

2012 Guidelines & Policies for Mount Hermon Youth Camps

Dear Parents & Campers,

The 2012 Mount Hermon Registration Form has a new format. Please follow the instructions in each section on the registration form (there are 4 sections) to ensure your registration is completed correctly. Don't forget to fill out & send in a Health History Form with your registration; your registration will not be processed without it.

Read the below directions to help us expedite the registration process:

- **One check per camper. (If you have two kids going to camp, please write separate checks for their registration fees).**
- **We are requesting a PARENT email address on the registration form. We will send an email to that address informing you on your camp status (accepted into camp or on a waitlist). Emails should go out by mid-March.**
- **If you are applying for a scholarship, you still need to send in partial payment (50% of the registration fee. Camp photos are not covered by a scholarship). Your registration will not be processed without payment.**
- **Camp T-shirts can be purchased ONLINE after you receive your camp confirmation (you'll be emailed the link to the website in your confirmation email).**

ADDITIONAL POLICIES & INFORMATION:

REGISTRATION OPENS FEBRUARY 1st, 2012! All mail received prior to February 1st will be time-stamped February 1st. Youth Camps fill very quickly (usually within a couple of weeks). Acceptance into camp is on a first-come basis, no exceptions. Notification of confirmation is receipt of guaranteed accommodations.

VALID & COMPLETE registration must be accompanied with FULL PAYMENT*, signed and mailed to JEMS MOUNT HERMON SUMMER CONFERENCE 948 E. Second St. Los Angeles, CA 90012. Incomplete forms will be returned without processing. *(scholarship applicants must pay 50% of fee at time of registration)

REGISTRATION DEADLINE: postmarked no later than May 1, 2012. After deadline, add \$25 per person. All camps start on Sunday with registration between 2 – 5pm. Please notify us if you plan on arriving AFTER 5 pm on Sunday July 1st. Conference ends Saturday around 12 noon.

REFUNDS/CANCELLATIONS: All cancellations are subject to a non-refundable processing fee of \$25/person up to Friday, May 11, 2012 at 5:00pm. After which the fee increases to \$50 per person. After Mon. June 25th, 5:00pm no refund will be given. Notification of cancellation must be made directly to the JEMS office by letter, fax or e-mail.

TRANSPORTATION: Bus rides to camps from Southern California and return are available. Limited shuttle pick up from San Jose Airport to Mount Hermon is available between 1:30 & 4:00pm on July 1st with a possible nominal fee. Pick up arrangements must be made through the JEMS office by June 1, 2012 with complete flight information.

HEALTH HISTORY FORMS: can be downloaded on our website www.JEMS.org/registration

Please feel free to contact me, or the JEMS office, with any questions.

Sincerely,

Cynthia Tsushima

JEMS Mount Hermon Youth Camp Coordinator

CynthiaT@jems.org

213-613-0022 (currently in the office Mondays only)

JUNIOR HIGH CAMP

63rd Annual JEMS MOUNT HERMON SUMMER CONFERENCE

July 1 – July 7, 2012 (Registration opens February 1st, 2012. After May 1st add \$25 late fee)

BOX 1: CAMPER INFORMATION. Please fill out all information & lines.

Name _____ F M Home Phone () _____
Last Name First Name

Address _____
Street City State Zip

Age _____ Birthdate _____ Grade in Fall '12: 6th 7th First Timer? Yes No Room with _____
(at camp) Month/Day/Year (at a Mt. Hermon Youth Camp) (First Timers only, no guarantees)

Parent/Guardian Name(s): _____
Circle the relationship: MOTHER FATHER GUARDIAN Circle the relationship: MOTHER FATHER GUARDIAN

Parent E-Mail _____ Church _____
PRINT clearly. Camp Confirmation will be sent to this email. Name City

Please e-mail me the following (will be sent with camp confirmation): Bus Registration (SoCal only) Map to Campground

BOX 2: CAMP COST. Mark the appropriate box. Enclose a check for the total (Make checks payable to JEMS). Please do not combine multiple registration fees on one check.

Camp Only \$418 Camp Fee + Camp Photo* \$428 Camp Fee + Camp Photo + Late Fee \$453

*Photos are \$10

BOX 3: REGISTRATION PROCEDURES. Parent/Guardian, please read & initial at the end of each paragraph (4 spots).

The Mount Hermon Youth Summer Conference is a week-long activity and requires that all conferees attend the camp in its entirety. Please make sure to schedule your (or your child's) school & other activities so it does not conflict with our summer camp program. Please initial here that you agree and understand our policy on no part-time conferees. _____

The state of California has issued regulations in regards to information that needs to be collected for all Mount Hermon conferees. Fully complete and sign a Mount Hermon health history form and submit it with this Mount Hermon registration form. Registration will not be accepted until the health history form is received and is complete. Please initial here that you understand this health history form requirement. _____

All cancellations are subject to a non-refundable processing fee of \$25/person up to May 11, 2012 at 5:00pm. After which the fee increases to \$50/person. After Mon. June 25th, 5:00pm no refund will be given. Notification of cancellation must be made directly to the JEMS office by letter, fax or e-mail. Please initial here that you understand this cancellation/refund policy. _____

By registering your child for JEMS Mount Hermon Summer Camp, you are giving permission for your child to be included in photographs or video used for JEMS promotional purposes. No names will be used. Please initial here that you agree and understand this policy. _____

BOX 4: CAMPER COMMITMENT/PARENT SIGNATURE. Camper must sign under 1st paragraph. Parent/Guardian must sign under 2nd paragraph if camper is under 18 years of age.

CAMPERS COMMITMENT: I agree to abide by camp regulations and participate in the entire program. I understand that this is a camp with Christian standards and that the camp administration/JEMS staff reserves the right to dismiss anyone who does not comply. Expenses for this will be charged to me, my parents or guardian.

Signed _____ Date _____

PARENT/GUARDIAN PERMISSION: (Required for conferees under 18 years of age) As the parent/guardian of camper, I hereby grant permission for attendance and authorize JEMS camp staff to make any necessary decisions in case of unruly conduct and/or medical emergency. I will be responsible for any expenses incurred, including medical & transportation costs. I also voluntarily release & discharge & will indemnify, defend and hold harmless JEMS, its directors, officers, employees, or agents (collectively "JEMS Parties") from any injury or damage to said person or property due to negligence, carelessness, or any other cause.

Signed _____ Date _____

Office Use Only Date: _____
 Check #: _____
 Last Name: _____
 Amount Paid: 418 428 453 _____

SCHOLARSHIP / AMT: _____
 CONFIRMATION SENT (date): _____
 Cancel Date: _____ By Phone/Email/Letter
 CR Date _____ Refund Amt _____
 Check Sent _____ Check #: _____

Office Use Only
JH _____
 Camp Photo: _____
 Amt Due: _____
 Wait List #: _____

2012 JEMS Mount Hermon Health History Form

(For Youth Camps & Special Camp only)

Full Name _____ Date of Birth _____ Age _____ Gender: M F
MM/DD/YY Age at Camp

Home Address _____
Street City State Zip

HEALTH HISTORY: Read and complete this form thoroughly. The information provided on this form will be used to brief our staff about your nutritional needs and health background. If you are under 18, please have your parents complete this form and sign the consent and authorization for health care on the back of this form. Please feel free to add additional information on separate sheets of paper. **Please notify JEMS in writing if there are any changes before you arrive at camp.**

1) ALLERGIES: Please MARK ONE or more boxes (mark all that apply to the camper)

- I have no known allergies
- I am allergic to the following food(s): _____
Does this cause anaphylaxis? Yes No Unsure
- I am allergic to the following medications(s): _____
Does this cause anaphylaxis? Yes No Unsure
- I am allergic to the following substances(s): _____
Does this cause anaphylaxis? Yes No Unsure

2) NUTRITION: Please MARK ONE. We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please call if you have any questions.

- I eat a regular, varied diet.
- I am lactose-intolerant. *Please bring your own supply or products (such as Lactaid). The health supervisor will give as needed.*

3) CHRONIC CONCERNS: Please MARK ONE or more boxes (mark all that pertain to the camper and provide information about supportive health care)

- I have no chronic health concerns and am capable of full participation in this camp program.
- I have the following chronic health concern(s):
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> headaches | <input type="checkbox"/> sleepwalking | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> hearing difficulties | <input type="checkbox"/> menstrual cramps | <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> fears/phobias |
| <input type="checkbox"/> bee sting allergies | <input type="checkbox"/> seizure disorder | <input type="checkbox"/> surgical history | <input type="checkbox"/> fainting |
| <input type="checkbox"/> other (please describe) _____ | | | |

For each marked item, provide information about supportive health care needed (if any): _____

If *surgical history* is marked above, please explain: date of surgery _____ type of surgery _____
Are all symptoms resolved? Yes No - Please explain _____

4) CLEARANCE FOR PARTICIPATION /TETANUS SHOT/DOCTOR'S INFO

Are you cleared by your physician for active camp participation? Yes No

Date of last tetanus shot _____

Physician name _____ Office phone () _____

Dentist name _____ Office phone () _____

5) MEDICATIONS: MARK THE BOX THAT APPLIES TO THE CAMPER. Note: All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if you have been taking the current dose for less than three months prior to arrival of if there are any changes

- I do not take any medication
- I take the following medication(s) *Use a separate sheet if necessary*

1. medication _____ reason for taking _____
dose taken _____ how often each day? _____

2. medication _____ reason for taking _____
dose taken _____ how often each day? _____

MEDICATIONS (continued)

Cross-out any medicine that SHOULD NOT be administered. The following medications are supplied to our health supervisor during camp. They are used to manage illness/injury and are dispensed as directed by our medical protocols. Generic forms may be used.

Acetaminophen (Tylenol)	Cough Drops	Hydrocortisone Cream	Neosporin
Alcohol Swabs	Cough Syrup	Ibuprofen (Motrin)	Pepto Bismol
Aloe	Chloraseptic	Insect Repellent	Pseudoephedrine
Antacid	Diphenhydramine (Benadryl)	Iodine Swabs	Tinactin
Calamine Lotion	Dramamine	Kaopectate/Anti-Diarrheals	Triple Antibiotic Cream

6) MENTAL, EMOTIONAL AND SOCIAL HEALTH *(this information will only be disclosed to necessary camp staff)*

Have you been diagnosed with ADD, depression, OCD, panic/anxiety disorder or had any other emotional, mental or social health concerns that continue to affect you or have prompted you to seek professional care? If so, please explain _____

7) BILLING INFORMATION FOR HEALTH CARE **(Please include a copy of your insurance card, if you are insured)**

Please copy both sides of the card. You are financially responsible for health care given by an out-of-camp provider and for transportation home if the need arises.

- I am not covered under any insurance policy.
- I am covered under the following health insurance.

Insurance Company _____ Policy/Member # _____
 Insurance Company Telephone () _____ Name of Subscriber _____
 Insurance Co. Address _____ City _____ State _____ Zip _____

8) EMERGENCY CONTACT INFORMATION **(Please list people who know you & whom we can consult if the need arises)**

Primary Contact _____ relationship to conferee _____
 Home () _____ Work () _____ Cell () _____
 Alternate Contact _____ relationship to conferee _____
 Home () _____ Work () _____ Cell () _____

9) PERSONAL OR PARENT/GUARDIAN CONSENT **(Parent/Guardians sign for minors; otherwise the applicant signs)**

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE & CONSENT (if under 18) This health history is correct and my child has permission to participate in all JEMS Mount Hermon activities except those noted by me and/or the examining physician or health supervisor. I will not hold JEMS, it's staff, any of our leased camp sites or agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported by authorized vehicles if an emergency situation arises. JEMS has my permission to obtain a copy of my child's health record from the providers that treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other JEMS staff. I give permission to the physician selected by JEMS to order x-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied.

SIGNATURE OF PARENT/GUARDIAN (if under 18) _____ **DATE** _____

PERSONAL AUTHORIZATION FOR HEALTH CARE & CONSENT This health history form is correct and I am capable of participating in the full JEMS Mount Hermon camp program apart from the exceptions noted above. I will not hold JEMS, it's staff, any of our leased camp sites or agents liable for injury caused by common accident, illness, or the rendering of emergency care while I participate in the camp program and the transport to and from any emergency (if necessary) JEMS has my permission to obtain a copy of my health record from my health providers. I understand that information about my health will be shared on a "need to know" basis with other JEMS staff. I give permission to the physician selected by JEMS to order x-rays, routine tests and treatment for my health in case of an emergency. If my emergency contact cannot be reached, I give permission to the physician selected by JEMS to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my health. This form may be photocopied.

APPLICANT'S SIGNATURE (if 18 or over) _____ **DATE** _____