

## YMCA SUMMER CAMPS 2018 INFORMATION FORM

Camper's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_ Birth Date: \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Please check those that apply and give approximate dates:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Hypertension      | <input type="checkbox"/> Heart Disease     | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mononucleosis     | <input type="checkbox"/> Seizures          | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Behavior Disorder |                                   |

Immunizations:

Allergies:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> DPT     | <input type="checkbox"/> Penicillin    |
| <input type="checkbox"/> Polio   | <input type="checkbox"/> Hay Fever     |
| <input type="checkbox"/> Mumps   | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Rubella |  |

Disability or chronic / recurring illness: \_\_\_\_\_

Other medical problems / allergies / diseases (please give dates): \_\_\_\_

\_\_\_\_\_

Medications child is currently taking: \_\_\_\_\_

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

Name of Child's Physician / Clinic: \_\_\_\_\_

Physician / Clinic Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Does your child have any special needs requiring an accommodation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby consent & authorize Marshall Area YMCA staff to take any & all action, including use of emergency medical transportation, medical services, & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marshall Area YMCA.

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

The following persons are **emergency contacts** and are allowed to sign out my child (listed above)

*Please Print*

Name	Relationship	Phone Number
Name	Relationship	Phone Number
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**AUTHORIZATION TO PARTICIPATE:**

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to be included in pictures associated with the program.

\_\_\_\_ YES \_\_\_\_ NO I give my child, \_\_\_\_\_, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard or water safety instructor will be on duty.

\_\_\_\_ YES \_\_\_\_ NO I would like my child to swim in shallow water only.

\_\_\_\_ YES \_\_\_\_ NO My child has permission to swim in deep water and can successfully perform the following skills: can jump feet first into water and can tread water for 10 seconds & continue to swim for 1 length of the pool. I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by YMCA van, walking, public transportation, or leased bus.

\_\_\_\_ YES \_\_\_\_ NO I give my permission for my child to use all of the equipment & participate in all activities of the program.

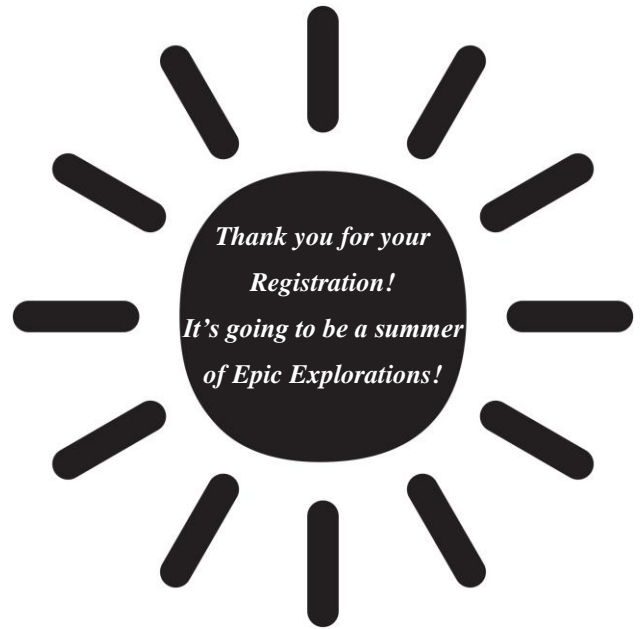
I understand that any medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marshall Area YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

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

**PAYMENT OPTIONS**

- Automatic weekly draft;** of payment methods on file. Payments will be drafted the Monday before each new week starts. \*Please see the Parent Information form for cancellation policies.\*
- In house/online** weekly registrations and payments will be made each week by the parent/guardian.
- Special Arrangement** Please let me know if you're unsure if your circumstances fall within this category.

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



Next two must be "yes" in order for child to attend.