CAMP CLASSEN 2025

Student Packet to TURN IN

DUE BY: OCTOBER 6th, 2025

Student Name_____

Please use the following checklist to ensure each portion is complete before turning in.

Checklist

I have completed:

- ☐ Emergency/ Health Information
- ☐ Parent Agreement
- ☐ Student Agreement
- ☐ Insurance Information
- ☐ I have attached a copy of Insurance card or emailed it
- ☐ Permissions
- ☐ Online YMCA waiver
- ☐ Medication Information (if applicable)
- ☐ Medication form for EACH medication signed by a PHYSICIAN (if applicable)

Outdoor School Program

Emergency/Health

Student's name_____ (circle one): Male or Female

Address _____

T-shirt Size (Circle) : YL AS AM AL AXL AXXL Birth date___/___/_____ Age_____

1st Guardian to contact in Emergency: Name_____ phone _____

2nd Guardian to contact in Emergency: Name_____ phone_____

Does your child have any history of:

_____Diabetes _____Seizures

_____Hives _____Frequent headaches

_____Stomach problems _____Migraines

_____Bed wetting _____Asthma- (*please indicate below if child will carry inhaler)*

Other health problems or limitations not listed above_____

Please explain if any of the above are checked:

_____

_____

_____

Please list allergies and type of reaction:

Allergic to:	**Reaction:**

Parent Agreement

My child has permission to attend outdoor school Nov. 18-21, 2025. I understand that students will be in the outdoors and participating in physical activities throughout the day. An adult will supervise my student at all times. Information about my child's medical condition and/or medications may be shared with the adults on an as-needed basis (Apple Creek 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/Apple Creek Staff to transport my child to a hospital or medical office if necessary to secure emergency medical care. I understand that if my child begins running a fever or vomiting, I will be contacted and need to pick them up from camp.

*Signature of Parent/Guardian:*_____ *Date*_____

Student Agreement

I understand that my participation in the Outdoor School Environmental Program depends upon:

1. My active participation in all activities.
2. My responsibility for all duties assigned me.
3. My following all Outdoor School rules and expectations.
4. My respectfulness toward peers, sponsors, staff, and nature.

I understand that failure to assume these responsibilities may result in loss of privileges or in being sent home at my parents' expense.

*Student's Signature*_____ *Date*_____

*Parent/Guardian Signature*_____ *Date*_____

Insurance

Check One	
☐	My Child DOES have medical insurance. I am attaching a copy of BOTH sides of my insurance card. I will assume responsibility for any medical charges not covered by the insurance company. **(PLEASE ATTACH A COPY OR send on Parent Square to Amanda Richardson)** Subscriber's name_____Subscriber's DOB_____ Insurance Company_____ Policy #_____
☐	My child has no insurance coverage, but I will assume responsibility for medical charges incurred by my child. Parent Signature: _____Date: _____

Permissions		YES	NO
Photo Release	I herby give representatives of Apple Creek Elementary and Moore Public Schools the unqualified right to take pictures of my child while he/she is attending the Apple Creek Elementary Outdoor Education Program at Camp Classen and to place the finished pictures on the Apple Creek Elementary/Moore Schools web site. Photos taken at camp will be posted in a private Google folder for Apple Creek Camp Classen 2025. *If you do not wish to give permission, your child will not be able to be in any pictures taken at camp.	☐	☐
First Aid	I give my permission for Moore Public Schools to administer basic first aid (antiseptic, antibiotic ointment, bandages) to my student if needed for minor cuts and scrapes.	☐	☐
Horseback Riding	My child may participate in horseback riding (helmets are required and provided by camp)	☐	☐
Kayaking	My child may participate in kayking (lifejackets are required and provided by camp, as well as a lifeguard)	☐	☐

Parent Signature: _____ Date _____

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 unless you have been to Camp Classen and created an account before. If you have been here before, please log in with your email and use the password reset option if you can not remember your password.

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 and waiver, please reach out directly to Camp Classen at (580) 369-2272 or email sjolly@ymcaokc.org or kjolly@ymcaokc.org

MEDICATION

- If you are sending ANY medication (prescription and/or over-the-counter) to camp, we MUST have one *Medication Consent Form* for EACH medication signed by the physician and the parent.

- All prescription medications **MUST** be in the prescription bottle 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.

- All medication must be dropped off with a teacher when you drop off your child for camp. Students are NOT allowed to have medication on them.

- Students with an inhaler may carry it with them IF it is indicated on the medication form.

Medication Information (if applicable)

Please list any medication that will be sent to camp.

MUST HAVE MEDICATION FORM FOR EACH ONE SIGNED BY A PHYSICIAN

Student name:

Medication	**Dosage**	**Time to be Given** *(at a mealtime, specific time, or bedtime, etc., or as needed)*