Y. E. S.
TH EMPOWERMENT SISKIYOU

YOUTH EMPOWERMENT SISKIYOU
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YouthEmpowermentSiskiyou.org

Dear Parents and Guardians,

Thank you for registering your child for Youth Empowerment Siskiyou's Day Camp! We are excited to spend the week learning, exploring, and having fun together. Our staff has planned an engaging program that combines hands-on science activities, outdoor recreation, and opportunities for youth to build friendships and confidence in a safe and supportive environment.

Day Camp will take place Monday, July 20, through Friday, July 24, from 10:00 a.m. to 2:00 p.m. each day. Campers should be dropped off at the Youth Empowerment Siskiyou office located at 122 South Broadway. Each morning, campers will participate in science-based learning activities and interactive projects designed to encourage curiosity, creativity, and problem-solving skills.

Lunch will be provided daily at approximately 12:00 p.m. Following lunch, campers will walk with staff to Miner Street Park for physical activities, games, and outdoor recreation. At the conclusion of the day's activities, campers will return to the YES office for dismissal.

To help ensure your child has a safe and enjoyable experience, please send them each day with sunscreen already applied when possible, comfortable clothing suitable for outdoor activities, and closed-toe shoes appropriate for walking and active play. You are also welcome to send any additional personal items your child may need throughout the day. Please be sure all personal belongings are clearly labeled with your child's name.

Youth Empowerment Siskiyou will provide all meals, snacks, and drinks during camp hours. If your child has any dietary restrictions, allergies, medical needs, or accommodations that have not yet been communicated to staff, please notify us prior to the start of camp.

For the safety of all campers, children must be signed out each day by a parent, guardian, or other authorized individual who has been approved during the registration process. Camp dismissal and pick-up will occur promptly at 2:00 p.m. at the YES office located at 122 South Broadway. Staff will verify authorization before releasing any child from camp.

We are looking forward to a fun, educational, and memorable week with your child. If you have any questions prior to camp, please do not hesitate to contact our office.

Thank you for choosing Youth Empowerment Siskiyou. We can't wait to see your camper on July 20!

YOUTH EMPOWERMENT SISKIYOU

Child Demographic Information

Childs Name: _____ **Age**: _____

Filled out by: parent /guardian/other: _____

Race/Ethnicity

- ☐ Native American or Alaskan Native
- ☐ Black or African American
- ☐ Native Hawaiian or Another Pacific Islander
- ☐ I prefer not to say
- ☐ Write in: _____
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ White Non-Latino or Caucasian

Which of the following most accurately describes you?

- ☐ Female
- ☐ Non-binary
- ☐ Intersex
- ☐ Write in: _____
- ☐ Male
- ☐ Transgender
- ☐ I prefer not to say

Have you ever been a victim of? *Check all that apply*

- ☐ Adult Physical Assault
- ☐ Arson
- ☐ Burglary
- ☐ Child Pornography
- ☐ Domestic and/or Family Violence
- ☐ Elder Abuse or Neglect
- ☐ Human Trafficking: ☐ Labor ☐ Sex
- ☐ Identity Theft/Fraud/Finical Crime
- ☐ Kidnapping (custodial)
- ☐ Other Vehicular Victimization
- ☐ Stalking/Harassment
- ☐ Adult Sexual Assault
- ☐ Bullying
- ☐ Child Physical Abuse or Neglect
- ☐ Child Sexual Abuse/Assault
- ☐ DUI/DWI Incidents
- ☐ Terrorism
- ☐ Teen Dating Victimizations
- ☐ Kidnapping (non-custodial)
- ☐ Mass Violence
- ☐ Robbery
- ☐ Survivors of Homicide Victims
- ☐ Hate Crime: Racial/Religious/ Gender/Sexual Orientation
- ☐ Other (*If other, please explain*:) _____

Special Classifications of Individuals

- ☐ Deaf/Hard of Hearing
- ☐ Experiencing Homelessness
- ☐ Immigrant/Refugee/Asylum Seeker
- ☐ LGBTQ
- ☐ Veteran
- ☐ Victims with Disabilities: Cognitive/Physical/Mental
- ☐ Victim with Limited English Proficiency
- ☐ Other (*If other, please explain:)*

_____

_____

Household Income ***Please circle one***

$0-$24,999
$25,000-49,999
$50,000-$74999
$75,000-$99,999
$100,000 +

YOUTH EMPOWERMENT SISKIYOU

Participant Information

Participants First Name	Participants Last Name	MI	Gender	Preferred Gender Pronouns	Date of Birth
			M F Other	he/him, she/her, they/them	/ /

Street Address	City	State	Zip code	T-shirt size

Emergency Contact Name	Relationship	Contact Number

Emergency Contact Name	Relationship	Contact Number

Mental Emotional and Social Health

Please check YES or NO

Ever been treated for:

Attention Deficit Disorder (ADD/ADHD) ___Yes ___No

Emotional or behavioral difficulties ___Yes ___No

During the past 12 months has the camper been seen by a professional to address mental/emotional health concerns? ___Yes ___No

Are there any physical or behavioral considerations? ___Yes ___No

Had a significant life event that continues to affect the camper's life? (history of abuse, death of a loved one, family change, adoption, foster care, survived a disaster) ___Yes ___No

Does your camper have any adaptive devices? (hearing aids, crutches, back braces) ___Yes ___No

Does your camper have any activity restrictions? ___Yes ___No

My camper has the following dietary needs: _____

If you answered YES to any of the above, please note the number and explain. We may contact you for more information

Photo Release

By initialing the line below, I certify that photos or digital images of my participation in Camp YES may be taken by Youth Empowerment Siskiyou. I understand that these photos may be used in camp events, printed materials (flyers, brochures), social media, and other promotional materials for Camp YES and Youth Empowerment Siskiyou.

This photo release is NOT required for participation in Camp YES.

Photo Release ____Yes ___ No my camper's photo can be taken _____ _____

Guardians Signature Date

YOUTH EMPOWERMENT SISKIYOU

Consent

LIMITED OURPOSE POWER OF ATTORNEY: CONCENT TO TREATMENT OF MINOR (MUST BE SIGNED BY LEAGAL GUARDIAN)

I, _____, appoint the Camp Manager or Camp Nurse to each act alone or delegate to another person, the power to consent on my behalf to all emergency treatment and or medical care (except elective surgery) determined necessary or desirable by the attending physician at the medical care facility, in the event that participant is incapacitated and no family member or guardian is available.

Legal guardian

This power of attorney shall continue until revoked by the undersigned or until the end of the registered camp session, whichever comes first. Physicians or medical staff may assume and rely on the authorization being current and in effect during such period unless notified otherwise.

By signing below I, certify that I have read this Power of Attorney or had it read to me, that I understand this Power of Attorney and that I sign it voluntarily.

_____ _____ _____

Guardian Signature | Guardian Printed Name | Date

Allergies

_____ camper has no know allergies

Allergic to:

___ Food:_____

___ Medication:_____

___ The environment, such as insect stings or hay fever: _____

___ Other allergies: _____

Description of reaction:

Over the Counter Medications

I, _____, legal guardian of _____,

Guardian Full Name | Camper's Full Name

Hereby authorize Youth Empowerment Siskiyou's staff to provide my child with the following over-the-counter medication, per labeled directions, during the duration of camp, if deemed necessary:

Check YES or No for each medication listed

Acetaminophen (i.e. Tylenol)	___Yes ___No	Cough Drops	___Yes ___No
Meclizine (i.e. Dramamine)	___Yes ___No	Aloe Gel	___Yes ___No
Diphenhydramine (i.e. Benadryl)	___Yes ___No	Sore Throat Spray	___Yes ___No
Ibuprofen (i.e. Advil)	___Yes ___No	Calamine Lotion	___Yes ___No
Midol	___Yes ___No		

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Release and Indemnity Agreement

By signing below I, the participant, certify the following: that my participation in Camp Yes' activities and programs, and my authorization of my participation in these programs, are completely voluntary, and that I have familiarized myself with Camp YES' activities and programs in which I will be participating. I further recognize and have instructed myself in the importance of knowing and abiding by Camp YES' safety rules, regulations, and procedures including those promoted by California Natural Resource Agency. I understand that Camp YES is operated by Youth Empowerment Siskiyou.

I recognize that certain hazards and dangers are inherent in camping, sporting events and in the activities and programs conducted by Camp YES and Youth Empowerment Siskiyou, including more specifically, but not limited to, the activities of field games, skateboarding, biking, horseback riding, white water rafting, rock climbing, transportation by vehicles, cliff jumping, beach day, swimming, diving, and tubing, zip lining and rope courses, I acknowledge that although Camp YES and Youth Empowerment Siskiyou and California Natural Resource Agency has taken safety measures to minimize the risk of injury to camp participants, Camp YES, cannot insure nor guarantee that the participants, equipment, premises and or activities will be free of hazards, accidents, and or injuries. Moreover, I understand that participation in any such activities may involve risk of injury and loss, both to person and to property, and that the risks may include the possibility of permanent disability or death. I assume all such risks connected with my participation on Camp YES' activities and programs.

I understand that in the unlikely event of serious illness or injury, reasonable effort will be made to notify participants family, parents or legal guardians at the earliest possible time without jeopardizing participants care or the care of others

In consideration of Youth Empowerment Siskiyou accepting and permitting of myself to attend camp and participate in camp activities and programs, I release Youth Empowerment Siskiyou, California Natural Resource Agency, and their trustees, officers, employees, agents, and volunteers from any and all liability (excluding liability for intentional or reckless misconduct) for, and give any and all claims for injury, loss or damage, including attorneys fees, in any way connected with my participation in Camp YES activities and programs, whether or not caused in whole or in part by the negligence (or misconduct) of Camp YES and its trustees, officers, employees, agents and volunteers. I further agree to indemnify and hold harmless (in other words, to reimburse and to be responsible for) Youth Empowerment Siskiyou, California Natural Resource Agency, and their trustees officers, employees, agents, and volunteers for and from any and all claims for any liability, injury, loss, damage, or expense, including attorney's' fees (including the cost of defending any claim I might make or might be made on my behalf, that is released and waived by this instrument), in any way connected with or arising out of my participation in Camp YES activities and programs whether or not caused in whole or in part by the negligence or other misconduct of Camp YES, Youth Empowerment Siskiyou, California Natural Resource Agency, and referring agencies and their trustees, officers, employees, agents or volunteers. This release and wavier shall also apply to Youth Empowerment Siskiyou and California Natural Resource Agency.

Participants Signature (If at least 18 years of age)	Participants printed name	Date
Guardian Signature	Guardian printed name	Date

Camp YES Camper Medication Information

Camper Name: _____

ALL MEDICATIONS MUST BE CHECKED IN WITH CAMP STAFF AT DROP-OFF

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL BOTTLES WITH PRESCRIBING MEDICAL PROFESSIONAL'S INSTRUCTIONS

Medication Name	Medication Dose	Approx. Times Given	Administration Method	Purpose of Medication
1.				
2.				
3.				
4.				
5.				

I give consent for the minor listed above to self-administer the approved medications under the direct supervision of Camp YES staff. I release Youth Empowerment Siskiyou from any and all liability associated with this medication administration or other risks associated with camp attendance, per the agency's Release and Indemnity Agreement that I have already signed.

_____ _____

Guardian Signature Date

In case of emergency, I consent for Camp YES staff to administer an EPI Pen to the minor listed above, having been advised that EPI Pens are only recommended for use on individuals weighing over 66 pounds. _____YES _____NO

_____ _____

Guardian Signature Date