

2025 Camp TAG – Teen Counselor Application



Lebanon, OH (June 2-6, 2025)

****ALL FORMS MUST BE SCANNED/EMAILED – PHOTOS WILL NOT BE ACCEPTED & WILL BE RETURNED****

**** DEADLINE to submit application - May 19, 2025****

First/Last Name	
Date of Birth	
Gender Identification	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)
TSHIRT SIZE	Youth M - Youth L - Adult S - Adult M - Adult L - Adult XL (circle one)
Address	
City / State / Zip Code	
Teen Cell Phone	
Teen Email	
Parent/Caregiver Cell Phone & Email	
Do you or a sibling have a food allergy?	
What food allergies do you or they have?	
Do you carry your epinephrine devices with you at all times? If not, why?	
Why do you want to be a Camp TAG Teen Counselor?	
Do you have any past experience working with children or at a camp? Have you participated in Camp TAG? If so, when and which location?	
Who has been your role model in helping you become a self-advocate for food allergy awareness?	

<p>What have you learned, from either having a food allergy yourself or living with a sibling with food allergies, that you want to pass on to the campers?</p>	
<p><i>A camp member is crying because he/she is too afraid to be at the camp without the security of his/her parent or caregiver being there. How would you handle this situation?</i></p>	

Terms of Enrollment Agreement

1. Teen counselors and parents/caregivers agree to abide by rules and regulations set by Directors for health, safety, and welfare of campers.
2. Camp is not responsible for teen counselor's equipment or personal belongings.
3. Directors reserve the right to deny, cancel, sever, or suspend a teen counselor's enrollment if deemed for the best interest of the teen counselor or the camp, in which case the unused teen counselor fee will be refunded.
4. The teen counselor \$145 fee must be paid in full upon registration. No reduction or allowance will be made for late arrival or early withdrawal of a teen counselor. No allowance will be made for any interruption in the camp week due to illness, family vacation, etc. Payments are refundable prior to May 2. After May 2, the deposit will be refunded less \$25. There is a \$35.00 fee for returned checks.
5. Parent/Caregiver signature further gives teen counselor permission to participate in all camp activities. I understand that part of the camping experience involves activities, group arrangements and interactions that may be new to my teen counselor. These things come with certain risks and uncertainties beyond what my teen counselor may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my teen counselor. I realize that no environment is risk-free, and so I have instructed my teen counselor on the importance of abiding by the camp's rules. My teen counselor and I both agree that he or she is familiar with these rules and will obey them.
6. Parent/Caregiver signature further gives camp permission to use teen counselor's likeness or image in camp publications including but not limited to FAACT's website, brochures, social media platforms, and other on-line postings.

X Parent/Caregiver Signature: _____

Payment Method

Please pay for your Camp TAG Registration via [PayPal on FAACT's "Donate" Page](#). Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:

Teen Counselor - \$145

Please Email Application & Health Form to Eleanor.Garrow@FoodAllergyAwareness.org or

Fax to FAACT at (513) 342-1239 *Date Received:* _____

FAACT Camp TAG Lebanon - HEALTH FORM [One per TEEN]

Teen's Name _____ Height _____ Weight _____ Age _____
Address _____ Date of Birth _____

Does your child have physical, medical, or emotional problems? Yes No

If yes, describe: _____

Does your child take any medications on a daily basis? Yes No

If yes, list medications: _____

Does your child have any known allergic reactions to the following? Peanuts Tree Nuts

Milk Egg Wheat Soy Shellfish Fish Sesame Bee Sting Penicillin

Other Foods _____

Other Drugs _____ Seasonal Allergens _____ Other _____

What is your child's usual reaction? Anaphylaxis Hives Rash Other _____

Does the nurse have permission to administer Antihistamine (e.g., Benadryl) if needed for nonspecific rashes or minor allergic reactions? Yes No (Dosage based on child's age or weight.)

Does the nurse have permission to administer (Circle preference) Tylenol / Motrin / Aleve / Advil / Tums for headaches or minor discomforts? Yes No Does your child need Liquid or Pill? (Circle preference)

HEALTH HISTORY: (Please check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Eosinophilic Disorders |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Measles | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Abscessed Ears | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Diabetes/Diabetic Episodes |
| <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Serious Ivy, Oak, Sumac Poisoning | | |
| <input type="checkbox"/> Operations/Serious Injuries _____ | | | |
| <input type="checkbox"/> Any Special Needs _____ | | | |
| <input type="checkbox"/> Any Behavior/Learning Problems: Explain _____ | | | |
| <input type="checkbox"/> Recommendations/Restrictions (Diet, medicine, swimming, running, etc.) _____ | | | |

IMMUNIZATIONS: (Write approx. date of immunizations) DPT Series _____ Tetanus _____

Is child up to date with Tetanus vaccine or Tetanus booster shot? Yes No

Polio _____ Measles (MMR) _____ Haemphilis (Hib) _____

Medical exam not required. A physician's exam is only necessary if medical clearance is required to participate in camp activities. Otherwise, we do not need a physician signature.

Physician's Name _____ Physician's Phone _____

Physician's Signature _____ Date of Last Physical Exam _____

In case of emergency, I understand every effort will be made to contact parents/caregivers of camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent/Caregiver Signature _____ Parent/Caregiver Name Printed _____

If your child needs to take medication during the camp day, please give the medication to the Camp TAG staff. The envelope should be labeled with your child's name, and it will be forwarded to the nurse. To give your child any prescribed medication we need the following:

1. Medication in its original container.
2. Camper's name clearly labeled on the container.
3. If the prescription is not in the original container, please send in a doctor's note prescribing the medication with time and dosage.

I hereby request that my teen, _____, take medication during camp, including administering epinephrine in case of a severe reaction or anaphylaxis, in the presence of the Nurse at YMCA Camp Kern. The name and dosage of the medication is _____ and the time and day it is to be given is _____.

For Nurse's Use Only:

Medication Name: _____ Prescription #: _____ # of Tablets Received: _____



**YMCA Camp Kern
Acknowledgement of Risks
Assumption of Risk & Responsibility & Release of Liability**

EACH INDIVIDUAL GROUP MEMBER, YOUTH & ADULT, MUST HAVE A SIGNED WAIVER. PLEASE READ CAREFULLY.

This Camp Kern Activities Acknowledgment, Liability Waiver & Release Agreement (“Agreement”) is between the YMCA of Greater Dayton, an Ohio not-for-profit corporation (“YMCA”) & its affiliated branches, & the Camp Kern Participant (“Participant”), for itself & its heirs, assignees, & next of kin. Participant acknowledges there are risks in any adventure, sport, or program involving physical exertion & risk taking, or programs associated with the outdoors that are inherent in the activity. Participant understands & agrees that by participating in the Camp Kern program of activities including but not limited to those identified in ‘Exhibit A.’ Participant will be involved in activities including, but not limited to, problem-solving, team-building initiatives, ropes course, & other activities that will require physical exertion.

ACKNOWLEDGEMENT OF RISKS: Participant acknowledges & agrees that the risks set out above, as well as other natural hazards, do exist, that although the activities may be strenuous, injuries or medical complications may occur, certain foreseeable & unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity, that balance & physical coordination can affect the occurrence or severity of accidents or falls, & that if Participant has questions about specific risks or hazards, Participant will communicate those questions to a YMCA employee before participating in any activity.

ASSUMPTION OF RISK: In recognition of the inherent risks of the activity which Participant, & any minor children for which Participant is responsible, will engage in, Participant confirms that he or she is (& said minor children are) physically & mentally capable of participation in the activity & using required equipment. Participant hereby assumes complete responsibility for risk of bodily injury, death, or property damage arising from Participant’s presence & participation in any activities at Camp Kern, including but not limited to use of facilities or equipment, regardless of whether such harm is due to the sole or partial negligence of YMCA, its directors, officers, employees, agents or volunteers (“Released Parties”). Specific risks Participant assumes include, but are not limited to, personal injury, accidents or illnesses, sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, scrapes, abrasions, contusions, dehydration, oxygen shortage, exposure or altitude sickness, head, neck or spinal cord injuries, animal attack or insect bite, injury caused by the discharge of a weapon, shock, paralysis or death. Participant acknowledges & accepts that if he/she experiences fatigue, dizziness, chills or other similar conditions, it may diminish reaction time & increase the risk of an accident.

Participant recognizes that the YMCA will operate at all times in good faith & fair dealing, but that it may become necessary to terminate any activity due to acts of God, medical necessity, or other problems, & may also refuse or terminate the participation of any person incapable of meeting the requirements of participation in a particular activity. Participant accepts the YMCA’s ability to do this & agrees that no guarantees or promises have been made that are not part of this Agreement to the contrary. Participant agrees he or she has a duty to disclose known or emerging conditions that may affect Participant’s ability to engage in activity.

Participant hereby authorizes any medical treatment deemed necessary in the event of injury while participating in the Program. Participant has appropriate insurance or, if not insured, Participant agrees to pay all costs of rescue & any medical services that may be rendered or incurred on Participant’s behalf. Participant also authorizes the use of photographs, video & audio recordings of Participant’s activities at Camp Kern to be used in marketing, educational, or other purposes.

Camp Kern Activities Acknowledgment, Liability Waiver & Release Agreement

RELEASE: In consideration of services or property provided, Participant, for myself & any minor children for which Participant is a parent, legal guardian, or otherwise responsible, any heirs, personal representatives or assigns does hereby release the Released Parties for any loss or damage, & any related claims or demands for injury to person or property, including death of any person, whether or not caused by negligence of the Released Parties, & waives any claims Participant may have against Released Parties.

Participant agrees to indemnify, defend, & hold harmless each of the Released Parties from any loss, liability, damage or cost Participant may incur arising from participation in Camp Kern, including but not limited to use of YMCA equipment, regardless of whether such harm is caused by the sole or partial negligence or fault of Released Parties.

Group Name: _____

Participant Name: _____ Participant Signature: _____

Participant Address: _____ Email Address: _____

If participant is under 18 years of age, a parent/guardian's name, signature & other details are required below:

Parent/Guardian Name / Signature: _____ / _____

Parent/Guardian Address (if different from above): _____

Emergency Contact Name / Contact Number: _____ / _____

Insurance Carrier or Provider: _____

Medical Restrictions / Known allergies: _____

YMCA CAMP KERN PROGRAMS & ACTIVITIES (EXHIBIT A)

- Pony Ride
- Trail Ride
- Equine Activities
- Paintzone Paintball
- Archery
- BB Gun Activities
- Canoeing
- Fishing
- Climbing Wall
- Tango Tower
- Obstacle Course
- Mine Shaft
- High Ropes Course
- Giant Swing
- Low Ropes
- Hiking
- Swimming Pool
- Arctic Dash
- Double Zipline
- General camp activities for summer and day