

Participant Name: _____

Program: Youth Trust

Child Name: _____ Birth date: ____/____/____ Age: ____
Last First Middle
Home Address: _____
Street address City State Zip
Gender: ____Female ____Male Lives with: Mother Father Both Other: _____

Custodial Parent/guardian: _____ Phone: _____
Cell Phone: _____ Email: _____
Home Address: _____
(If different from above) Street address City State Zip
Business address: _____ Business Phone: _____
Street address City State Zip
Business Email: _____

Second Parent/Guardian: _____ Phone: _____
Address (if different from above): _____
Street address City State Zip
Cell Phone: _____ Email: _____
Business Address: _____ Business Phone: _____
Street address City State Zip
Business Email: _____

Emergency Contact (Please list two) : If not available in an emergency, notify:

Name: _____ Relationship to participant: _____
Cell Phone: _____ Alternative Phone: _____
Address: _____
Street address City State Zip
Name: _____ Relationship to participant: _____
Cell Phone: _____ Alternative Phone: _____
Address: _____
Street address City State Zip

INSURANCE INFORMATION

It is the responsibility of every participant's parent or legal guardian to provide for the participant's own accident and health coverage while participating in YMCA activities. The YMCA of Metropolitan Chattanooga does not provide any accident or health coverage for its participants.

Is the participant covered by family medical/hospital insurance? ____YES ____NO

If so, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____

Name of Insured: _____ Relationship to participant: _____

Insurance ID # or Social Security Number of Policy Holder: _____

Name of Family Physician: _____ Phone: _____

Address: _____

Name of Family Dentist/orthodontist: _____ Phone: _____

Address: _____

CURRENT MEDICAL CONDITIONS (list) - chronic illness, rashes, seizures, etc..

ALLERGIES List all known. Describe reaction and management of the reaction.

1. Medication allergies (list)

2. Food allergies (list)

3. Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

4. Participant carries an epi-pen? ___ YES ___ NO

5. Does participant use an inhaler? ___ YES ___ NO

Permission to Dispense Over-the-Counter Medications as needed – Signature required at bottom of page

Sunscreen (spf 15 sunblock)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Advil (Ibuprofen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topical Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	1% Hydrocortisone cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl (Antihistamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tylenol (Acetaminophen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tums (Antacid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mylanta / Maalox (Antacid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Drops/Throat Lozenges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vitamins	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICATION INFORMATION

List ALL medications (including over-the-counter or nonprescription drugs) taken routinely or in the case of an emergency. Attach additional pages if necessary.

When packing medication be sure to:

- Provide enough medication to last the entire expedition • Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.
- Place all medication in a Ziploc bag labeled with the participant's name • Please specify if this is for a life-threatening condition.

1. **The participant takes NO medications on a routine basis.**
2. The Participant takes medications as follows (**please specify if this is for a life-threatening condition**) :

Med #1 and reason for taking: _____

Dosage _____ Specific times taken each day _____

Med #2 and reason for taking: _____

Dosage _____ Specific times taken each day _____

Med #3 and reason for taking: _____

Dosage _____ Specific times taken each day _____

i. Are there any side effects from these medications? _____

ii. Does the participant know the scheduled time for taking medication? ___ YES ___ NO

iii. Participant willingly takes their medication? ___ YES ___ NO

If not, what do you suggest? _____

I give permission for the YMCA staff to administer the over-the-counter medications as indicated above and if applicable, the routinely taken medications indicated on this form (and listed on additional pages if used). I understand that if the medication we provide is not in its original container my child will not be able to receive this medication. I also understand that the directions I write on this form for the medication we provide must match the dosage listed on the pharmacy label.

Signature: Parent/Guardian

Date

Health History

Has/does the participant:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness or condition?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever had surgery?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have frequent headaches?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ever had a head injury?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever been knocked unconscious?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Wear glasses, contacts, or protective eyewear?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ever had frequent ear infections?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever passed out during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever been dizzy during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever had seizures?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had chest pain during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had high blood pressure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever been diagnosed with a heart murmur?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 16. Ever had back problems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ever had problems with joints (e.g., knees, ankles)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have an orthodontic appliance being brought to camp?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have any skin problems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have diabetes?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have asthma?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Had mononucleosis in the past 12 months?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Had problems with diarrhea or constipation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have problems with sleepwalking?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. If female, have an abnormal menstrual history?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have an eating disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Had emotional difficulties for which professional help was sought?..... | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE EXPLAIN ANY "YES" ANSWERS, NOTING THE NUMBER OF THE QUESTIONS.

BEHAVIORAL HISTORY

Has/Does the participant have a history of:

- | | YES | NO |
|---------------------------------------|--------------------------|--------------------------|
| 1. ADHD?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe Moderate | | |
| 2. Bi-Polar?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depression?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe Moderate | | |
| 4. Obsessive/compulsive behavior?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Aggression towards others?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Aggression towards self?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Reactive attachments?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Anxiety disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Conduct disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|--|--------------------------|--------------------------|
| 10. Running away?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Eating disorders?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Overeating | | |

PLEASE EXPLAIN ANY "YES" ANSWERS, NOTING THE NUMBER OF THE QUESTION.

Parent/Legal Guardian Authorization This health history is correct so far as I know, and my child has permission to engage in all prescribed activities as noted by me and/or the examining physician.

I hereby give permission to medical personnel selected by program staff to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to medical personnel selected by the program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant as named above. This form may be photocopied for use while out on course.

Signature _____

Date _____

Please read this Acknowledgment of Risks and sign below. I understand that if the Acknowledgement of Risks and Policies and Waiver and Release of Liability forms are altered, my child will not be allowed to participate in the Youth Trust program. If you have any questions or would like any portions explained to you in greater detail, please contact the Program Director. The YMCA of Metro. Chattanooga takes pride in their efforts to provide a safe and supervised program, but many trips by nature are not without risk. The elements that make these programs unique, such as being out of doors, near/around/in water, van, bus and powerboat, can cause loss or damage to equipment, injury, illness and even death. We do not want to diminish your enthusiasm for the experience; we want all participants to know in advance what to expect and what some of the potential risks are by participating in certain programs. The following describes some, but not all, of the risks.

- Accidents or crashes while traveling to or from trip locations on YMCA Buses.
- Slips and falls during activities; tag games, running games, Frisbee throwing, sports, backpacking, hiking and running on slopes and paths with bumps, sharp sticks and exposed roots.
- Participants may be out of doors for periods of time, in conditions such as sun, wind and rain. While out of doors participants may also be exposed to a variety of natural life including, but not limited to plant life such as stinging nettles, flying insects such as yellow jackets, wasps, and mosquitoes, other animals such as snakes, raccoons, and deer.
- Water activities are an integral part of the many adventure trips; activities include kayaking, canoeing, row boating, sailing, or traveling by powerboat have the danger of bodily harm, hypothermia and drowning.
- Participants may be responsible for helping with meal preparations and may be around cooking stoves, flammable materials, sharp knives and open fire.
- Participants may have the opportunity to utilize challenge activities, including, but not limited to, the low and high ropes courses, the climbing wall and rock climbing. These activities involve lifting, passing people, spotting technique, climbing trees, and wearing harnesses and helmets. Participants always have a safety line when climbing elements are ten (10) feet off the ground.
- Participants may also have the opportunity to participate in activities with a higher than normal element of risk due to the characteristics of the activity and uncontrollable nature of surrounding elements.

Potential consequences of the activities include, but are not limited to broken bones, muscle tears, sprains, joint problems, or other orthopedic injuries, disabling head or spinal injuries, eye injuries, heart attacks, strokes, and other cardiovascular problems, heat exhaustion or heat stroke, allergic reactions, cuts, infections, burns, homesickness, serious illness, dehydration, mental anguish, hypothermia, drowning or death.

Risks may include equipment malfunction or loss of control, collision of obstacles, variation of terrain, or unexpected actions by other people. I understand that participants may act in a negligent manner that can contribute to injury to themselves or others, such as failing to maintain control, not acting within his or her abilities or not following the rules.

I acknowledge that the YMCA of Metropolitan Chattanooga or its representatives are not responsible in any way for personal clothing, items or equipment that may be lost, stolen, or damaged as a result of my participation in program activities.

We (participant and parent / guardian name) _____ / _____
Participant Parent/Guardian

understand that it is the responsibility of each person to participate in the whole program including activities of work, play, values, sharing and living together. We understand and support policies prohibiting participants from possessing or using tobacco products, alcoholic beverages, non prescription drugs, fireworks, knives and weapons of any kind. We recognize that participants must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal from the program without refund of program fees. We acknowledge that we will be responsible for pick-up and transportation of the participant if dismissed from the program early.

In consideration for my child being permitted to participate in Youth Trust, I have read or have had read to me the risks of activities. I voluntarily accept the risks involved and agree to abide by the program policies.

Participant's Signature _____ Date _____

Signature Parent / Guardian Signature _____ Date _____

In consideration for my child being permitted to participate in the Youth Trust program activities, I hereby agree to release the YMCA of Metropolitan Chattanooga ("YMCA"), its directors, officers, employees, agents and volunteers (collectively "YMCA Releasees") from all liability to me or my child for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person while participating in program activities. I agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above, and I agree to indemnify and hold the YMCA Releasees harmless from any loss, damage or cost they may incur due to my or my child's participation in program activities.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Tennessee. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue in full force and effect.

I have read or have had read to me, and I understand and agree to the above statements. I understand that this form may not be altered and that my child may not go out on course without this form signed. I acknowledge that I have signed this of my own free will and that my or my child's participation in program activities is purely voluntary.

Parent / Guardian Printed Name

Signature Parent / Guardian Signature

Date



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Metropolitan Chattanooga Youth Trust Health Form

Please complete all pages of this packet. Some pages require signatures.

The intent of the information gathered in this packet is twofold:

- 1) to provide us with background information to determine participant/course appropriateness and
- 2) to provide information to determine appropriate care for those admitted to the program.

We ask for full disclosure so that the staff can be aware of the participant's needs. Pertinent information gathered will only be shared with the program leaders dealing directly with your child. This is your opportunity to communicate important considerations directly to staff that will be with the participant during program days. Please take time to be as specific and complete as possible. All information is governed by our confidentiality policy and will not be released to any outside organization except in accordance with the law.

Thank you,

Daniel Kadwell

Program Director
J.A. Henry YMCA
301 West Sixth Street
Chattanooga, TN 37402