



# Camp Application

## Admission Requirements

1. Legal guardian and youth must be legal residents of the state of Florida.
2. Between the ages of 10 and 15.
3. Completed Summer Camp Application form and recommendation by Sheriff.
4. Youth must not be severely emotionally disturbed.
5. Youth must not be dependent on drugs or alcohol.
6. Youth need to know that weapons, smoking, use of alcoholic beverages and non-prescribed drugs are not permitted.
7. Willingness to accept camp instruction, discipline and dress code policies (failure to comply with camp policies and rules may result in dismissal).
8. Satisfactory physical examination (on our form), signed by medical doctor and legal guardian. Physicals must be completed within one year prior to start of Summer Camp session.
9. Any medication that the youth must take while at Camp must be given to the nurse upon arrival.
10. Signed and notarized Program Release/Registration/Transportation.

**ATTACH  
PHOTOGRAPH  
HERE**

**(required)**

**PLEASE FILL IN COMPLETELY**

**IMPORTANT: Please Type or Print**

DATE OF APPLICATION \_\_\_\_\_

LEGAL NAME OF YOUTH \_\_\_\_\_ NICKNAME \_\_\_\_\_

First                      Middle                      Last

YOUTH'S PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PRESENT LIVING ARRANGEMENTS OF YOUTH

\_\_\_\_\_ Parent(s)                      \_\_\_\_\_ Foster Home                      \_\_\_\_\_ Other

\_\_\_\_\_ Relative(s)                      \_\_\_\_\_ Shelter Care

NAME OF RESPONSIBLE PERSON \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

CELL (    ) \_\_\_\_\_ WORK (    ) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

PERSON HAVING LEGAL CUSTODY \_\_\_\_\_ RELATIONSHIP OR TITLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ WORK (    ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

# YOUTH INFORMATION

\_\_\_\_\_  
Name of Youth

\_\_\_\_\_  
Date of Birth

Any problem areas which Camp staff should be aware of, such as drugs, alcohol, tobacco, stealing, lying, running away, setting fires, etc.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the youth get along with adults (relationship to authority)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the youth get along with peers (social skills, leader/follower, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are youth's interests and hobbies? \_\_\_\_\_  
\_\_\_\_\_

Has the youth ever been hospitalized for drug, alcohol, or emotional problems? \_\_\_\_\_

Did the youth complete program successfully? \_\_\_\_\_

Is the youth currently in counseling? \_\_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the youth exhibit violent behavior (threatening, fighting, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Is the youth currently on medication? \_\_\_\_\_ If so what type? \_\_\_\_\_  
\_\_\_\_\_

Has the youth ever attended a Florida Sheriffs Youth Ranch program (Project Harmony, Summer Camp, Mobile Camp?) \_\_\_\_\_

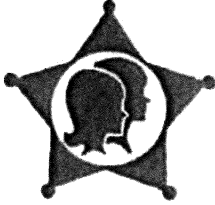
Additional comments regarding the youth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-shirt size choice:  YL  S  M  L  XL  2X  3X

**Do you give permission for the camper to be photographed and participate in social/public media activities?**  Yes  No

\_\_\_\_\_  
Person Completing Form

\_\_\_\_\_  
Date



**FLORIDA SHERIFFS YOUTH RANCHES, INC.  
CAMPING SERVICES**

**Program and Transportation Release**

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, & ZIP \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Authorization Phone \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

As parent/guardian, I hereby agree to give the Florida Sheriffs Youth Ranches, Inc.:

- authority to make decisions regarding medical problems and plans for treatment
- permission to transport my child and release the Florida Sheriffs Youth Ranches, Inc., and private parties providing camp transportation from all liability.

**AGREED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature of Parent/Legal Guardian in presence of Notary)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_, who states that he/she executed the above instrument of his/her own will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary

**NOTARY SEAL**

Personally Know \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

# FLORIDA SHERIFFS YOUTH RANCHES



Youth Camp  
1170 Youth Camp Lane  
Pierson, Florida 32180  
386/749-9999

Caruth Camp  
P.O. Box 10  
Inglis, Florida 34449  
352/447-2259



## SUMMER CAMP Medical Report To Be Filled Out By Medical Doctor

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last  
 Gender: \_\_\_\_\_

Normal	Check Each Item In Appropriate Column	Abnormal
	1. Head, face, neck, scalp	
	2. Nose	
	3. Sinuses	
	4. Mouth, throat, teeth	
	5. Ears, general	
	6. Drums (perforation)	
	7. Eyes, general (wear glasses?)	
	8. Ophthalmoscopic	
	9. Pupils (equality & reaction)	
	10. Ocular motility	
	11. Lungs, chest, breasts	
	12. Heart	
	13. Vascular System	
	14. Abdomen, viscera, hernia	
	15. Anus and rectum	
	16. Endocrine System	
	17. G-U System	
	18. Extremities	
	19. Spine & musculoskeletal	
	20. Skin & lymphatics	
	21. Identifying body marks	
	22. Neurologic	
	23. Psychiatric	
	24. General systemic	
25. Hearing (standing sideways, distant ear closed)		
	Whispered Voice    Right Ear    Left Ear	
	(distance in feet)	
	Audiogram, if indicated    Enclose _____	
26. Distant Vision (Snellen)		
	Right Eye 20/	Corr. to 20/
	Left Eye 20/	Corr. to 20/
27. Near Vision (Jaeger)		
	Right Eye 20/	Corr. to 20/
	Left Eye 20/	Corr. to 20/
28. Color Vision (test used and result)		
29. Blood Pressure (recumbent)		
	Systolic _____	Pulse Rate _____
	Diastolic _____	
30. Menstrual History. If abnormal explain.		
31. History of STD's:		
<b>Enclose results of any other tests indicated.</b>		

**NOTES: Describe Every Abnormality In Detail. Use Extra Sheets If Necessary.**

**HEIGHT:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_

**ALLERGIES:**  
 Medication \_\_\_\_\_  
 Food \_\_\_\_\_  
 Insects \_\_\_\_\_

**TETANUS WITHIN 10 YEARS    DATE:** \_\_\_\_\_

**CURRENT MEDICATIONS:**  
**(Must Have RX to give medication at Camp).**

\_\_\_\_\_

**APPLICANT IS FIT FOR STRENUOUS CAMP PROGRAM.**  
 Yes     No     Limited

**PARENT/GUARDIAN WAS ADVISED OF RECOMMENDED MEDICAL FOLLOW-UP (Please describe.)**

\_\_\_\_\_

**I FIND THE APPLICANT TO BE FREE OF COMMUNICABLE DISEASE AND NEED FOR MEDICAL ATTENTION EXCEPT AS FOLLOWS:**

\_\_\_\_\_

**WHEN ABSOLUTELY NECESSARY, THIS ORGANIZATION UTILIZES NON-VIOLENT, PHYSICAL RESTRAINT TECHNIQUES AUTHORIZED THROUGH THE CRISIS PREVENTION INSTITUTE. PLEASE INDICATE IN THE SPACE PROVIDED, ANY PHYSICAL OR MEDICAL CONDITIONS THAT WOULD LIMIT THE USE OF ANY SUCH TECHNIQUES. WE WILL ASSUME THERE ARE NO LIMITING PHYSICAL OR MEDICAL CONDITIONS IF THIS SECTION IS BLANK.**

\_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRINTED Name and Address of Medical Doctor** \_\_\_\_\_ **Telephone** \_\_\_\_\_

# Florida Sheriffs Youth Ranches Medical History

TO BE FILLED OUT BY PARENT OR OTHER PERSON FAMILIAR WITH HISTORY



Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last

## REPORT OF MEDICAL HISTORY

Has applicant ever had (check at left of each item)

YES	NO		YES	NO		YES	NO	
		Measles			Frequent Colds			Tumor, Growth, Cyst, Cancer
		Chicken Pox			Sinusitis			Rupture/Hernia
		Whooping Cough			Hay Fever			Appendicitis
		Small Pox			Severe Tooth Trouble			Bowel Trouble
		Typhoid			Head Injury			Kidney Trouble
		Scarlet Fever			Skin Disease			Sexually Transmitted Disease
		Diphtheria			Goiter			Epilepsy or Seizures
		Mumps			Tuberculosis			Trouble Sleeping
		Rheumatic Fever			Asthma			Frequent or Terrifying Dreams
		Swollen or Painful Joints			Shortness of Breath			Bed Wetting
		Eye Trouble			Stomach Trouble			Periods of Unconsciousness
		Ear, Nose, Throat Trouble			Jaundice			Pneumonia
		Running Ears			Allergy to Drugs			Diabetes
		Hearing Trouble			Broken Bones			Bleeding Tendencies

### FAMILY HISTORY

Relation	Age	State of health	Living	Deceased	Cause of Death
Father					
Mother					
Brothers and Sisters					

Has any blood relations (parent, brother, sister, other) ever had (check each item)

YES	NO	Relationship
		Tuberculosis
		Syphilis
		Diabetes
		Cancer
		Kidney Trouble
		Heart Trouble
		Epilepsy or Fits
		Committed Suicide
		History of Mental Illness

### IMMUNIZATION RECORD DATES

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
VACCINE	/ /	/ /	/ /	/ /	/ /
DTaP/DTP2	/ /	/ /	/ /	/ /	/ /
DT3	/ /	/ /	/ /	/ /	/ /
Td4	/ /	/ /	/ /	/ /	/ /
Polio5	/ /	/ /	/ /	/ /	/ /
HIB6	/ /	/ /	/ /	/ /	/ /
MMR (Combined) <sup>7</sup>	/ /	/ /	/ /	/ /	/ /
(Separate) <sup>8</sup>	/ /	/ /	/ /	/ /	/ /
Hepatitis B <sup>9</sup>	/ /	/ /	/ /	/ /	/ /

A copy of immunization records is acceptable.

Has applicant ever been hospitalized or had an operation? List:

Hospital	Address	Date Last Seen	Reason	Year
Dentist of Youth				
Dental Abnormalities or Needs				

Form filled out by \_\_\_\_\_  
 Relation to Applicant \_\_\_\_\_ Date Completed \_\_\_\_\_

Form #CC100-1

**Florida Sheriffs Youth Ranches Camping Services Camper Registration Contract**  
1170 Youth Camp Lane, Pierson, FL 32180 ♦ 386.749.9999

**Family Information**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

**Camper Information**

Camper Name \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Terms and Conditions**

I hereby agree:

1. Not to hold the Florida Sheriffs Youth Ranches, Inc., or staff responsible for illness or injury.
2. To give permission to participate in approved camp activities including but not limited to initiative problem solving, canoeing, hiking, challenge course, high ropes course, team-building, team sports, archery, swimming, and classroom setting activities (except as authorized by doctor's orders).
3. To give the Florida Sheriffs Youth Ranches, Inc., permission to resolve behavioral issues.

**NOTICE OF PRIVACY RIGHTS FOR YOUTH**

This notice describes how health information about you may be used and disclosed, and how you can get access to your protected health information. The Florida Sheriffs Youth Ranches, Inc., is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding our youth and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies them. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our agency concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We may use and disclose your PHI in the following ways: treatment, payment, health care operations, release of information to family/friends, disclosures required by law, public health risks, health oversight activities, lawsuits, and other similar proceedings, law enforcement, research, serious threats to health or safety, military, and national security. You have the right to confidential communication, requesting restrictions, inspection and copies, amendment, accounting of disclosures, right to paper copy of this notice, right to file a complaint, and the right to provide an authorization for other uses and disclosures. For a more detailed description of the Notice of Privacy Rights for Youth, you may contact the Privacy Officer at the Florida Sheriffs Youth Ranches, Inc., PO Box 2000, Boys Ranch, FL 32064, Phone 386-842-5501.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

.....  
**For Office Use**

Date Received \_\_\_\_\_

Session \_\_\_\_\_

APP    WTL    RJC

By \_\_\_\_\_