

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) <i>Please Print</i>		
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

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*

