2018 LMTI SUMMER LEADERSHIP CONFERENCE
YAC APPLICATION – PAGE 1 OF 7

Checks can be made out to "LMTI" or "Lindsey Meyer Teen Institute"

Completed application can be sent to: LMTI, 37 Harmon Cove Towers, Secaucus, NJ 07094

1. Personal Information

First Name:		**Last Name:**	
Name I Prefer to Be Called (We'll use this for your nametag):		**Pronouns I use (i.e. they/them, he/his, she/hers):**	
Address:			
City:	**State:**	**Zip Code:**	
Home Phone:		**Cell Phone (Participant):**	
Parent/Guardian Email Address (will be used for Registration confirmation & correspondence):			
Age:	**Date of Birth:**	**Gender:**	**Grade in Fall '18:**
T-Shirt Size (please select): ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL			
Advisor's Name:		**School Name or Action Group:**	

2. Health Information-

The following information must be filled in by the parent/guardian. 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 or your advisor 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:**

Allergies

Please list ALL known including medications, food, insect stings, seasonal, etc)	**REACTION**	**MANAGEMENT**
1.		
2.		
3.		
4.		
5.		
6.		

Note Regarding Nut Allergies: The Camp Mason kitchen is considered "nut-safe." Most foods do not contain nuts, but there may be traces in certain foods. Announcements will be made at each meal re: what foods to avoid.

Restrictions, Limitations, and Accommodations

***Dietary*: Check all that apply**

- ☐ Does not eat red meat
- ☐ Does not eat poultry
- ☐ Does not eat pork
- ☐ Does not eat seafood
- ☐ Does not eat eggs
- ☐ Does not eat dairy products
- ☐ Vegan
- ☐ Vegetarian
- ☐ Gluten-Free
- ☐ Pescatarian
- ☐ Other:

***Activity:* (Please explain what cannot be done, what accommodations are necessary, etc):**

Immunization History- Please check all immunizations that the participant has received and provide the month/year given. You may also contact your doctor's office and attach immunization records.

PLEASE NOTE: IF THIS INFORMATION IS MISSING, YOU WILL NOT BE PERMITTED TO ATTEND.

IMMUNIZATION	DATE RECEIVED	IMMUNIZATION	DATE RECEIVED
❒ Diptheria, tetanus, pertussis (DTap) or (TdaP)		❒ Pneumococcal (PCV)	
❒ Tetanus booster (dT) or (TdaP)		❒ Hepatitis B	
❒ Mumps, measles, rubella (MMR)		❒ Hepatitis A	
❒ Polio (IPV)		❒ Varicella (chicken pox)	
❒ Haemophilus influenzae type B (HIB)		❒ Meningococcal meningitis (MCV4)	
❒ Tuberculosis (TB) test	Date:	❒ Negative ❒ Positive	

Medication Information

Medication- 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:

☐ This participant takes NO medications on a routine basis

☐ This participant takes medications as follows (continue on separate sheet if necessary):

Name of Medication	Date Started	Reason For Using It	When It Is Given	Amount or Dose Given	How It Is Given (i.e. orally)
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		

Identify any medications taken during the school year that participant may not take during the summer:

The following medications may be stocked in camp Health Center and are used on an as needed basis to manage illness and injury. **Please place a check next to any medications that should NOT be given.**

☐ Acetaminophen (Tylenol)
☐ Diphenhydramine antihistamine/allergy medicine (Benadryl)
☐ Pseudoephedrine decongestant (Sudafed)
☐ Bismuth subsalicylate (Pepto-Bismol)
☐ Sore throat spray
☐ Antacid (Tums)
☐ Aloe
☐ Calamine Lotion
☐ Antihistamine/Allergy Medicine
☐ Antibiotic cream
☐ Generic cough drops
☐ Ibuprofen (Advil, Motrin)

Additional Medical Questions (Explain all "YES" responses below)

Has/Does the participant:

	Yes	No		Yes	No
1. Ever been hospitalized?	☐	☐	12. Passed out/had chest pain during exercise?	☐	☐
2. Ever had surgery?	☐	☐	13. Had mononucleosis ("mono") in the past 12 months?	☐	☐
3. Have recurrent/chronic illnesses?	☐	☐	14. If female, have problems with periods/menstruation?	☐	☐
4. Had a recent infectious disease?	☐	☐	15.Have problems with falling asleep/sleepwalking?	☐	☐
5. Had a recent injury?	☐	☐	16. Ever had back/joint problems?	☐	☐
6. Had asthma/wheezing/shortness of breath?	☐	☐	17. Have problems with diarrhea/constipation?	☐	☐
7. Have diabetes?	☐	☐	18.Ever had an eating disorder?	☐	☐
8. Had seizures?	☐	☐	19. Have any skin problems?	☐	☐
9. Had headaches?	☐	☐	20. Traveled outside the country in the past 9 months?	☐	☐
10. Wear glasses, contacts, or protective eyewear?	☐	☐	21. Have a peanut allergy?	☐	☐
11. Had fainting or dizziness?	☐	☐	22. Ever been treated for emotional or behavioral difficulties?	☐	☐

Please explain any "Yes" answers, noting dates and the number of the question(s): *Example: #1- hospitalized 4/07 for appendix removal*

Is there anything we should know about the participant's mental health (include any specific diagnoses, difficulties, recent major life events)?

Is there anything else you'd like to tell us about the participant or anything we've forgotten to ask?

3. Parent/Guardian Consent & Release

Participant's Name:		

A. Consent for Attendance

I, the undersigned, hereby give permission for the above participant to attend the LMTI YAC Trainings on April 14, May 5, July 14, and August 11, 2018 at the Wood-Ridge Civic Center (495 Highland Ave, Wood-Ridge, NJ) and on June 9-10, 2018 at the Secaucus Recreation (1200 Koelle Blvd, Secaucus). I also give permission for the above participant to attend the LMTI Summer Leadership Conference at Camp Ralph Mason (23 Birch Ridge Rd, Hardwick, NJ) from Sunday, August 19-Friday, August 24, 2018.

B. Insurance Information

I, the undersigned, agree to pay any medical bills (independently or through insurance) that may arise as a result of injuries incurred at the LMTI Summer Leadership Conference.

☐ The participant is not covered by medical insurance.

☐ The participant is covered by the following insurance policies (fill out or attach a copy of your insurance card):

Insurance Company Name:	**Phone Number:**

Policy Holder:	**Policy Number:**	**Group Number:**

C. Medical Consent

This is to certify that I, the undersigned parent/guardian, hereby consent and authorize the LMTI Health Care Staff to administer medication as needed to the participant as indicated by me on Page 2 of this application. I understand that the LMTI Summer Leadership Conference occurs in an outdoor setting and hereby authorize trained LMTI Staff or Health Care Staff to administer first aid to the participant when necessary.

In the event of a medical emergency, I understand that I will be contacted as soon as possible and that my child may be transported to Newton Memorial Hospital. I give permission for the administration of all needed medicines, performance of all surgical treatment, and the administration of any anesthetic or injection which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my child. It is understood that efforts shall be made prior to rendering emergency treatment to the patient. In the event that I am not available, I designate the following individuals to give further consent should it be necessary:

Name:	**Daytime Phone:**	**Evening Phone:**
Name:	**Daytime Phone:**	**Evening Phone:**

D. Consent for Transportation

I give permission for LMTI staff or volunteers to transport my child from the LMTI Summer Leadership Conference for any reason that is deemed necessary. I understand that in the event that my child must return home (including psychological or physical medical needs, rule infringement, or any other occurrence deemed necessary), I am responsible for providing transportation.

E. Consent for Photographs/Video

I give permission for photographs/video footage to be taken of the participant, and for photographs/video footage in which the participant is included to be used for purposes of publicity by LMTI, a non-profit program. This includes publication of pictures/video on the LMTI website and LMTI social networking websites.

F. Consent for Communication via Text Message or App

I give permission for LMTI to send event and info alerts via text message or third party communication app to the participant via the cell phone number provided (if you do not want the participant to receive updates, please do not provide cell phone number in section 1). Standard text message rates may apply.

G. Consent to leave YAC Training Facility for Lunch

I give permission for my child to leave the YAC Training facility at lunchtime during the months of May, July, and August. My child may walk to a local eating establishment in Wood-Ridge, NJ with other YACs to have lunch.

H. Release, Waiver, and Indemnification

I, the undersigned parent/guardian, do hereby execute this release, waiver, and indemnification and agree to represent as follows: The release of YMCA Camp Ralph S. Mason, NCADD-Hudson/Partners in Prevention, the Lindsey Meyer Teen Institute, the borough of Wood-Ridge, the town of Secaucus and their employees, and agents from any and all liability, loss, damage, costs, claims or causes of action including, but not limited to, all bodily injuries and property damages arising out of the sole negligence of YMCA Camp Mason, NCADD-Hudson/Partners in Prevention, the Lindsey Meyer Teen Institute, the borough of Wood-Ridge, and the town of Secaucus.

I further agree to indemnify and hold harmless the said above from any and all liability, loss, damage costs, or causes of action, including attorney's fees and witness costs, arising out of the undersigned participation in the Lindsey Meyer Teen Institute (LMTI) Summer Leadership Conference and other events scheduled for the 2018-2019 school year.

4. Parent/Guardian Signature

Parent/Guardian Signature:		**Date:**	
Parent/Guardian Name (please print):		**Relationship**	
Street Address:	**City:**	**State:**	**Zip:**

Home Phone:	**Work Phone:**	**Cell Phone:**

YMCA Camp Ralph S Mason - Program Waiver

Group Name: LINDSEY MEYER TEEN INSTITUTE

Participant Name:_____Date of Program 8/19/18 - 8/24/18_____

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 a 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.

YAC FUNDING FORM

Please review this form with your parents, fill it out and bring it with you to the first training!

The YAC tuition is $**375**. If you are not sure who your funding source is, please talk to your Action Group Advisor. Examples of funding sources might be your school, Municipal Alliance, or your parents.

If you do not submit this form, your parent/guardian will be charged the full YAC tuition of $375. Invoices for this amount will be sent out after the 1st YAC Training and are due by the 2nd YAC Training!

Name:	**Action Group:**

Funding Source #1

Funder Name:		
Billing Address:		
City:	State:	Zip Code:
Phone Number:	Amount to be billed:	

Funding Source #2

Funder Name:		
Billing Address:		
City:	State:	Zip Code:
Phone Number:	Amount to be billed:	

Funding Source #3

Funder Name:		
Billing Address:		
City:	State:	Zip Code:
Phone Number:	Amount to be billed:	

YAC Secret Buddy Questionnaire

Tip: Secret Buddy gifts do not have to be bought. Sometimes the best gifts are hand-made or just thoughtful gestures.

Your Name: _____

Favorite Candy:_____

Favorite Genre of Music:_____

Favorite Beverage:_____

Favorite Movie:_____

Favorite Color: _____

Favorite Band/Singer: _____

Random Things You Like: _____

Preferred Snacks: _____

Arts & Crafts You Enjoy: _____

Favorite Team(s): _____

Sports You Play: _____

Foods You're Allergic To: _____