



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Wilson-Gray YMCA  
Youth and Family Center**

444 Albany Avenue Hartford, CT 06120  
CampDakota@GHYMCA.org • 860-241-9622

## **YMCA CAMP Dakota**

2022 Summer Camp Camper Forms

### **PARENT CHECKLIST**

**Step 1:** Payments *Payments in full are due no later than the Wednesday prior to the first day of the session*

\_\_\_\_\_ One-time Registration Fee is due upon registration.

\_\_\_\_\_ 20% Deposit is due upon registration for each session you are interested in registering your child.

**Step 2:** Completed forms must be received no later than 2 weeks before your child's first day of session.

\_\_\_\_\_ Camper and Family Information (page 1)

\_\_\_\_\_ Release and waiver of liability and indemnity and photo/talent release (page 2)

\_\_\_\_\_ *Electronic Payment Form (page 3)*

\_\_\_\_\_ YMCA Waiver Form (pages 5 & 6)

\_\_\_\_\_ *Sunscreen Authorization Form (page 7)*

\_\_\_\_\_ Youth Camp Health Exam/Record (pages 9 & 10, **Camper physician Must Compete Page 10**)

\_\_\_\_\_ Authorization of Medication Form *(if needed)* (page 11, **Camper physician Must Compete this page**)

\_\_\_\_\_ Individual Care Plan *(if needed)* (pages 12 & 13, **Camper physician Must Compete these pages**)

**Step 3:** Financial Assistance *(if needed)*

\_\_\_\_\_ Financial Assistance Form with required documents showing proof of income (pages 14 & 15)

\_\_\_\_\_ Care4Kids Forms – Application and Parent/Provider Agreement (Fond at [ctcare4kids.com](https://ctcare4kids.com))

If you are interested in learning more about how to apply for Financial Assistance or to access all camp forms, please visit [GHYMCA.org/campindianvalley](https://GHYMCA.org/campindianvalley) or call your local YMCA branch.

**Step 4:** Submit all required forms by:

- In person or US mail to:

Wilson-Gray Youth and Family Center YMCA

444 Albany Avenue

Hartford, CT 06120

Fax: (860) 293-2120 (**Please confirm your fax!**)

Email: [melody.santiago@GHYMCA.org](mailto:melody.santiago@GHYMCA.org)

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**YMCA OF GREATER HARTFORD**  
**2022 Summer Camp**  
**CAMPER AND FAMILY FORMS**

Each child who attends our summer camp is required by the CT Department of Health to have this information on file.

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

In case of emergency, which parent/guardian listed should we contact first? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent/Guardian D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child lives with this parent Yes ☐ No ☐ Child lives with this parent Yes ☐ No ☐

Address \_\_\_\_\_ Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_ Preferred Phone ( ) \_\_\_\_\_

Secondary Phone ( ) \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**EMERGENCY CONTACTS / ADULTS AUTHORIZED TO PICK-UP THE CAMPER**

In case of an emergency in which the YMCA is unable to reach the parents/guardians listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of emergency or early dismissal from the YMCA.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

**ADDITIONAL ADULTS AUTHORIZED TO PICK-UP THE CAMPER**

I give permission for my child to be released from the YMCA program to the people listed below at any time. I understand that YMCA staff requires these people to provide photo identification before releasing my child.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Unless otherwise informed, the YMCA assumes all parent/guardians listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.

**DO NOT RELEASE THIS CAMPER TO:** \_\_\_\_\_

(Please attach legal documents for parents/guardians who are not authorized to pick up this camper)

**THIRD PARTY BILLING PARTY INFORMATION** *PLEASE PRINT CLEARLY*

In order for the YMCA to bill a 3rd party AGENCY (i.e. DCF), we must have a written document confirming the amount the agency is willing to pay and for whom.

Billing Agency Name \_\_\_\_\_

Contact Name/Case Worker \_\_\_\_\_ Town \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

I understand the above mentioned policies and verify that all of the information listed above is true and accurate to the best of my knowledge. I understand that ONLY ADULTS LISTED ABOVE AS AUTHORIZED TO PICK UP WHO PRESENT A VALID PHOTO ID AT PICK UP TIME WILL BE ALLOWED TO SIGN OUT THIS CAMPER.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**YMCA OF GREATER HARTFORD**  
**2022 Summer Camp**  
**CAMPER AND FAMILY FORMS**

**RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgment 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 ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS (herein referred to as "the undersigned"):

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. *(My initials here revoke photo/talent release\_\_\_\_\_).*
6. **FIELD TRIP RELEASE** I authorize the YMCA to take my camper on field trips.
7. **RELEASE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
8. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releases 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 in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
9. **MEDICAL RELEASE** I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
10. **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 Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
11. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT**, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Date: \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_



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## YMCA OF GREATER HARTFORD 2022 Summer Camp CAMPER AND FAMILY FORMS

There are NO exceptions to payment due dates. Campers will not be permitted into camp if payments have not been made on time.  
Please retain all receipts for tax purposes.

- Refund Policy: Initials \_\_\_\_\_

Our Refund Policy states that all deposits and one-time registration fees are non-refundable and non-transferable.

Cancellation prior to June 1st will be refunded less the 20% deposit. Cancellation between June 1st and June 15th are eligible for a 50% refund less the 20% deposit. All refund requests must be made in writing. If withdrawing due to a medical reason, a signed doctor's note must be presented and a full refund less the 20% deposit may be issued. All schedule changes must be made in writing at least one week prior to session start date.

- Registration Fees: Initials \_\_\_\_\_

In order to provide the best resources that go into preparing each session of camp, summer camp registration ends the Wednesday prior to the next consecutive session. This is for both Indian Valley Day Camp and Camp Yankee Trails. A one-time registration fee will be charged for each camper for the 2021 season. The one-time fee is non-transferable and non-refundable and Financial Aid (FA) cannot be applied to this fee.

- Payment Options: Initials \_\_\_\_\_

The balance due the Wednesday before a camper attends a given week of camp will be automatically withdrawn from your card or account on record with the camper registration forms. If a payment is not collected the child will not be able to attend camp until the payment is made in full.

☐ Automatic Payments: Indian Valley Family YMCA can automatically withdraw the Wednesday before the Camp session from my checking, savings, debit, or credit card.

☐ Other Payments: I will make the payment at the Indian Valley Family YMCA by no later than the Wednesday before the camp session.

It is my complete understanding that if I wish to terminate my child's enrollment, I must submit a letter in writing canceling my EFT transaction two (2) weeks prior to my child's withdrawal date following the refund policy above. I understand that the monthly debit to my account will vary based on my child's session enrollment. Should any pre-authorized check/charge (EFT) not be honored by my financial institution when received by them, I understand that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment, plus a service charge. I understand that if two EFT payments are rejected, my child's enrollment will be subject to termination. I understand that the YMCA may utilize third party companies to assist with its collection efforts. Any service charge from the YMCA or its third party agencies does not include possible fees imposed by my financial institution.

☐ CREDIT/DEBIT CARD: ☐ VISA ☐ Master card ☐ Discover ☐ American Express

Name on Card: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ CHECKING/SAVINGS ACCOUNT: ☐ Checking ☐ Savings

Name on Account: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Yes, I allow automatic payment to be drawn from my account the Wednesday before my camper attends a given week of camp. I understand that payment is due in full the Wednesday before the camp week in order to remain enrolled in the program.

☐ Pay in Full

I have paid my balance in full at the time of registration and understand the refund policies outlined above.

By signing, I agree to the Refund Policy and to the payment terms above:

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

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

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# Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your partnership in the YMCA of Greater Hartford (YMCA) Programs, now or at any time in the future.**

## Acknowledgment of Risk

I hereby acknowledge and agree that participation in any YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

## Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I,

\_\_\_\_\_, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY DO RELEASE the YMCA of Greater Hartford, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greater Hartford on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Greater Hartford facilities/equipment or participation in YMCA of Greater Hartford programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in any YMCA program, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation.

I further certify that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this day \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
mm dd yyyy

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

\_\_\_\_\_  
Participant Name (print Clearly)

**PHOTO/TALENT RELEASE** →

I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.

\_\_\_\_\_  
**My initials here revoke  
photo/talent release**

\* \* \* \* \*

**Minor Participant Waiver, Release, Indemnification  
of All Claims & Covenant Not to Sue**

**This Minor Waiver incorporates the same language from above for the  
Acknowledgment of Risk, COVID-19 Warning & Disclaimer, and Waiver, Release,  
Indemnification & Covenant Not to Sue**

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

In consideration of the minor(s) named below participation in YMCA programs, I, \_\_\_\_\_, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any cause of action, claims, or demands, of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the names minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA Hartford Programs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

Member ID \_\_\_\_\_





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**YMCA OF GREATER HARTFORD**  
**2022 Summer Camp**  
**CAMPER AND FAMILY FORMS**

**SUNSCREEN AUTHORIZATION FORM**

Connecticut Department of Public Health regulations require us to have written parental permission in order for YMCA Staff members to assist children in reapplying sunscreen throughout the day. Please complete the enclosed form and return to the office if your child will need our assistance. Campers must label and supply their own sunscreen.

Name of Participants: \_\_\_\_\_

Your camper will be spending a lot of the time at camp running around in the sun. It is imperative that the children reapply sunscreen throughout the day. The sunscreen is always a concern for us. We want you to know that we are committed to making sure your child is safe from the sun. We strongly encourage you to apply sunscreen prior to arrival at camp. We will assist all campers when reapplying sunscreen and educate them on remembering to do it as well. If sun exposure is ever a problem, please notify a director immediately so that the extra precautions can be made.

\_\_\_\_\_ I give permission to apply sunscreen

\_\_\_\_\_ I do not give permission to apply sunscreen

I give permission to designated YMCA staff to assist my child in applying sunscreen throughout the camp day. I understand that it is my responsibility to provide sunscreen for my child each day and to apply sunscreen prior to their arrival at camp. Furthermore, I will assist the staff in educating my child in the importance of applying and reapplying sunscreen throughout the day.

**COMMENTS/NOTES:**

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Printed Name of Parent/Guardian \_\_\_\_\_

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

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# State of Connecticut Department of Education

## Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="radio"/> Male <input type="radio"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="radio"/> Black, not of Hispanic origin
Primary Care Provider	<input type="radio"/> American Indian/ Alaskan Native	<input type="radio"/> White, not of Hispanic origin
	<input type="radio"/> Hispanic/Latino	<input type="radio"/> Asian/Pacific Islander
		<input type="radio"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO		
Does your child have dental insurance? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO		

If your child does not have health insurance, call 1-877-CT-HUSKY

\* If applicable

### Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	<input type="radio"/> Y <input type="radio"/> N	Hospitalization or Emergency Room visit	<input type="radio"/> Y <input type="radio"/> N	Concussion	<input type="radio"/> Y <input type="radio"/> N
Allergies to food or bee stings	<input type="radio"/> Y <input type="radio"/> N	Any broken bones or dislocations	<input type="radio"/> Y <input type="radio"/> N	Fainting or blacking out	<input type="radio"/> Y <input type="radio"/> N
Allergies to medication	<input type="radio"/> Y <input type="radio"/> N	Any muscle or joint injuries	<input type="radio"/> Y <input type="radio"/> N	Chest pain	<input type="radio"/> Y <input type="radio"/> N
Any other allergies	<input type="radio"/> Y <input type="radio"/> N	Any neck or back injuries	<input type="radio"/> Y <input type="radio"/> N	Heart problems	<input type="radio"/> Y <input type="radio"/> N
Any daily medications	<input type="radio"/> Y <input type="radio"/> N	Problems running	<input type="radio"/> Y <input type="radio"/> N	High blood pressure	<input type="radio"/> Y <input type="radio"/> N
Any problems with vision	<input type="radio"/> Y <input type="radio"/> N	"Mono" (past 1 year)	<input type="radio"/> Y <input type="radio"/> N	Bleeding more than expected	<input type="radio"/> Y <input type="radio"/> N
Uses contacts or glasses	<input type="radio"/> Y <input type="radio"/> N	Has only 1 kidney or testicle	<input type="radio"/> Y <input type="radio"/> N	Problems breathing or coughing	<input type="radio"/> Y <input type="radio"/> N
Any problems hearing	<input type="radio"/> Y <input type="radio"/> N	Excessive weight gain/loss	<input type="radio"/> Y <input type="radio"/> N	Any smoking	<input type="radio"/> Y <input type="radio"/> N
Any problems with speech	<input type="radio"/> Y <input type="radio"/> N	Dental braces, caps, or bridges	<input type="radio"/> Y <input type="radio"/> N	Asthma treatment (past 3 years)	<input type="radio"/> Y <input type="radio"/> N
<b>Family History</b>				Seizure treatment (past 2 years)	<input type="radio"/> Y <input type="radio"/> N
Any relative ever have a sudden unexplained death (less than 50 years old)		<input type="radio"/> Y <input type="radio"/> N		Diabetes	<input type="radio"/> Y <input type="radio"/> N
Any immediate family members have high cholesterol		<input type="radio"/> Y <input type="radio"/> N		ADHD/ADD	<input type="radio"/> Y <input type="radio"/> N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? ☐ Y ☐ N If yes, explain:

Please list any **medications** your child will need to take **in school**:

All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

# SAMPLE FORM

## YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPER AND STAFF

☐ Camper  
☐ Staff

**Please Return Completed Form to the Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

### TO BE COMPLETED BY THE HEALTH CARE PROVIDER

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

May participate in all camp activities ☐ YES ☐ NO

May participate except for: \_\_\_\_\_

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? ☐ YES ☐ NO

If yes, indicate names of medication(s): \_\_\_\_\_

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? ☐ YES ☐ NO

Additional Comments:

Printed Name of Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician, PA, APRN or RN \_\_\_\_\_ Date Form Signed: \_\_\_\_\_

## Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

### **Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

### **Parent/Guardian Authorization:**

☐ I request that medication be administered to my child/student as described and directed above

☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

## Medication Administration Record (MAR)

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_

Medication Order \_\_\_\_\_

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete

☐ Medication is appropriately labeled

☐ Medication is in original container

☐ Date on label is current

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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YMCA OF GREATER HARTFORD  
2022 Summer Camp  
CAMPER AND FAMILY FORMS

**Individual Care Plan**

Child's Name \_\_\_\_\_ Date of Care Plan \_\_\_\_\_ to \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Program Site (AM) \_\_\_\_\_ Program Site (PM) \_\_\_\_\_

**Special Health / Behavioral Concerns**

*If necessary, please specify on the line provided.*

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Allergies (food, medication, insects, environmental, etc.) _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	<input type="checkbox"/>	Vision / Hearing / Speech (glasses, ear tubes, etc.) _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Illness _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures _____
<input type="checkbox"/>	<input type="checkbox"/>	Dietary Needs _____
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Variations _____
<input type="checkbox"/>	<input type="checkbox"/>	Emotional / Behavioral _____
<input type="checkbox"/>	<input type="checkbox"/>	History of Contagious Disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

---

**Symptoms / Medication / Process of Care**

*For each " Yes " answer listed above, please have the child's health care provider fill out each section below.*

#1 Health Concern : \_\_\_\_\_  
Symptoms : \_\_\_\_\_  
On-Site Medication : Yes No \_\_\_\_\_  
Steps of Care : \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
Additional Information : \_\_\_\_\_

*Continued on reverse side.*



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#2 Health Concern : \_\_\_\_\_  
Symptoms : \_\_\_\_\_  
On-Site Medication : Yes No \_\_\_\_\_  
Steps of Care : \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
Additional Information : \_\_\_\_\_

#3 Health Concern : \_\_\_\_\_  
Symptoms : \_\_\_\_\_  
On-Site Medication : ☐ Yes ☐ No \_\_\_\_\_  
Steps of Care : \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
Additional Information : \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Renewal Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Initial: \_\_\_\_\_

Renewal Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Initial: \_\_\_\_\_

\*\* For Administrative Use Only \*\*

Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

First Aider Review : \_\_\_\_\_ Date : \_\_\_\_\_





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## YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

### HOW TO APPLY AND WHAT TO EXPECT

In order to apply for Financial Assistance, you must supply the YMCA with the following documents. Complete the YMCA Financial Assistance Check List for the program area needed:

#### Camp and Childcare Financial Assistance Checklist

- ☐ Financial Assistance Application
- ☐ 2021 1040 Tax Returns
- ☐ Two Most Current Pay-stubs for each income-earning member of the household
- ☐ Proof of any Other Income (i.e. child support, social security benefits, etc.)
- ☐ Care4Kids Application
- ☐ Care4Kids Parent Agreement Form

**Families applying for Camp or Childcare Financial Assistance are required to apply for Care4Kids. Go to [www.ctcare4kids.com](http://www.ctcare4kids.com)—print and complete the Care4Kids application and the Provider Agreement forms located on their website.**

#### Membership and Program Financial Assistance Checklist

- ☐ Financial Assistance Application
- ☐ 2020 1040 Tax Returns
- ☐ Two Most Current Paystubs for each income-earning member of the household
- ☐ Proof of any Other Income (i.e. child support, social security benefits, etc.)

Please note if you are unable to supply a tax return we must receive proof of non-filing status. You may call the IRS at 1-800-829-1040 to request this.

All applications must be 100% complete, with all applicable attachments or your application will be denied and returned.

#### Approval and Payment Process

You will receive an approval or denial letter within 14 days of receipt of application. You must return the signed copy of the letter by the date indicated in order to receive the financial assistance. If the letter is not returned, your financial assistance will be cancelled.

If you decline the scholarship and wish to cancel the enrollment in our program, please contact the YMCA **in writing** via email or mail the letter to the YMCA branch.

#### Camp Jewell YMCA

6 Prock Hill Road  
Colebrook, CT 06021  
860-379-2782  
[Camp.Jewell@GHYMCA.org](mailto:Camp.Jewell@GHYMCA.org)

#### Camp Woodstock YMCA

42 Camp Road  
Woodstock Valley, CT 06282  
860-974-1336  
[CWregistrar@GHYMCA.org](mailto:CWregistrar@GHYMCA.org)

#### East Hartford YMCA

770 Main Street  
East Hartford, CT 06108  
860-289-6612  
[EastHartford@GHYMCA.org](mailto:EastHartford@GHYMCA.org)

#### Downtown Hartford YMCA

90 State House Square  
Hartford, CT 06103  
860-522-4183  
[DowntownY@GHYMCA.org](mailto:DowntownY@GHYMCA.org)

#### Glastonbury YMCA

95 Oakwood Drive  
Glastonbury, CT 06033  
860-633-6548  
[Glastonbury@GHYMCA.org](mailto:Glastonbury@GHYMCA.org)

#### Hale YMCA

9 Technology Park Drive  
Putnam, CT 06260  
860-315-9622  
[HaleY@GHYMCA.org](mailto:HaleY@GHYMCA.org)

#### Farmington Valley YMCA/ Camp Chase

97 Salmon Brook Street  
Granby, CT 06035  
860-653-5524  
[FarmingtonValleyY@GHYMCA.org](mailto:FarmingtonValleyY@GHYMCA.org)

#### Indian Valley YMCA

11 Pinney Street  
Ellington, CT 06029  
860-871-0008  
[IndianValleyY@GHYMCA.org](mailto:IndianValleyY@GHYMCA.org)

#### Tri-Town YMCA

Administrative Office  
95 Oakwood Drive  
Glastonbury, CT 06033  
860-633-6548  
[TriTownY@GHYMCA.org](mailto:TriTownY@GHYMCA.org)

#### West Hartford YMCA

Administrative Office  
149 Farmington Avenue  
Plainville, CT 06062  
860-793-9631  
[WestHartfordY@GHYMCA.org](mailto:WestHartfordY@GHYMCA.org)

#### Wheeler YMCA

149 Farmington Avenue  
Hartford, CT 06120  
860-793-9631  
[WheelerY@GHYMCA.org](mailto:WheelerY@GHYMCA.org)

#### Wilson-Gray YMCA

444 Albany Avenue  
Hartford, CT 06120  
860-241-9622  
[WilsonGrayY@GHYMCA.org](mailto:WilsonGrayY@GHYMCA.org)



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## YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Financial Assistance is Requested For:

☐ Membership ☐ Programs ☐ Child Care ☐ Camp ☐ Other

### Other Information

Your Gross Annual Salary: \$ \_\_\_\_\_ Spouse/Partner's Gross Annual Salary: \$ \_\_\_\_\_

Other Income (list source & amount): \_\_\_\_\_

Housing: ☐ Own ☐ Rent ☐ Monthly Mortgage/Rent: \_\_\_\_\_

Do you receive a housing subsidy? ☐ Yes ☐ No Amount per Month: \$ \_\_\_\_\_

Please list any special circumstances that affect your reason for need: \_\_\_\_\_

### To qualify for financial assistance, you must submit the following documents within 2 weeks of application:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income - i.e. child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 2 weeks, my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert the full published rate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*YMCA of Greater Hartford Staff to Complete this Section*

Member Account Number \_\_\_\_\_ Branch \_\_\_\_\_

Percent of Subsidy \_\_\_\_\_ Begin Date \_\_\_\_\_ Review Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date Entered \_\_\_\_\_