

NAME Last _____ First _____
Homeroom Teacher _____

Camp Classen



STUDENT FORMS TO RETURN



Camp Week – November 18-22, 2024

ALL FORMS MUST BE RETURNED BY:

October 21, 2024

ALL MONEY MUST BE TURNED IN BY:

Nov. 1, 2024

(Cash or checks accepted)

(Payments via MyPaymentsPlus available w/additional fee)

Make checks payable to Wayland Bonds Elementary.

Please note on the check/note if it is a partial payment and more funds will be sent at a later date. *Paperwork and payments can be sent to school at any time before the due date.*

Office Use Only:

- ___ Signatures
- ___ Medication Y/N
- ___ Med Consent Y/N or N/A
- ___ Emergency info
- ___ TDAP Info Y/N
- ___ Insurance Card copy
- ___ Horses Y/N ___ Boats Y/N
- ___ Shirt Size
- ___ Online Waiver Y/N
- ___ Paid

PLEASE DO NOT REMOVE STAPLE

Student Agreement

As a student of Moore Public School Outdoor School Program, you must agree to the following statements. Your signature is required to show that you accept these responsibilities.

I understand that failure to assume these responsibilities may result in loss of privileges or in being sent home.

I will:

- conduct myself in a mature, responsible manner
- be respectful to adults and peers at all times
- be friendly to all other campers
- exhibit a positive attitude at all times
- willingly follow the rules of my cabin counselors, teachers, and camp staff
- be willing to help with all duties (clean up, etc.) at all times
- be a good role model to my cabin mates
- participate in all activities as directed by the camp director and teachers

I will NOT:

- participate in pranks or dangerous horseplay of any kind

I have read and agree to all of the above.



Student Signature : _____ Date _____

Parent Agreement

My child has permission to attend outdoor school during the week of November 18-22, 2024. I understand that students will be in the woods and other rugged terrain for nature and environmental study part of each day. An adult will supervise all students. Information about my child's medical condition and/or medications may be shared with the adults on an as needed basis (Wayland Bonds employees and cabin parents) who will be caring for him/her. In case of medical emergency, I understand I will be contacted as soon as possible. I give permission for Moore Public Schools/Wayland Bonds Staff to transport my child to a hospital or medical office if necessary to secure emergency medical care. I give my consent for any Wayland Bonds Camp Staff to make any necessary medical decisions on my child's behalf.

Photo Release: I hereby give representatives of Wayland Bonds Elementary and Moore Public Schools the unqualified right to take pictures of my child while he/she is attending the Wayland Bonds Elementary Outdoor Education Program at Camp Classen and to place the finished pictures on the Wayland Bonds Elementary/Moore Schools website. I understand that these pictures will be accessible to anyone with Internet access and may be used in instructional settings. NO children's names will be published.



Signature of Parent/Guardian: _____ Date _____

MEDICINE

If you are sending medication to camp, we **MUST** have the following:

1. Doctor's note for ***each*** medication (prescription or over-the-counter). This may be on a prescription pad OR the Parent Medication Consent Form (a separate sheet that will be provided if previous pages note a medication need.)
2. Parent Signature on Parent Medication Consent Form (One example attached and more available in the office or online via the Camp Classen webpage).
<https://waylandbonds.mooreschools.com/about-us/camp-classen>

Child's Name _____

Please list all types of Medications your child will be taking.

(INCLUDING OVER-THE-COUNTER)

Name of Medication	Dosage Amount	Circle Time(s) Of Day Given	Day(s) given
		Before Breakfast Lunch Dinner Bedtime As Needed	Monday Tuesday Wednesday Thursday Friday
		Before Breakfast Lunch Dinner Bedtime As Needed	Monday Tuesday Wednesday Thursday Friday
		Before Breakfast Lunch Dinner Bedtime As Needed	Monday Tuesday Wednesday Thursday Friday
		Before Breakfast Lunch Dinner Bedtime As Needed	Monday Tuesday Wednesday Thursday Friday
		Before Breakfast Lunch Dinner Bedtime As Needed	Monday Tuesday Wednesday Thursday Friday

*****PLEASE SIGN THE MEDICATION PERMISSION FORM ON THE FOLLOWING PAGE*****

Medication Permission Form

All medications must be in a prescription vial with the pharmacy label that states: Physician's name, the name of the medication, and the directions for the administration of the medication to the student.

Non-prescription medicines must be in the original container and accompanied by the physician's written request and instructions for the administration at school.

By signing this form, the parent with legal custody or guardianship understand that under state law the Board of Education, the Moore School District, or employees of the District shall not be liable to the student or the student's parents or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medication. I hereby give my consent and authorize the school nurse, principal, or designated employee at Wayland Bonds Elementary to give medication(s) to my child, _____, as recommended by Dr. _____ for the purpose of treating _____. I give school personnel permission to contact the prescribing physician if necessary.



Signature of Legal Parent/Guardian

Date

Camp Classen Outdoor School Program
Emergency/Health/Medications Information

Student's Name _____ Birthdate ___/___/___ Age: _____

Home Phone: _____

Home Address: _____

Parents/Guardians: _____

Work Phone(mom): _____ (dad): _____

Cell Phone (mom): _____ (dad): _____

Emergency Contact (Other than Parent): _____

Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Last Tetanus Shot {Usually at age 4} (DTap) : _____ **(Approx. Date is fine)*** (REQUIRED)**

Does your child have a history of :

___ diabetes ___ seizures ___ Hives

___ Stomach problems ___ Frequent Headaches

___ Bed Wetting ___ Migraines ___ Asthma

___ Allergies (Type: _____)

Does your child have any food restrictions we need to know about? (i.e. religious restrictions on beef/pork, vegetarian, severe allergies to a food...*not because they are picky eaters*)

Other Health Concerns or Physical Limitations that we need to be aware of:

Insurance:

Insured Carrier's Name: _____ Carrier's DOB: ___/___/___

Insurance Company: _____ Subscriber Policy#: _____

___ **I am attaching a copy** of BOTH sides of my child's insurance card. I will assume responsibility for any medical charges not covered by the insurance company. (if you are unable to print a copy, you may take a photo and email me melissacosper@mooreschools.com) check here if no card is provided by your insurance company

___ My child has no insurance coverage, but I will assume responsibility for medical charges incurred by my child.

 Parent Signature: _____ Date: _____

***Please indicate if you are waiting on an insurance card, etc.**

STUDENT NAME _____

*****BOATING PARENTAL PERMISSION:**

My child _____ MAY
_____ MAY NOT go canoeing. (Life jackets are required and provided by the camp.)

*****HORSEBACK RIDING PARENTAL PERMISSION:**

My Child _____ MAY
_____ MAY NOT go Horseback Riding (Riding helmets are required and provided by the camp.)



Parent Signature: _____

Student T-shirt Size—Please circle one (*Size UP just in case.* These shirts can sometimes run small.)

Youth-M

Youth-L

Adult-S

Adult-M

Adult-L

Adult-XL

Adult-2XL

Please make checks to Wayland Bonds. Cash is accepted in clearly marked envelope.
Credit/Debit payments accepted on MyPaymentsPlus.*(an additional convenience fee will be added)*

(Please note on the check if you are paying an installment towards camp and I should expect additional funds.)

All FEES/TUITION are due by November 1, 2024

Student Fee: \$275.00

Parent Fee: \$225.00

Instructions for completing waivers for ALL Camp Classen participants

We have created an Outdoor Education Participant Portal in our Online Registration System to make completing the Camp Classen Waiver quick and easy. Please follow the steps below. If you have any trouble our questions, please reach out to the Camp Classen office for assistance at (580) 369-2272.

1. This is the link to the registration website you will need to go to: <https://ymcacampclassen.campbrainregistration.com/>
2. Use the "New User Sign-up" to create an account.
3. Once logged in you should see the option to "start a new application" on the homepage. Choose the option "Outdoor Education Participant Portal"
4. Step 1/6: You will now add the Parent and student information. If you are coming as a parent sponsor, select yourself to add to the registration or add an additional parent. You will then add your student by clicking add child.
5. Step 2/6: On the "Select Sessions" page you will need to select your student's school. Choose "add to cart" and then choose whether the participant is a student, chaperone or school staff member. Repeat this step for each participant (parent and child, if both attending)
6. Step 3/6: "Fill Out Forms". You will need to complete the "Household Form" and the "Terms and Conditions" for each participant.
7. Step 5/6: On the next page you will click "submit application".

DONE! Thank you!

If you have any trouble completing this registration, please reach out directly to Camp Classen at (580) 369-2272 or email sjolly@ymcaokc.org or kjolly@ymcaokc.org

required

Check here if you've completed this online waiver above:

If this isn't completed, your child will not be allowed to attend camp.