



2009 LMTI SUMMER LEADERSHIP CONFERENCE VOLUNTEER APPLICATION – PAGE 2 OF 4

2. Health Information- The following information must be filled in. The intent of this information is to provide LMTI on site health care personnel and other authorized health care professionals with the background necessary to provide appropriate care. It is suggested you keep a copy of this for your records. Any changes to this form should be provided to the Nurse upon arrival at Camp Ralph Mason. Rest assured that this information will only be viewed by health care professionals, as necessary.

Physician/Doctor:	Phone:
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ALLERGIES- Please list ALL known including medications, food, insect stings, seasonal, etc)	<u>REACTION</u>	<u>MANAGEMENT</u>
1.		
2.		
3.		
4.		
5.		
6.		

NOTE REGARDING PEANUT ALLERGIES! PLEASE LIST PEANUT ALLERGIES ABOVE, INCLUDING SEVERITY AND REACTION SO THAT WE CAN PREPARE THE KITCHEN AND DINING HALL ACCORDINGLY!

Restrictions, Limitations, and Accommodations

<p>Dietary: Check all that apply</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Does not eat red meat</td> <td><input type="checkbox"/> Does not eat eggs</td> </tr> <tr> <td><input type="checkbox"/> Does not eat poultry</td> <td><input type="checkbox"/> Does not eat dairy products</td> </tr> <tr> <td><input type="checkbox"/> Does not eat pork</td> <td><input type="checkbox"/> Other (please describe):</td> </tr> <tr> <td><input type="checkbox"/> Does not eat seafood</td> <td></td> </tr> </table>	<input type="checkbox"/> Does not eat red meat	<input type="checkbox"/> Does not eat eggs	<input type="checkbox"/> Does not eat poultry	<input type="checkbox"/> Does not eat dairy products	<input type="checkbox"/> Does not eat pork	<input type="checkbox"/> Other (please describe):	<input type="checkbox"/> Does not eat seafood		<p>Activity (Please explain what cannot be done, what accommodations are necessary, etc):</p>
<input type="checkbox"/> Does not eat red meat	<input type="checkbox"/> Does not eat eggs								
<input type="checkbox"/> Does not eat poultry	<input type="checkbox"/> Does not eat dairy products								
<input type="checkbox"/> Does not eat pork	<input type="checkbox"/> Other (please describe):								
<input type="checkbox"/> Does not eat seafood									

Medications Being Taken- Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. All medication **MUST** be kept in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. All medications must be turned into the Nurse upon arrival.

Please check one:

I take NO medications on a routine basis

I take medications as follows (continue on separate sheet if necessary):

Medication	Reason	Dosage	Time(s)
1.			
2.			
3.			
4.			
5.			
6.			

Date of last tetanus booster: _____

Additional Medical Questions (Explain all “YES” responses below)

Have you/Do you	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?			14. Ever had back problems?		
2. Have a chronic or recurring illness/condition?			15. Ever had problems with joints (e.g. knees, ankles)?		
3. Ever been hospitalized?			16. Have an orthodontic appliance being brought to camp?		
4. Ever had surgery?			17. Have any skin problems (e.g. itching, rash, severe acne)?		
5. Have frequent headaches?			18. Have diabetes?		
6. Ever had a head injury?			19. Have asthma?		
7. Ever been knocked unconscious?			20. Had mononucleosis in the past 12 months?		
8. Wear glasses, contact, or protective eye wear?			21. Had problems with diarrhea/constipation?		
9. Ever passed out during/after exercise?			22. Have problems with sleepwalking?		
10. Ever been dizzy during or after exercise?			23. If female, have an abnormal menstrual history?		
11. Ever had chest pain during or after exercise?			24. Have a peanut allergy?		
12. Ever had high/low blood pressure?			25. Ever had an eating disorder?		
13. Ever been diagnosed with a heart murmur?			26. Ever had emotional difficulties for which professional help was sought?		

Please explain any “Yes” answers, noting dates and the number of the question(s):

Example: #3- hospitalized 4/05 for appendix removal

Who should we contact in the event of an emergency?

Name:	Daytime phone:	Evening phone:
Name:	Daytime phone:	Evening phone:

Use this space to provide any additional information about physical, emotional, or mental health that the LMTI health care personnel should be aware of:



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YMCA Camp Ralph S Mason - Program Waiver

Group Name: LINDSEY MEYER TEEN INSTITUTE

Participant Name: _____ Date of Program: 8/23/09 - 8/28/09

Parents' Names (if participant is under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email (parent email if participant is under 18): _____

YMCA Camp Mason conducts its programs with the best interests of its participants in mind and has taken reasonable steps to provide appropriate equipment and well trained staff for these programs. However, these programs do have inherent risks and although safety procedures have been established to minimize these risks not all risks and hazards can be eliminated due to the nature of the activities offered.

Living in the natural environment can be unpredictable. Some of the possible risks include contact with wildlife, falling, cuts, burns, bruises, sprains, fractures, falling trees, falls during climbing, falling rocks during climbing, tipping over a canoe, falling into the water, drowning, near drowning, hypothermia, unpredictable weather conditions. All of these risks may result in injuries to the participant. I understand that Camp Mason's intent is not to frighten me but wants me to be fully informed of all the risks. I understand that the risks listed above are not complete and that there are other risks that exist.

The potential of contracting Lyme Disease increases in rural settings such as Camp Mason. We encourage all participants to check themselves regularly for ticks and to be educated on the signs and symptoms of Lyme Disease, which may occur days or months after an encounter with a tick.

My signature below indicates that I fully understand the nature of the program at YMCA Camp Mason and I freely wish to participate. I know of no legal, physical or health reason why myself and/or my child cannot fully participate in the program that I am registering for. I agree to assume responsibility for the inherent risks identified herein and to those risks that are not specifically identified. I understand that it is my responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to me by the Camp Mason staff. I agree not to do anything that jeopardizes me or other members of my group. I (and my parents/guardians if I am a minor) assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me as a result of those inherent risks and dangers identified herein, and those not specifically identified, as a result of my negligence or the negligence of others participating in the activity.

My signature authorizes the management and staff of YMCA Camp Mason to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and /or while using any facilities of, or participating in any of the activities of YMCA Camp Mason. I grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases YMCA Camp Mason from any and all liability and/or financial responsibility for any medical expenses incurred.

In consideration of having myself or my minor child or ward participate in the Outdoor Center program to be offered by YMCA Camp Mason, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless YMCA Camp Mason, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

By signing below, I acknowledge that it is understood that YMCA Camp Mason is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

I give YMCA Camp Mason permission to use any photographs taken of myself and/or my child while participating in programs at Camp Mason.

Signature: _____ Date: _____

Parent/Guardian/Participant

If the participant is under 18 I am signing as the parent/guardian to reflect my understanding and acceptance of the risks involved in attending programs at YMCA Camp Mason.