

Youth for Christ

Camper > 2022 > Michindoh - Camper

Name:

Date of Birth:

Sex:

Participant Information / Información del participante

Address / Calle y número

Address

City

State / Estado/Provincia

Zip Code

Contact Information / Información del contacto

Email

Phone #1

Type / Escribe

Phone #2

Type / Escribe

YFC Site Information / Información del sitio YFC

YFC Site Name

Parent/Guardian/Emergency Contact Information / Contacto de emergencia principal

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

Relationship

Email

Phone #1

Type / Escribe

Phone #2	<hr/>
Type / Escribe	<hr/>
Address	<hr/>
City	<hr/>
State / Estado/Provincia	<hr/>
Zip Code	<hr/>
Parent/Guardian #2	<hr/>
Relationship	<hr/>
Email	<hr/>
Phone #1	<hr/>
Type / Escribe	<hr/>
Phone #2	<hr/>
Type / Escribe	<hr/>

Camper Scholarship / Beca para campistas

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 2022 is Monday, May 30, 2022.

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. / Seleccione anual o mensual

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 _____

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 June 10, 2022.

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

Healthcare Information / Información de salud

Physician / Médico

Name of Physician

Phone Number

Physician Address

Health History / Historia de salud

Does your participant have any medical conditions?

Yes ☐ No ☐

Please describe:

Physical / Físico

Has participant had a physical within the last 24 months?

Yes ☐ No ☐

Healthcare Information / Información de salud (continued)

Insurance / Seguro

Does participant have medical/health insurance?

Yes ☐ No ☐

Insurance Company

Policy Number

Address

Phone Number

Name:

Date of Birth:

Sex:

Medications and Allergies / Medicamentos y Alergias

Non-Prescription Medications / Medicamentos sin receta

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 / Medicamentos de venta libre

Instructions

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)

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)

Name:

Date of Birth:

Sex:

Medications and Allergies / Medicamentos y Alergias (continued)

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 / alergias

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

Prescription Medications / Medicamentos recetados

Instructions

Please use this space to describe all details of dosing and administering of the prescription, non-prescription medications, nutritional supplements your child is bringing with them to camp, as well as any drug interactions that you are aware of with your child's prescriptions. This helps ensure accuracy.

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

Name:

Date of Birth:

Sex:

Medications and Allergies / Medicamentos y Alergias (continued)

What have we forgotten to ask / ¿Qué nos hemos olvidado de preguntar?

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...)

Authorizations / Autorizaciones

Michindoh Authorizations / Autorizaciones de Michindoh

ADVENTURE ACTIVITIES PARTICIPANT AGREEMENT

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.

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.

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. If I have any questions or concerns about my ability to safely participate due to a medical or emotional condition, I understand I am directed to make a decision in consult with my medical provider.

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.

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.

*Participants under 100lbs may not be able to use the Zip Line based on wind conditions.

*Max weight for Zip Line is 275lbs; Max Weight for High Ropes is 300lbs.

MEDICAL RELEASE

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.

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

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.

MICHINDOH'S TERMS OF SERVICE

I agree to Michindoh's Terms of Service (https://550a54bb-fa0e-47a2-81a0-9198b9947508.filesusr.com/ugd/f8d373_-465835562fa642909a30881800202e0e.pdf)(Spanish - https://yf.cx/Michindoh_Privacy-Policy_spanish)

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)

Signature

Date

Youth for Christ/USA Inc - Parental Consent and Release of Liability / Youth for Christ/USA Inc - Consentimiento de los padres y liberación de responsabilidad

1\ RELEASE OF LIABILITY - "I give my permission to participate in YFC activities. I understand accidents can happen when doing fun activities and accept the risks. I or my child agree to come to YFC activities healthy."

I understand that the opportunity to participate in YOUTH FOR CHRIST/USA, INC., et al ("YFC") activities is a privilege. I am signing this Release of Liability form on behalf of myself or my minor child. I understand that my child or I 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 activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for myself or my minor my child, whether they are known or unknown to me at this time and certify that I or my child is healthy and fit to participate in all YFC activities. 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 child may have now or in the future against them for any accidental physical or other personal injury, loss of personal property, illness or death caused by infectious and/or contagious diseases or sickness while at camp or other YFC activities, or during YFC travel to and from camp or other YFC activities, and any medical responses to the same, as well as any other claims arising from 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 my child, myself or any person made on their behalf. This Release specifically covers claims caused in whole or in part by any U.S. national health crisis, epidemic, pandemic, or similar widespread outbreak of disease whether or not such is formally declared by the U.S. government, the Center for Disease Control or the World Health Organization. YFC reserves the right to follow recommended CDC guidelines related to such pandemic, outbreak or disease and as such may choose at any time to send a participant home if presenting signs of sickness.

2\ INDEMNIFICATION – "I agree to hold YFC harmless."

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by me or my child subsequent to his or her 18th birthday, including reasonable attorney's fees and costs.

3\ AUTHORIZATION FOR MEDICAL TREATMENT - "If an accident happens and if I cannot be reasonably reached, I give permission for emergency medical treatment and promise to cover medical costs if treatment is needed."

I understand it may be necessary to have a medical consent form present for medical professionals in the unlikely event of an injury or condition requiring medical treatment of me or my child. This form gives YFC and its personnel the permission to take me or my child to the nearest, capable 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.

IF PARTICIPANT IS 18 OR OVER: 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., 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.

4\ MEDIA RELEASE - "YFC can use pictures and other media of me or my child participating in YFC activities for promotional purposes.

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video 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.

5\ BEHAVIORAL AGREEMENT – "YFC hates sending participants home, but sometimes they have to. I recognize that."

I understand that illegal, immoral activity, or behavioral issues may result in the named participant being sent home at the expense of the parent/guardian. Activities would include but are not limited to: reasonable belief of possession and/or use of drugs, alcohol, weapons; sexually aggressive and/or inappropriate behavior; stealing;

6\ AUTHORIZATION TO SEARCH

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.

7\ MEDICATION INFORMATION

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.).

8\ EQUINE ACTIVITIES

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).

I have read the above waivers/releases and understand what I have read.

I represent that I am the participant named below (if 18 or over) or the legal parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child to participate in this activity and ongoing YFC activities, I hereby consent to the foregoing on behalf of my child and agree that this release shall be binding upon me, my child, our heirs, legal representatives and assigns.

Parent or Legal Guardian Signature (Or Self if over 18)

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 _____