



YMCA of Columbia – Willamette

SUMMER DAY CAMP EMERGENCY/HEALTH FORM

PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CHILD. FORM MUST BE SUBMITTED TO PROGRAM OFFICE 2WEEKS PRIOR TO ATTENDING 1ST WEEK OF CAMP.

PARTICIPANT INFORMATION

Camp Location _____

Adventure _____ Breakaway _____

Camper's Last Name _____ First Name _____

Date of Birth _____ M ___ F ___ Grade in Fall 09 _____

1st Parent/Guardian

Last Name _____ First Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Employer _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ E-Mail _____

2nd Parent/Guardian

Last Name _____ First Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Employer _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ E-Mail _____

EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD(REN)

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

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EMERGENCY MEDICAL INFORMATION

Camper's Last Name _____ First Name _____

CHECK EACH ITEM INDICATING APPROVAL

- ___ In an emergency, the YMCA has my permission to obtain medical treatment for my child, call and ambulance or transport my child to any available physician or hospital at my expense, with the following restrictions (If applicable)_____
___ I do not wish my child to receive any medical treatment.
___ My child may be given medication. I understand the Medical Authorization Form must be completed prior to administering.
___ My child may participate in YMCA field trips. I understand that school bus, van, or public transportation may be used.
___ My child may participate in swimming or other water activities.
___ My child may be photographed for publicity or news purposes.
___ If needed, the YMCA has my permission to help administer sunscreen. I understand that I need to provide lotion and label with my child's name

Date of last tetanus _____ Date of last doctor visit _____ Does your child have any allergies? Please list _____

Are there any special medical conditions, special needs, or restrictions to be aware of? Please list _____

Child's physician _____ Phone _____
Address _____ City _____ State _____ Zip _____

Child's dentist _____ Phone _____
Address _____ City _____ State _____ Zip _____

Preferred Hospital _____ Phone _____ Health Insurance Company _____
Group Number _____ Name on Policy _____

Ethnicity: White _____ African American _____ Native American _____ Asian/Pacific Islander _____ Hispanic _____

Additional Category, List _____

Monthly Gross Income: \$0-\$500 _____ \$501-\$1000 _____ \$1001-\$1597 _____ \$1598-\$2000 _____
\$2001-\$2500 _____ \$2501-\$4021 _____ \$4022+ _____

Household Status: Single parent _____ Dual parent _____ Number of people in household _____

AUTHORIZATION

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participate in a YMCA of Columbia-Willamette (YMCA) program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and divisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

Parent/Guardian Signature _____ Date _____

Print Parent's Name _____