

Contact & Health

CONTACT INFORMATION

Camper's Name _____

Date of Birth ____/____/____ Gender _____

Parent Name (s) _____

Address _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

EMERGENCY CONTACT INFORMATION

(1) Name _____ Relation _____ Phone (____) _____ - _____

(2) Name _____ Relation _____ Phone (____) _____ - _____

Camper's Family Physician _____ Phone (____) _____ - _____

HEALTH & MEDICAL INFORMATION

Allergies (List)

Current Prescription Medications (List w/ Dosages)

Current Over-the-Counter Medications (List)

Asthma / Respiratory Condition (Describe)

Orthopedic Condition (Describe)

Diabetes? _____ Type I or II? _____ Insulin Dependent? _____ Number of Years Diabetic _____

Tetanus Shot? _____ Date of last tetanus shot ____/____/____

List any other medical conditions or other information of which we should be aware. Include previous injuries, serious illness, major surgeries, major fears, emotional or behavior support from school, anxieties, etc.

Will your child be accompanied by at TSS or IEP? Yes ☐ NO ☐

If parent(s) have special instructions and/or medications that need administered during camp hours, please contact the Sports and Recreation Director to describe your needs. He will be glad to plan accordingly and accommodate for you.

Pick-Up & Permissions

SIGN-IN and PICK-UP INFORMATION

Camper's Name _____

The following person(s) are permitted to pick-up my child from Summer Camp. Only emergency contacts and those persons below may pick-up my child. Anyone not on this list will not be permitted to pick up my child without written and signed notification submitted to our Camp Director. Authorized pick-up must have photo ID provided during pick-up.

(1) Name _____

(2) Name _____

(3) Name _____

(4) Name _____

I/we understand my child must be personally signed in and out each day with no exception. I agree to provide proper photo identification to YMCA camp staff every time I pick-up my child from camp.

Parent(s) Name _____

Signed _____ Date _____

Parent(s) Name _____

Signed _____ Date _____

ACTIVITY and FIELD TRIP PERMISSION

Camper's Name _____

I/We, the parent(s) of this child hereby grant permission for the camper to participate in any and all YMCA Day Camp field trips and activities. I/we fully understand the potential risks and hazards with such participation, including transportation to and from activities. I/we will hold the Waynesboro Area YMCA, its staff and volunteers, and all connected with the YMCA Day Camp harmless in the event of injury and/or illness as a result in participating in YMCA Day Camp, including field trips.

Parent(s) Name _____

Signed _____ Date _____

Parent(s) Name _____

Signed _____ Date _____

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We have received, read, and understand the Parent's Summer Camp Guide. I/We understand the payment options available with registration of our child and agree to pay any balances associated with their registration. I/We give permission for our child to be subject to YMCA rules and regulations, including the YMCA's right to dismiss any child from camp whose behavior and/or conduct is not acceptable to YMCA standards. Finally, I/We have completed our child's health and medical form to the best of our knowledge.

Parent(s) Name _____

Signed _____ Date _____

Parent(s) Name _____

Signed _____ Date _____