



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Camper Emergency Information Packet

This form must be completed and returned before your campers first day of attendance. Only one of these forms is needed for the same camp registrations throughout the summer. The following questions are being asked so the staff can better serve your camper and all the other campers. Your answers are strictly confidential. Please be as specific as possible. Please print clearly.
Thank you.

Camper Information:

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Grade Entering Fall '22: _____ Is your child a Y member? ____ Yes ____ No
Gender: _____ T-shirt Size: _____

Primary Parent / Guardian #1 Information:

Name: _____ Relationship to Camper: _____
Phone: _____ Email Address: _____
Address: _____ City: _____ State / Zip: _____

Primary Parent / Guardian #2 Information:

Name: _____ Relationship to Camper: _____
Phone: _____ Email Address: _____
Address: _____ City: _____ State / Zip: _____

Emergency Contacts & Authorized Pick Up Persons (In addition to parents and guardians)

*Use this area to list individual(s) we may contact in an emergency and that you authorize to pick-up your camper if you are unable to do so. We will request a photo ID from anyone we do not recognize. **If their name is not on this list your child will not be allowed to leave the YMCA with them.**

	NAME	RELATIONSHIP	PHONE
1			
2			
3			
4			

Insurance Information: Is the camper covered by family medical/hospital insurance? Yes _____ No _____

If yes, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____ City/State/Zip: _____

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Medical / Health Information

Describe any of your camper's current health conditions requiring medical attention, treatment, or special restrictions/considerations while at camp:

Allergies (including food): _____

Reaction to allergy/management of allergy: _____

*Please speak with Camp Director prior to attending if your child requires administration of medication during camp. We encourage parents to administer medication before or after time at camp.

Medications child is currently taking: _____

Is your child up to date on all immunizations? _____ Yes _____ No

If no, list all missed immunizations: _____

List any past medical treatments:

Developmental History of Camper: Describe your camper's interactions with children of the same age:

How would you describe your camper's personality? _____

Does your camper have any fears we should be aware of? _____

Does your camper have any special needs we should be aware of to better understand your camper and be able to work with your camper (Be specific)?

AUTHORIZATION TO PARTICIPATE IN SWIMMING:

_____ Yes _____ No I give my child, _____, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard will be on duty. *All campers who cannot touch the bottom of the YMCA swimming pool or who do not take and pass the swim test to swim in the deep end will be required to wear a lifejacket while swimming with Day Camp. The YMCA will provide this equipment.*

_____ Yes _____ No I would like my child to swim in shallow water only. *I understand if my camper cannot touch the bottom of pool in shallow water, they will be required to wear a lifejacket while swimming with Day Camp. The YMCA will provide this equipment.*

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By registering for Summer Camp, you agree to all of the following regarding your child's participation:

I give my permission for my child to participate in any & all trips or excursions away from the program site. I understand that transportation for these trips or excursions may be by public transportation, walking or leased bus.

I give my permission for my child to use all of the equipment and participate in all activities of the program. I give this permission understanding that the nature of some activities may carry risk of injury or illness (including COVID-19) and no matter how careful YMCA staff of campers are, the risk cannot be eliminated.

I agree that I will not send my child to camp if they are ill or if my child who isn't vaccinated against COVID-19 has been exposed to anyone who has been diagnosed with COVID-19 or likely to have COVID19; and/or any other screening criteria implemented by the Marion Family YMCA. I further agree that I will be available, or have someone designated as available, to pick my child up from camp during the day if so asked by YMCA staff due to my child exhibiting signs of illness.

I also agree to follow all Marion Family YMCA health protocols which may include parents and / or children wearing CDC approved masks. I understand that health protocols are likely to evolve and may change throughout the summer.

I do hereby consent & authorize the Marion Family YMCA staff to take any and all action, including use of emergency medical transportation, medical services & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marion Family YMCA. I understand that medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marion Family YMCA is not responsible for anything that may happen as a result of false or incorrect information given by a parent or guardian.

I understand that the Marion Family YMCA will not assume responsibility for a child who has not been checked in when she/he arrives for the day. I understand that only those people designated by me on my child's enrollment forms may pick up my child from camp, and that I, or the person picking up my child must use the established check out procedure each afternoon and may be requested to show identification. [Children 11 & older who are Y members may sign themselves in/out of camp, provided you specifically give permission through the registration process.]

I give my permission for my child to be included in evaluations, pictures, and videos associated with the program including those which may be used for marketing the program and photos or videos of which may be posted to the YMCA's social media accounts. If I am a guardian of a foster child with photo restrictions, I will contact the Y Camp Director. I give permission for my child to participate in the Y's evaluation and data collection activities and understand that neither my child or I will be paid for such participation.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian: _____