at risk for any reason, or if a pre-existing condition could be aggravated.

<li>I will not participate if I have any of the following conditions: a recent surgery or illness; heart conditions, high blood pressure, or aneurysms; neck, back, or bone ailments; pregnancy; or under the influence of alcohol, drugs, or medication that impairs my physical, mental, or emotional abilities.

<li>I understand these activities have significant and inherent risks (e.g. cuts, bruises, dislocations, fractures, or fatality); and that these types of injuries may result from my own actions, from the actions of another participant, or from a combination of both; and that a number of these risks are beyond the control of Michindoh and its staff. I am assuming these risks voluntarily.

<li>I understand that Michindoh staff has the right to deny my participation and that it is my responsibility to follow the instructions, guidelines, and procedures established by the facilitators. If, at any time, I do not understand or have not heard specific instructions given by the facilitators, I realize it is my responsibility to ask for clarification and/or assistance before participation.

#### **Medical Release**

<li>If an illness or injury occurs during my participation, I give my consent to Michindoh employees and to emergency medical personnel to treat me if they deem it to be medically necessary, and to secure such medical advice and services they feel necessary for my well-being including emergency anesthesia and/or surgery.

<li>I agree to accept financial responsibility for any expenses and/or loss of income not covered by my insurance policy that results from my participation in adventure activities.

#### **Liability Release**

<li>I understand and assume all dangers and risks, known and unknown, associated with my presence at any activity or participation in or use of adventure activities, and waive, release, and discharge Michindoh and their agents, officers, and employees from any and all claims or causes of action arising from such presence or participation. I do hereby release Michindoh and its agents, officers, and employees from any and all liability, even if arising from the negligence of the releasees. I do hereby agree to indemnify and hold harmless Michindoh and its agents, officers and employees for any accidents, injury, loss or damage of

property, and from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law. My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf.

**Media Release**

I hereby grant Michindoh Conference Center the right to use, reproduce, and/or distribute any photographs, videos, and/or sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting and marketing Michindoh Conference Center.

By signing below I am agreeing that I have carefully read and agree to all of the sections above. In the case of the participant being a minor, the signatures below indicate both the minor and the parent/guardian agree to all of the sections above and have discussed the information together.

Signature of Parent Guardian or Self if Over 18 : \_\_\_\_\_ Date: \_\_\_\_\_

**Youth for Christ/USA Inc - Parental Consent and Release of Liability**

\*\*YOUTH FOR CHRIST/USA, INC., et al – CONSENT AND RELEASE OF LIABILITY\*\*

**1. RELEASE OF LIABILITY**

I understand that the opportunity to participate in YOUTH FOR CHRIST/USA, INC., et al ("YFC") activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and/or my minor children.

I understand that I or my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games and events. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for myself and/or my child, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters, affiliates, and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in YOUTH FOR CHRIST/USA, INC. et al activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by myself or my child or any person made on their behalf.

**2. AUTHORIZATION FOR MEDICAL TREATMENT**

With the increasing sophistication of the medical system, I understand it may be necessary to have a medical consent form present in the unlikely event of an injury or condition requiring medical treatment of myself or my child. This consent and release gives YOUTH FOR CHRIST/USA, INC. et al and its personnel the permission to take me or my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IF PARTICIPANT IS A MINOR: IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YOUTH FOR CHRIST/USA, INC. et al activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

IF OVER 18: IN CASE OF EMERGENCY, AND AM UNABLE TO REPRESENT MYSELF, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY



MEDICAL TREATMENT FOR MY PERSON IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC. et al, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

**<u>3. INDEMNIFICATION</u>**

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC. et al, including its chapters, and all affiliates, directors, officers, volunteers, employees, contractors and agents, harmless from any liability asserted by me or my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that I and/or my child/ward is physically fit and able to participate in all YOUTH FOR CHRIST/USA, INC. activities.

**<u>4. MEDIA RELEASE</u>**

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. et al the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH FOR CHRIST/USA, INC.

**<u>5. BEHAVIORAL AGREEMENT</u>**

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR CHRIST/USA, INC. et al will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

**<u>6. AUTHORIZATION TO SEARCH</u>**

I understand there are items considered inappropriate or illegal to bring to camp and can be deemed as a threat to a child's or other's health and safety. Such a violation of camp rules or otherwise, include but are not limited to: weapons, including implements which might be used for purposeful (self) cutting, drugs, alcohol, and fireworks. Possession of such devices violates the camp's policies. I consent to the search of my, or my child's, personal belongings in the event that reasonable suspicion of such items are believed to be in transport to, or on camp property.

**<u>7. MEDICATION INFORMATION</u>**

Any medication brought to an YFC activity must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

**<u>8. EQUINE ACTIVITIES</u>**

If I or my child is attending a YFC program or event that provides horse riding and related equine activities, I understand that horse riding involves certain inherent risks including the propensity of the animal to behave in unexpected ways that can cause harm to persons; the unpredictability of the horse to react to things like sounds, sudden movements and unfamiliar objects, persons and other animals; certain surfaces; collisions with other animals or objects; and the potential of myself or my child and others to act in a negligent manner and failing to maintain control over the horses. Therefore, I execute this release and waiver and I represent that I and/or my child has the ability to engage safely in horse riding activities. NOTE: In Colorado and other states, under law an equine professional and equine activity sponsors are not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. (See Section 13-21-119, Colorado Revised Statutes).

**\*\*Parent or Legal Guardian Signature (if under 18)\*\***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

-----  
**\*\*Participant Signature\*\***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**YOUTH FOR CHRIST USA, INC. - PARENTAL CONSENT FOR ELECTRONIC DATA ENTRY**

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. to register my child's Camper Health information into a secure electronic health record system for camps called CampDoc.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_