



Sherman Lake YMCA Outdoor Center Registration & Health Information Form

Camper Information:

Name of Student _____ Nickname (if any) _____

School Name _____ Grade _____

Gender _____ Age _____ Birth Date _____

Home Address _____

Custodial Guardian #1 _____ Custodial Guardian #2 _____

Cell #1 _____ Other Phone _____ Cell #2 _____ Other Phone _____

Email _____ Email _____

In an EMERGENCY, please contact parent listed above or:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Activities & Interests:

What camp activities most interest your camper? _____

Are there any camp activities that the camper should not participate in? _____

Behavior Concerns _____

Do you have anything specific you hope your camper will learn while at camp? _____

Camper's swimming ability (circle one) Non-Swimmer Fair Good Excellent

Additional information/comments for counselor _____

Health Information:

Past and/or present medical conditions _____

Allergies (circle one)? Yes No

If Yes, please describe _____

Dietary concerns (circle those that apply) Diabetic Lactose Intolerant Vegetarian Picky Eater Gluten Free

If yes, please describe _____

Has your child been exposed to a communicable disease in the last three weeks (circle one)? Yes No

If Yes, please describe _____

Has your child ever had a seizure (circle one)? Yes No

If Yes, please describe _____

Physical limitations or restrictions (circle one)? Yes No

If Yes, please describe _____



Additional health information, special medical needs, or concerns _____

Are your child's immunizations up to date (circle one)? Yes No

Date of last tetanus shot _____ Date of last physical exam _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Orthodontist _____ Phone _____

In the case of unexpected aches and pains, may over the counter medications (Tylenol, Motrin, Benadryl, etc.) be given to your camper (circle one)? Yes No

Do you have medical insurance (circle one)? Yes No

Insurance Company Name _____ Policy or certificate # _____

Phone _____

Medications:

Please send all prescription medication that your child will need at camp, including any regularly used over the counter medications. Send only the amount of medication needed while at camp. Prescription medication bottles must state the current dosage and schedule.

Permission to dispense medication (please list all prescription and non-prescription)

Medication #1: _____ Dose _____ Days to be given _____

Time to be given: _____

Medication #2: _____ Dose _____ Days to be given _____

Time to be given: _____

Parent Signature Required

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine test, treatment, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child or me as named above. These completed forms may be photocopied for trips out of camp. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless the Sherman Lake YMCA Camp and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that my result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for my child or me to participate in all planned camp activities including out-of-camp trips by van or bus, hiking or horseback riding, understanding that competent leadership is provided. The YMCA is not responsible for lost, stolen, or damaged personal articles. I acknowledge that this General Release of Liability of the Sherman Lake YMCA is binding on me personally and on my heirs, personal representatives, successors, and assigns.

For my participation in activities to be conducted by Sherman Lake YMCA Outdoor Center and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Parent/Staff Signature _____ Date _____

* Anyone under the age of 18 must have a parent signature. If over the age of 18, this form enables you to be treated in case of an emergency.

* All school personnel that plan to be in attendance at Sherman Lake YMCA Outdoor Center must complete and sign this form.