

Vacation Camp Health Information

Child's Name _____ Sex _____

Age _____ Birth date _____ Grade This Fall _____

Address _____ City/St/Zip _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell # _____

Authorized Release and Emergency Contacts

It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself on the list. Any pick up person will be asked for ID.

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Does your child have any physical limitations? If yes, please specify. _____

If you need more space please use the other side

Does your child have any allergies? If yes, please specify _____

Is your child in a special classroom setting? If yes, please describe. _____

Is your child currently under care for any emotional physical, or socialization problems? If yes, please describe. _____

Does your child wear glasses or contacts? _____

If your child is currently taking medication, please specify what and why. _____

I hereby enroll my child in the above Middletown YMCA program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child when necessary (where applicable).

Signature Parent/Guardian _____ **Print Name** _____

Relationship to child _____ **Date** _____