

Camper Registration Form

Your Child Is Only Registered Upon Receiving A Confirmation Packet

CAMPER INFO (One Person Per Application)

Member: _____ Non Member: _____

Please print clearly for accurate input

Camper Name _____ Sex _____ DOB ____/____/____ Age _____

Child likes to be called _____ Grade Entering as of Sept. 2010 _____

Parents/Guardians Name(s) 1) _____ 2) _____

Child's Address _____ City _____ State _____ Zip _____

Phone Home () _____ Cell Parent/Guardian 1 () _____

Work () _____ Cell Parent/Guardian 2 () _____

Email _____

Summer Address if Applicable:

Family Name At Summer Residence _____

Address _____ City _____ State _____ Zip _____

Phone () _____

PARENT/GUARDIAN AGREEMENT: I have completed and am submitting all forms, including my child's immunization record and a physical form completed by a physician. I agree to pay any balance due at least 15 days prior to the beginning of the sessions reserved and understand that refunds will only be granted upon receipt of a written request at least two weeks prior to the start date.

I give permission for my child to participate in all of the regularly scheduled activities. In the event of inclement weather, I understand that the calendar may change, but that I will be made aware of any changes to the schedule when I drop off my child at camp in the morning.

I also authorize the YMCA to have and use photographs, slides, or videotapes of the person named on this application as may be needed for its records or public relations program.

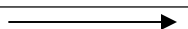
Signature of Parent/Guardian

____/____/____
Date

Financial Assistance Information

Nan Camp _____ School Pay _____ Voucher _____ Rotary _____ Access _____ Other _____

All applicants with financial assistance must include a letter of verifying amount and status at the time of registration in order to receive a reduced rate.





Lynch/van Otterloo Camps

Health History and Emergency Contact Form



Child' Name _____ Date of Birth _____

Please complete this form and return it to the YMCA with a **copy of your child's complete immunization record and a record of a physical examination within the last two years**. This information is required by the Salem Board of Health. Your child will not be able to attend camp without these forms.

1. Is there anything about your child that you feel deserves special attention?

2. Has your child been in good health in the past year? YES NO
If no, please explain _____

3. Has your child had any of the following in the past three years? YES NO

- Seizures YES NO
- Severe injuries or accidents YES NO
- Operations YES NO
- Hospitalization YES NO
- History of Heart Murmur YES NO
- Medicines or treatments prescribed by a physician or clinic YES NO
- Chickenpox YES NO

If yes to any of the above, please explain: _____

3. Child's physician and phone number: _____ Phone: _____

4. Child's dentist and phone number: _____ Phone: _____

5. Is your child currently taking any medications? YES NO
If yes, please list: _____

6. Is your child currently receiving any medical treatment? YES NO
If yes, please explain: _____

7. Does your child wear glasses, contact lenses, or a hearing aid? Glasses Contacts Hearing Aid

8. Has any member of your family developed any serious health problems within the last year? YES NO
If yes, please explain: _____

9. Do you think your child is fit to participate in all camp activities? YES NO
If no, please explain: _____

10. In the past year, has your child had any of the following medical problems? Please comment or circle NO.

- Allergies- _____ NO
- Problems with eyes or seeing _____ NO
- Excessive bleeding when cut _____ NO
- Problems with ears or hearing _____ NO
- Physical restrictions due to any heart problem _____ NO
- Asthma or breathing problems _____ NO
- Sleeping difficulties _____ NO
- Difficulties with physical activities _____ NO
- Problems with general development _____ NO

Form continues on reverse side!

11. Sunscreen Permission

Does your child have allergies to sun protection products? YES NO

If so, please list brands they can use: _____

A Sunscreen product of SPF 15 or higher must be applied to bare skin surfaces, including but not limited to; face, tops of ears, nose and bare shoulders, when outdoor activities in direct sunlight are scheduled or your child may not be allowed to participate.

Please initial one of the following;

- _____ In the event that my child's sunscreen is not readily available, my child may use sunscreen provided by the camp
- _____ I do not want my child to use any sunscreen other than the one he/she brings with them that is clearly marked with their name. I understand that my child will not be allowed outside if he/she forgets their sunscreen.

Emergency Contacts

Please list in the order you would like to be contacted, including numbers that you may have already listed on the registration form.

<u>Relationship</u>	<u>Name</u>	
Parent/Guardian _____		Cell: _____ Work: _____
Parent/Guardian _____		Cell: _____ Work: _____
3. _____		Cell: _____ Work: _____
4. _____		Cell: _____ Work: _____

In the case of minor injury, I give the Camp Director permission to administer first aid. In the case of emergency, I understand that every effort will be made to contact me or the person named above. In the event that no one can be reached, I give the physician selected by the Camp Director permission to render care.

Parent/Guardian Signature _____

The Department of Public Health's Camping Regulations require that all campers and staff members be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella. This sheet must include the month, year, and type of immunization or occurrence of clinical disease. Exemptions are allowed for religious or medical reasons. Camp Directors must ensure that each camper and staff member meets the Massachusetts immunization requirements before admittance to camp.



Lynch/van Otterloo YMCA Camp 2010

Permission For Pick-Up

For safety reasons and to reduce some of the confusion of who is picking up your child after Explorers Camp, we would like a list of **ALL** people who will potentially be picking your child up from camp.

We will be requiring a signature from the person picking up your child from camp. The sign out form must be signed before your child leaves for the day. Please inform the camp director or your child's counselor if someone other than a parent will be picking up your child.

I hereby give permission to the Lynch van Otterloo YMCA Camps to release _____
to the following persons listed below.

I understand that my child **WILL NOT** be released to anyone whose name is not listed below. I understand that if there are any changes, I must notify the YMCA immediately.

Permission For Pick-Up

Relationship	Name	Address	Phone
Parent/Guardian	_____	_____	_____
Parent/Guardian	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Parent/Guardian Signature

____/____/____
Date

