

FLORIDA SHERIFFS YOUTH RANCHES, INC. Session:

Camp Application

	Admission	Requirements						
1.	Legal guardian and youth must be lega	I residents of the	state of Flori	da.				
2.	Between the ages of 10 and 15.				ſ		rece to the territories of TERRITORIES AND THE Territories along in advantage and advantage and advantage and a	
3.	Completed Summer Camp Application	form and recomn	nendation by	Sheriff.				
4.	Youth must not be severely emotionally	disturbed.						
5.	Youth must not be dependent on drugs	or alcohol.						
6.	6. Youth need to know that weapons, smoking, use of alcoholic beverages and non-prescribed ATTACH						ATTACH	
	drugs are not permitted.						PHOTOGRAPH	
7.	Willingness to accept camp instruction	discipline and dr	ess code poli	cies (failure to con	nply with	HERE		
	camp policies and rules may result in c	ismissal).					(required)	
8.	Satisfactory physical examination (on o	ur form), signed l	by medical do	ctor and legal gua	ardian.			
	Physicals must be completed within on	e year prior to sta	art of Summer	Camp session.				
9.	Any medication that the youth must tak	e while at Camp	must be giver	to the nurse upor	n arrival.			
10.	Signed and notarized Program Release	e/Registration/Tra	nsportation.		L			
		PLEA	SE FILL II	N COMPLETE	LY			
IMPO	RTANT: Please Type or Print	And gallets from the second				ATION		
LEGAL	NAME OF YOUTH					NICKNAI	ME	
	First	Middle		Last				
YOUTH	I'S PERMANENT ADDRESS					nations with the boundary of the little and the latter of the consequence of the		
•	COUNTY		ZIP		_ PHONE	()		
DATE (OF BIRTH	AGE	RACE	MALE_		FEMALE		
PRESE	NT LIVING ARRANGEMENTS OF YOUT	<u>H</u>				ster Home elter Care	Other	

_____ ZIP_____

NAME OF RESPONSIBLE PERSON ______ PHONE (_____)

CELL () WORK ()

CURRENT ADDRESS _____

PERSON HAVING LEGAL CUSTODY ______ RELATIONSHIP OR TITLE _____

ADDRESS: CITY/STATE____ZIP___

ADDRESS:

SIGNATURE

YOUTH INFORMATION

Name of Youth	Date of Birth	
Any problem areas which Camp staff sh	ould be aware of, such as drugs, alcohol, tobacco, stea	ling, lying, running away, setting fires, etc.?
How does the youth get along with adul	ts (relationship to authority)?	
	s (social skills, leader/follower, etc.)?	
What are youth's interests and hobbies?		
	r drug, alcohol, or emotional problems?	
	sfully?If so, why?	
Does the youth exhibit violent behavior	threatening, fighting, etc.)?	
s the youth currently on medication?	If so what type?	
·	heriffs Youth Ranch program (Project Harmony, Summe	
T-shirt size choice:	□ L □ XL □ 2X □ 3X er to be photographed and participate in social/publ	lic madia activitias? □ Vas □ Na
υο you give perimosion for the camp	er to be priotographed and participate in Social/publ	no media acuvides: 🗀 165 🗀 140
Person Completing Form	Date	AND THE PARTY OF T



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
	ng medical problems and plans for treatment direlease the Florida Sheriffs Youth Ranches,
AGREED BY (Signature of Parent/Legal Guardian in	presence of Notary)
STATE OF FLORIDA, COUNTY OF	
Before me personally appeared the said that he/she executed the above instrument of knowledge of the purpose thereof.	his/her own will and accord, with full
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 Identi	fication
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:				
Normai	Check Each Item in Appropriate Column	Abnormal	NOTES: Describe Every Abnormality In Detail. Use Extra Sheets If Necessa				
Anguage a communicación de describión de describión de describión de describión de describión de describión de	1. Head, face, neck, scalp		HEIGHT:				
***************************************	2. Nose						
Participate and the street of	3. Sinuses		WEIGHT:				
	4. Mouth, throat teeth						
	5. Ears, general		ALLERGIES:				
***************************************	6. Drums (perforation)						
*******************	7. Eyes, general (wear glasses?)		Medication				
	8. Ophthalmoscopic		Food				
THE RESIDENCE OF THE PARTY OF T	9. Pupits (equality & reaction)	Contract of the second	Insects				
to concentration of the	10. Ocular motility						
Control of the Contro	11. Lungs, chest, breasts		TETANUS WITHIN 10 YEARSDATE:				
***************************************	12. Heart						
	13 Vascular System		CURRENT MEDICATIONS:				
	14. Abdomen, viscera, hernia		(Must Have RX to give medication at Camp).				
COLUMN TO SERVICE SERV	15. Anus and rectum		(
	16 Endocrine System						
	17. G-U System		APPLICANT IS FIT FOR STRENUOUS CAMP PROGRAM.				
	18 Extremities		Yes No Limited				
	19. Spine & musculoskeletal		res No Limited				
	20, Skin & lymphatics						
	21. Identifying body marks		PARENT/GUARDIAN WAS ADVISED OF RECOMMENDED MEDICAL				
	22 Neurologic		FOLLOW-UP (Please describe.)				
	23. Psychiatric						
	24. General systemic						
25. Hearin	ng (standing sideways, distant ear closed)						
ADDITION OF THE PARTY OF THE PA	Whispered Voice Right Ear Left Ear		LEIND THE ADDITIONALT TO BE EDGE OF COMMUNICADIE DISEAS				
	(distance in feet)		I FIND THE APPLICANT TO BE FREE OF COMMUNICABLE DISEASE				
	gram, if indicated Enclose.		AND NEED FOR MEDICAL ATTENTION EXCEPT AS FOLLOWS:				
26. Distan	nt Vision (Snellen)	A CONTRACTOR OF THE PROPERTY O					
	Right Eye 20/ Corr. to 20/						
	Left Eve 20/ Corr to 20/						
27. Near \	Vision (Jaeger)		WHEN ABSOLUTELY NECESSARY, THIS ORGANIZATION				
	Right Eye 20/ Corr. to 20/		UTILIZES NON-VIOLENT, PHYSICAL RESTRAINT TECHNIQUES				
	Left Eve 20/ Corr to 20/	approximation of the second of	AUTHORIZED THROUGH THE CRISIS PREVENTION INSTITUTE.				
	Vision (test used and result)		PLEASE INDICATE IN THE SPACE PROVIDED, ANY PHYSICAL				
29. Blood Pressure (recumbent)			OR MEDICAL CONDITIONS THAT WOULD LIMIT THE USE OF ANY				
Systolic Pulse Rate			SUCH TECHNIQUES. WE WILL ASSUME THERE ARE NO LIMITING				
Diastolic			PHYSICAL OR MEDICAL CONDITIONS IF THIS SECTION IS BLANK				
30. Menstrual History. If abnormal explain.			PHISICAL ON MEDICAL CONDITIONS IF THIS SECTION IS BLANK				
	y of STD's:						
Enclose	results of any other tests indicated.						
Docto	r's Signature		Date				
DOINTER	Name and Address of Medical Doctor		Telenhone				

Florida Sheriffs Youth Ranches Medical History TO BE FILLED OUT BY PARENT OR OTHER PERSON FAMILIAR WITH HISTORY

Applicant's Name:			Min	Middle Last			_ Dat	Date of Birth:			
		REF	PORT	OF	MEI	DICAL F	HISTO	RY			
-	-	t ever had (check			item)						
YES	S NO		YES	NO			YES	NO			
		Measles		***************************************	Frequen	***************************************		**************	Tumor, Grow		ncer
Small Pox Typhoid Scarlet Fer Diphtheria					Sinusitis				Rupture/Hernia		~~~~
		Whooping Cough			Hay Fever				Appendicitis		***************************************
					Severe Tooth Trouble				Bowel Troubl Kidney Troub		***************************************
		1 21		Head Injury Skin Disease				Sexually Trans		20	
				-	Goiter	200C					26
		Mumps			Tubercul	nsis			Epilepsy or Seizures Trouble Sleeping Frequent or Terrifying Dreams		
		Rheumatic Fever		Asthma Shortness of Breath Stomach Trouble							ne
***************************************		Swollen or Painful Joints						Bed Wetting			
MINORE		Eye Trouble							nconsciousness		
		Ear, Nose, Throat Trouble			Jaundice				Pneumonia		With the second
		Running Ears			Allergy to	Drugs			Diabetes	***************************************	***************************************
		Hearing Trouble			Broken E				Bleeding Ten	dencies	
Father Mother											
Brother				_			 			***************************************	-
Sisters	-			1	***************************************		 			***************************************	
SISICIS				_	***************************************		***************************************		, are the control of the control of		Water of the same and the same
	-	d relations (parent	, brothe	r, sist	er, ot	her) IMI	MUNIZAT	ION F	RECOR	D DATE	S
er ha	d (che	eck each item)		r, sist	er, ot	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	d (che	eck each item) Relatio		r, sist	er, ot	. (1411					
er ha	NO T	eck each item) Relatio		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO	eck each item) Relatio uberculosis Syphilis		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3 Td4	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO T	eck each item) Relatio uberculosis Syphilis Diabetes		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO S	rck each item) Relatio [uberculosis Syphilis Diabetes Cancer		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5 HIB6	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO T	eck each item) Relatio uberculosis Syphilis Diabetes		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO TO	Relation (Uberculosis Syphilis States Cancer (Gdney Trouble See Cancer		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5 HIB6 MMR (Combined)	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO TO	Relation Rel		r, sist	er, ot	Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5 HIB6 MMR (Combined) (Separate)8 Hepatitis B9	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	NO TO	Relation Rel		r, sist	er, ot	Vaccine VACCINE DIAP/DIP2 DI3 Td4 Polio5 HIB6 MMR (Combined) (Separate)8	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO T	Relation Whereulosis Syphilis Diabetes Cancer Gidney Trouble Filepsy or Fits Committed Suicide	nship	had a		Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5 HIB6 MMR (Combined) (Separate)8 Hepatitis B9 A copy of immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO TO	Relation Tuberculosis Syphilis Diabetes Cancer Gidney Trouble Teart Trouble T	nship			Vaccine VACCINE DTAP/DTP2 DT3 Td4 Polio5 HIB6 MMR (Combined) (Separate)8 Hepatitis 89 A copy of immunization?	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
er ha	NO TO	Relation Tuberculosis Syphilis Diabetes Cancer Gidney Trouble Heart Trouble Epilepsy or Fits Committed Suicide History of Mental Illness Tever been hospital	nship	had a		Vaccine VACCINE DTaP/DTP2 DT3 Td4 Polio5 HIB6 MMR (Combined) (Separate)8 Hepatitis B9 A copy of immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
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Revised 11/12 jk - 10 -

Florida Sheriffs Youth Ranches Camping Services Camper Registration Contract

1170 fouth Camp Lane, Fig	erson, FL 32100 300.749.9999	
Family Information Parent/Guardian Name		
Address		
City, State, ZIP Code		
Camper Information Camper Name		
Gender		
Date of Birth		
 To give permission to initiative problem sol building, team sports authorized by doctor 	da Sheriffs Youth Ranches, Inc., or staff responsible for illnes o participate in approved camp activities including but not lin lving, canoeing, hiking, challenge course, high ropes course, s, archery, swimming, and classroom setting activities (except's orders). Theriffs Youth Ranches, Inc., permission to resolve behavioral	nited to team- t as
can get access to your prote dedicated to maintaining th business, we will create rec you. We are required by law	HTS FOR YOUTH nealth information about you may be used and disclosed, and ected health information. The Florida Sheriffs Youth Ranches he privacy of your Protected Health Information (PHI). In cond cords regarding our youth and the treatment and services we we to maintain the confidentiality of health information that ide by law to provide you with this notice of our legal duties and	s, Inc., is lucting our provide to entifies

ou is our e to ivacy 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	Ву					