



ARMENIAN YOUTH FEDERATION

Juniors Organization of the Western America

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Պատանեկան Միութիւն Արեւմտեան Ամերիկայի

AYF Junior Winter Getaway January 16-19, 2015

Important Camper/Parent Information

PLEASE READ CAREFULLY

Please attach a recent photo of camper & a copy of health insurance card

ayfjuniorswr@gmail.com

HOW TO REGISTER YOUR CAMPER

Complete the following forms and mail them back to the AYF Junior Central Committee Office:

1. Application for Enrollment, page 1 (Paid in full)
2. Registration Information, page 2 (Signed)
3. AYF Campers Rules and Regulations, page 3 (Signed)
4. Health History Form, page 4-6 (Signed)
5. Waiver, Release and Hold Harmless Agreement, page 7 (Signed)

**AYF Junior Central
104 N. Belmont Suite 311
Glendale, CA 91206**

ARRIVAL & DEPARTURE

Buses: We ask you to please drop your child off in Glendale at St. Mary's Armenian Church 500 S. Central Ave., Glendale, CA 91204 - NO LATER THAN 7:00 PM on Friday, January 16th. Campers should be picked up at St. Mary's between 1:00 PM and 2:00 PM on the Monday, January 19th.

Please Note: Visitors will not be permitted at any time.

MEDICATIONS

All medications (prescription and over-the-counter) must be given to the EMT at bus drop off and will be kept in the infirmary.

NO MEDICATION OF ANY KIND IS TO BE LEFT WITH CAMPERS.

CABIN ASSIGNMENTS

Cabin assignments are determined solely by age and sex.

NO EXCEPTIONS.

TELEPHONE CALLS

We seek the counsel of parents when a camper is ill, abnormally homesick, or when something extraordinary occurs. Be sure to indicate, in the space provided on each form (Health, Camper Application), how we may reach you during the camp session.

In the case of an emergency or any extraordinary circumstance in which you need to reach your child, please call AYF CAMP at (760) 249-6590.

VISITING CAMP

VISITORS WILL NOT BE PERMITTED AT ANY TIME.

WHAT TO BRING

Cabin space is limited and must be shared with other campers. Please limit baggage to ONE BAG. The following is a suggestion of amounts and types of clothing a camper should bring to camp. Old clothes are appropriate.

5 underwears	1 thick jacket	1 pair gloves
6-8 pairs of socks	1 light jacket	1 chapstick
1 hand towel	3 sweaters	1 pillow
4 pairs of jeans/pants	3-4 long-sleeved shirts	1 sleeping
1 beanie	1 pair of snow boots	1 flashlight
1 scarf	2 pairs of shoes	

Personal items: Comb, toothbrush, toothpaste, deodorant, soap and sunscreen.

PLEASE DO NOT PACK EXCESS BAGGAGE.

WHAT NOT TO BRING

The following items are NOT PERMITTED and will be confiscated:

- 1) Food (i.e. snacks, candy, sodas)
- 2) Weapons (i.e. firearms, pocket knives, blades)
- 3) Electronic equipment (i.e. iPods, iPads, laptops)
- 4) CELL PHONES
- 5) Drugs/cigarettes/electronic cigarettes/alcoholic beverages

AYF Camp is a Drug, Alcohol and Tobacco Free Environment



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AYF Junior Winter Getaway Application

104 N. Belmont, Suite 311, Glendale, CA 91206

ayfjuniorswr@gmail.com

APPLICATION DEADLINE: JANUARY 9, 2014

Please complete one application per child

Camper's Name: _____ ☐ Male ☐ Female

Address: _____ Telephone: _____

City / State / Zip: _____ Age: _____ Date of Birth: _____

Father's Name: _____ Daytime Telephone: _____

Mother's Name: _____ Daytime Telephone: _____

Camper's Email: _____

Parent's Email: _____

Which chapter is the camper a member of?

List two persons (other than parents) to contact in case of an emergency:

Name: _____ Daytime Phone: _____ Relation: _____

Name: _____ Daytime Phone: _____ Relation: _____

T-SHIRT SIZE: ☐YS ☐YM ☐YL ☐AS ☐AM

\$75 per camper

PAYMENT METHODS ☐Cash ☐Check # _____

**PLEASE MAKE CHECKS PAYABLE TO:
AYF JUNIORS**

**Mail application and payment to
AYF Junior Central Council:
104 N. Belmont, Suite 311
Glendale, CA 91206**

Registration Information

Campers must be between the ages of eight and sixteen. The maximum capacity provision of the camp will be strictly enforced. **To secure your position**, please apply early. All applications will be processed on a first-come-first-serve basis.

Camp fees must be **PAID IN FULL** with the application.

Acceptance is conditional upon receipt of a completed application and payment of all fees.

Parent or Guardian Signature:

Date:

Camper Rules & Regulations

1. Follow all directions given by the director(s) and counselors.
2. NO weapons (including Swiss Army Knives, etc.)
3. NO cigarettes, electronic cigarettes, alcoholic beverages, or drugs.
4. NO leaving the campgrounds.
5. NO food or beverages.
6. NO destruction or stealing other's property, including the touching of other's personal belongings without their permission.
7. NO fighting.
8. NO use of foul language.
9. NO vandalizing or destruction of camp property.
(Parents will be liable for any damage done by their children).
10. NO writing on camp property (i.e. walls).
11. NO shaving cream.
12. NO phones.
13. NO electronic devices (stereos, iPods, iPads, etc.)
14. NO use of the pool.
15. Dispose of trash appropriately. You are responsible for the cleanliness of the facilities you are using.
16. NO visitors allowed at anytime.
17. Camp is intended for campers, counselors and directors ONLY.
18. The cabins are to be swept and trash is to be emptied daily.

Campers violating any of these rules and regulations can be sent home at the discretion of the director. Parents will be expected to pick up their child should any of these rules be broken.

Parent or Guardian Signature: _____ **Date:** _____

Camper Signature: _____ **Date:** _____

Health History Form for Child Attending Camp And Consent for Medical/Surgical/Emergency Care

**A PHOTOCOPY OF THE FRONT AND BACK OF THE CAMPER'S
HEALTH INSURANCE CARD MUST BE ATTACHED TO THIS FORM.**

In presenting my son/daughter for diagnosis and treatment:

Name: _____ for _____

☐ Mother ☐ Father ☐ Legal Guardian ☐ Son ☐ Daughter

of _____ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to AYF Junior Central Committee who will be caring for our (my) child

(Name of Child)

for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____ Phone number: _____

Address: _____

Family physician/pediatrician: _____ Phone number: _____

Name of health insurance carrier: _____

Group no.: _____ Agreement no.: _____

Signature: _____ Date: _____
Mother, Father or Legal Guardian

Witness: _____ Date: _____

In case of emergency I can be reached at:

Custodial parent/guardian _____ Phone _____

Home address _____
(if different from above) Street address _____ City _____ State _____ Zip _____

If parent/guardian is not available in an emergency, please notify:

1st Name _____ Relationship _____

Home Phone _____ Day Phone _____

2nd Name _____ Relationship _____

Home Phone _____ Day Phone _____

HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide the committee the background to provide appropriate care if necessary. Keep a copy of the complete form for your records. Any changes to this form should be provided to the committee upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

Date of last tetanus booster: _____

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

Medication allergies (list)

_____	_____
_____	_____
_____	_____

Food allergies (list)

_____	_____
_____	_____
_____	_____

Other allergies (list)

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. 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.

☐ This person takes NO medications on a routine basis.

☐ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that the child does/may not take during the camp session: _____

ACTIVITY RESTRICTIONS - Explain any restrictions to activity (i.e. what cannot be done, what adaptations or limitations are necessary)

GENERAL QUESTIONS (Explain “yes” answers below)

Has the camper ever had a history of:

		Yes	No
1.	Recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Chronic or recurring illness / condition?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6.	A head injury?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Being knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Fainting during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Dizziness during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
14.	High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Heart murmurs?	<input type="checkbox"/>	<input type="checkbox"/>

16.	Back problems?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
18.	An orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Strep throat in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
26.	If female, abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
28.	An eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
29.	Emotional difficulties for which professional help was	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any “yes” answers, noting the number of the questions.

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware.

Parent or Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____

Waiver, Release and Hold Harmless Agreement

In consideration of permission granted by AYF Junior Council allowing me to participate in The AYF Juniors Getaway Weekend (the "Activity"), which will occur from January 16 – 19, 2015, which is sponsored by The AYF Juniors Central Council, I _____ (together with my parent or guardian, if I am under the age of eighteen or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of AYF Junior Central Council, The Trustees of The AYF Junior Central Council, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
4. In the event that emergency medical treatment is required, I give my permission for evaluation, diagnoses, treatment, and/or medication in accordance with the standard medical practice by licensed medical personnel. I relieve the AYF and AYF Juniors of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of the performed treatment.
4. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this _____ day of _____, 20_____.

Camper Signature

Printed Name

Parent or Guardian Signature

Parent/Guardian Printed Name