



# 2011 Summer Camp Registration Application

Camper Information— Please print all information; complete one form per camper

Camper Name: \_\_\_\_\_ Name Camper Goes by: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (home ph) \_\_\_\_\_ (cell ph) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Birth date \_\_\_\_\_ M/F \_\_\_\_\_ School: \_\_\_\_\_ Buddy Requests: \_\_\_\_\_  
Campers age at the start of first camp session: \_\_\_\_\_ Grade entering Fall 11: \_\_\_\_\_

Camper T-shirt Child Size  Sml (6-8)  Med (10-12)  Lg (14-16)  
\*one t-shirt per camper  
Adult Size  Sml (34-36)  Med (38-40)  Lg (42-44)  X-Lg (46-48)  
\*one t-shirt per camper

Swim level (circle one): Needs swim lessons/Can Swim with Floaties/Can Swim without Floaties  
All campers will be swim tested at the beginning of camp!

ALLERGIES: \_\_\_\_\_

## Family Information—Please print all information

Mother/Guardian: \_\_\_\_\_  Same address as child  
Home Address: \_\_\_\_\_ (home ph) \_\_\_\_\_ (cell ph) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work ph: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  Same address as child  
Home Address: \_\_\_\_\_ (home ph) \_\_\_\_\_ (cell ph) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work ph: \_\_\_\_\_

## Emergency Information

Person to be reached if parents or guardians cannot be reached:  
Name: \_\_\_\_\_ (home #) \_\_\_\_\_ (other #) \_\_\_\_\_  
Name: \_\_\_\_\_ (home #) \_\_\_\_\_ (other #) \_\_\_\_\_  
Name: \_\_\_\_\_ (home #) \_\_\_\_\_ (other #) \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ (w) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ (office) \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Camper release for pick-up**  
Persons authorized to pick up:  
 Parents listed above  
 Emergency contacts listed above  
Additional:  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Persons NOT authorized to pick up:**  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
(A copy of a court order may be required for persons who are not authorized for pickup.)

Camp fees are due 5 working days before camp starts. Registration fee must be paid at time of registration.

## YMCA OF GRANT COUNTY EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION

**Print Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Information:** Complete one form for each child.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Male  Female  Are immunizations current? No Yes

Has the child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? No Yes

Does he/she have any disability, special needs, chronic or recurring illness or conditions? No Yes

Does he/she have any physical problems, mental health disorders, or developmental disabilities? No Yes

Name current medication (s) and give instructions: \_\_\_\_\_

**List allergies:** \_\_\_\_\_

**If you answered YES to any of the question below, please give details:** \_\_\_\_\_

\_\_\_\_\_

### Health Insurance Information:

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Initial Emergency Contact:

**Parent/Guardian to be contacted first:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Parent/Guardian Authorization:

I certify that in advance of participation in YMCA programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration of the Grant County YMCA allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such program or activity.

IN EXCHANGE FOR ALLOWING MY CHILD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Indiana. I give permission for my child/ward to participate on supervised trips away from the site. The health information about my child that I have provided to the YMCA (including my child's immunization records) is complete and correct so far as I know. My child has permission to engage in all prescribed activities except as noted in his/her registration materials.

### Authorization of Treatment:

I hereby give my permission to the medical personnel selected by the director to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the child named above. The completed forms may be photocopied for field trips. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Grant County Family YMCA, or any of its agents, volunteers, or employees.

### Hospital Consent:

Hospital has permission to treat my child. (specify name of hospital): \_\_\_\_\_

### Acknowledgement of Policies and Guidelines:

By signing below, I acknowledge that I have read the above information, and that I understand the policies of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Child Care Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_