



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Northern Lights YMCA Day Camp Registration Form

This form is kept confidential and used by our staff (or emergency medical personnel). **Every camper needs a completed health form to participate in any summer camp programs. Please fill out this form as completely as possible.** Thank you!

SECTION I – BASIC CONTACT INFORMATION

Camper Name: _____ Nickname: _____

LAST FIRST

Birth date ____/____/____ Age ____ Gender Male Female

Home Address _____

STREET CITY STATE ZIP

Telephone _____ Email _____

I plan to drop my child off at _____ I plan to pick my child up at _____

Parent/Guardian #1 Name _____

Relationship: _____

Work Phone _____ Cell/Home Phone _____

Parent/Guardian #2 Name _____

Relationship: _____

Work Phone _____ Cell/Home Phone _____

In case of emergency contact (we will always call parent/guardian first. please list individuals to contact if you cannot be reached)

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

Camper may be released to the following adults (identification is required):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

SECTION II – INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

Insurance Carrier _____

Group # _____

Policy Holder's Name _____ Relationship to participant _____

Family Physician _____ Telephone _____



SECTION III – Health History

Please know that we value your privacy. Health History information is available only to the camp health staff. The more information you provide, the better we can do our job. Thank you!

(Please check approximate dates that camper suffered from diseases and conditions listed below).

- Chicken Pox _____
- Ear Infections _____
- Measles _____
- Concussion _____
- Recurring Illness _____
- Seizures _____
- Mumps _____
- Diabetes _____
- Asthma _____
- Behavioral Difficulties _____
- Fainting/Dizziness _____
- Frequent Headaches _____
- Been treated for ADD or ADHD _____
- Chest Pain during exercise _____

Please explain any conditions listed above:

Is there anything else in campers health history (behavioral, emotional, mental, or physical) that the camp staff be aware of?

Are there any activities from which the camper should be restricted?

Medications

Will camper be taking medications while at camp? Yes No

If yes, please list: _____

If yes, than a Medication Permission form must be filled out

If camper will be taking medications while at camp, it is state law to secure your consent for medication distribution and for the use of medical devices. The medication can be self-administered (if over 18) or administered by Health Services Staff. Please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications (in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

Allergies

Camper is allergic to

- 1. Hay Fever
- 2. Poison Ivy/Oak
- 3. Insect Stings
- 4. Food
- 5. Penicillin
- 6. Other
- 7. None Known

Please describe reaction and treatment

Immunizations

Please record if your child is up-to-date on the following vaccines. If your child is not vaccinated, you must provide an immunization waiver from your healthcare provider.

DPT (Diphtheria, Pertussis, Tetanus):	Yes	No	Tetanus Booster:	Yes	No
MMR (Measles, Mumps, Rubella):	Yes	No	Polio:	Yes	No
Varicella (chicken Pox):	Yes	No	Hepatitis B:	Yes	No



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SECTION VII – AUTHORIZATION

My child _____, has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to the camp staff and medical personnel. I am aware of and accept the inherent risk in the program activity.

I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.
YES NO

I give consent for YMCA staff to apply sunscreen to my child. YES NO

I agree to follow all rules and guidelines as listed in the parent handbook. YES NO

I understand my child will be sent home if his/her behavior jeopardizes the other participants, the integrity of the program, or is not viewed as appropriate in anyway by the group leadership.
YES NO

I understand the YMCA is not responsible if my child becomes ill at day camp. YES NO

The YMCA has permission to take my child's photo while at Day Camp, which can be used for promotion of the program. YES NO

I understand that I MUST pay my child's camp balance by 4:00 PM the Friday prior to the start of the camp week and cancellations MUST be made by the Monday prior to the start of the camp week (7 days in advance). I understand that not doing so can prevent my child from attending camp and being charged for the week.

Signature of Parent or Guardian _____ Date _____

SECTION VIII – RELEASE OF LIABILITY

I the undersigned, on behalf of myself, my family, and my minor child identified above, hereby release the Northern Lights YMCA, its directors, officers, employees and agents, for any and all claims for property damage, illness, or personal injury of any kind, including but not limited to liability for medical expenses, that I, my family, or my minor child may incur during or as a result of his or her involvement in youth or camp programs at the Northern Lights YMCA. This release of liability shall be construed to release the Northern Lights YMCA, its directors, officers, employees, and agents for all claims of ordinary negligence. Provided, however, that nothing contained herein shall be construed to release anyone for any injuries out of the gross negligence of the YMCA, or it directors, officers, employees or agents.

Signature of Parent or Guardian: _____ Date _____