

### Student Health Information

*Please complete and return to your child's teacher. Mahalo.*

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip

Circle: Female Male

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Mother \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact Person (other than Parent or Guardian)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_

Family Medical Insurance Company \_\_\_\_\_

Primary Health Care Physician \_\_\_\_\_

Primary Health Care Location \_\_\_\_\_

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

1. List any limitations that may hinder your child's participation in any activities:

\_\_\_\_\_

2. List any medical conditions or special requirements:

\_\_\_\_\_

3. List any dietary restrictions (allergies, vegetarian, etc):

\_\_\_\_\_

4. Allergies (insect bites, hay fever, etc.):

\_\_\_\_\_

5. List any unusual fears (such as a fear of water or darkness):

\_\_\_\_\_

6. List any special consideration that you feel would be helpful for us to be aware of:

\_\_\_\_\_

## Permission Form

*Please complete and return to your child's teacher.  
Please circle yes or no for each authorization and note any exceptions.*

**Student Name** \_\_\_\_\_  
*Please Print*

**To attend the YMCA Camp Erdman Environmental Education Program:**

I grant permission for my child to attend the YMCA Camp Erdman Environmental Education Program and participate in *all* of the activities in the program.

**YES NO**

**To authorize emergency medical care:**

If my child requires medical care in the judgment of a teacher or a YMCA staff member, I authorize to have my child transported by his or her teacher to and treated at the Wahiawa General Hospital (the closest hospital to Camp Erdman).

**YES NO**

**To authorize administration of Tylenol in case of fever or headache:**

I authorize permission for the school coordinator to administer Tylenol or other approved medicine to my child as long as they contact me first. Camp Erdman does not distribute medicine of any kind to children.

**YES NO**

**To authorize reproduction of video/photography and comments/drawings:**

I grant permission for the YMCA to use photographs and/or videos in which my child appears and drawings and/or comments s/he may share for the purposes of education or public information.

**YES NO**

**To swim in the outdoor pool at Camp Erdman:**

I grant permission for my child to swim only in the outdoor pool under the supervision and direction of a certified lifeguard.

**YES NO**

**Your signature authorizes ALL OF THE ABOVE.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

YMCA Camp Erdman  
Environmental Education Program  
Parent Letter

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**Dear Parents!**

Aloha! As your child is already eagerly packing two weeks in advance for Camp, I am sure you are experiencing some anxiety and have a few questions. This letter will hopefully allay the first and answer the second.

Your child will *always* be under the supervision of an adult on Camp property. Adult leaders, consisting of the teachers from the school and qualified chaperones whom they recruit, attend all classes and activities with the students and supervise the children during all free times. Your child may leave only with your consent and with an authorized adult after being released by Camp.

Our Program Instructors are excited to work with your child as they have an amazing amount of knowledge to share. In order to run a program that is educational and safe for all students, the Instructors are all trained in the skills of child management and certified lifeguards are present during any pool activities.

**Where is YMCA Camp Erdman?**

We are located on the North Shore of Oahu, just a few miles from Ka'ena Point and the leeward side of the island. We are situated between the Waianae Mountain Range and the ocean, providing a variety of natural settings for leadership and environmental education.

**What if my child is injured?**

First aid is administered by the teachers and chaperones for minor injuries such as scrapes, cuts, or bumps. A licensed physician at a proper location, which is generally covered by your insurance policy, will treat injuries that are more serious.

**What if my child takes medication?**

Your child's teacher will collect any medication and is responsible for administering it at Camp. Please give detailed instructions on the Student Health Information Form.

**What if I need to get in touch with my child?**

If you have an important message, please call our Business Office at 637-4615 between 8am and 5pm and leave a message for your child's teacher. After hours, phone calls should be for emergencies only. Although Camp is available for visits from parents or guardians, we encourage you to let your child gain a sense of independence and experience Camp with fellow classmates.

If you have additional questions, please contact your child's teacher at school. We are looking forward to having your child at Camp!

Sincerely Yours,

YMCA Camp Erdman Staff

## Packing List

The following packing list has been compiled after many years of welcoming children to YMCA Camp Erdman. We strongly urge you to follow this list. As each student is responsible for and will carry his or her own luggage, please have them **pack lightly**. Also, please **clearly label** your child's clothing and other items so they can be returned to their proper owner if misplaced. Do not send along any expensive or irreplaceable items.

*Camp Erdman is not responsible for lost or missing personal items.*

### Luggage/Bedding

- A small lightweight suitcase or duffle bag (duffels work best)
- Sleeping bag or bed linen
- Pillow -- small travel pillow or an article of clothing to stuff in a pillowcase

### Clothing

- 3 Pairs of Underwear
- 1 or 2 Pair of Long Pants
- 2 or 3 T-shirts
- 3 or 4 Pair of Socks
- 1 Jacket or Sweater
- 1 Rain Jacket (required during the rainy months of November - April)
- 2 Pair of Shorts
- Swimsuit or Nylon Shorts
- 1 Cap or Hat
- Sleepwear
- Slippers for cabin and showers
- Closed-toe shoes mandatory for all activities
- Laundry bag or large plastic bag for dirty laundry

### Other Important Items

- Bag Lunch and Drink for the first day
- 1 Bath Towel
- Toothbrush, Toothpaste, Hairbrush, Shampoo, and Soap
- Sunscreen
- Insect Repellent (roll-on, towelettes, or cream preferred)
- Water Bottle
- Flashlight
- Camera (inexpensive disposables take good pictures; *please write your child's name on cameras!*)

**Electronic games, radios, cell phones, small TVs, gum, candy, and other items not allowed at school are not permitted at Camp! Note: we do not allow food or drinks in the cabins.**

# YMCA Camp Erdman - Odyssey Course, Alpine Tower, Team Development Course

## YMCA of Honolulu - HEALTH DISCLOSURE FORM

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

Age \_\_\_\_\_ Organization / School \_\_\_\_\_

**Please read:** This form is intended to remind staff and participants of the seriousness of attempting adventure activities with at pre-existing condition. This information is to be confidential.

<b>Question</b>	<b>Response</b>	
1. Any pre-existing medical conditions? If yes, please explain: _____	Yes	No
2. Are you currently taking any prescription or non prescription medication? If yes, please explain: _____	Yes	No
3. Do you have any heart condition?	Yes	No
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, insects, or medicines)?	Yes	No
6. Do you foresee any problems participating in the upcoming Alpine Tower Odyssey Challenge Course activity due to a lack of physical exercise?	Yes	No
7. Do you feel any pressure of coercion from employer or others to participate?	Yes	No
8. Do you have a disability? If yes, please indicate the functional implications and any concerns about participation related to the disability. _____ _____	Yes	No
9. Describe your current level of physical activity: _____ _____		

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical insurance (comply and policy number) \_\_\_\_\_

### **Participant – please read and sign**

I have honestly disclosed to the staff any medical, physical, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# YMCA Camp Erdman

## Odyssey Course, Alpine Tower, Team Development Course

### PARTICIPANT ASSUMPTION OF RISK, RELEASE, AND AGREEMENT

In consideration of the services of YMCA of Honolulu, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as YMCA), I hereby agree to release, indemnify, and discharge YMCA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

YMCA programs are based on the "challenge by choice" principle. At any time you and / or your group are free to withdraw from participation in ropes course activities. **The risks include, among other things, the potential for:** slips, fall and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated disease.

Furthermore, YMCA instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA from any and all claims, demands, or causes of action, which are in any way connected with my participation in the activity of my use of YMCA equipment of facilities, including any such Claims which allege negligent acts or omissions of YMCA.

4. Should YMCA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against the YMCA, I agree to do so solely in the state of *Hawaii*, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I maybe found by a court of law to have waived my right to maintain a lawsuit against YMCA on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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### PHOTOGRAPH / VIDEO RELEASE

I, the undersigned, consent for all purposes to reproduce, sell, and / or use of photographs or videos of the undersigned (with or without the use of the individual's name), by the YMCA of Honolulu and by any nominee or designee of the YMCA of Honolulu (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art and exhibition.

In giving this consent I release the YMCA of Honolulu and their nominees and designees for liability for any violation of any personal and /or proprietary right I may have in connection with such sale, reproduction or use.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Guardian's Signature (If under the Age of 18): \_\_\_\_\_

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### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by YMCA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless YMCA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_