



**2012 CAMP ENROLLMENT PACKET LYNCH/VAN OTTERLOO YMCA  
Child Information Sheet**

Camper Name \_\_\_\_\_ Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade Entering (Sept 2012) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Phone \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Identifying Marks \_\_\_\_\_

**Medication** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Has your child been screened for developmental delays? Yes No  
 Does your child have an Individual Education Plan (IEP) with school? Yes No *If yes, please provide a copy*

**PARENT/GUARDIAN INFORMATION**

_____	_____
Parent/Guardian Name	Parent/Guardian Name
_____	_____
Relationship to Child	Relationship to Child
_____	_____
Home Address	Home Address
_____	_____
Home Phone Number	Home Phone Number
_____	_____
Business Name	Business Name
_____	_____
Business Address	Business Address
_____	_____
Work Phone Number	Work Phone Number
_____	_____
Cell Phone	Cell Phone
_____	_____
E-mail Address	E-mail Address
_____	_____
Instructions to reach parent in an emergency	Instructions to reach parent in an emergency

**EMERGENCY INFORMATION/PERMISSION FOR PICK-UP**

_____	_____	_____	_____	_____
Name	Address	Relationship	Home Phone	Cell Phone
I give permission for my child to be released to this emergency contact. ____ Yes ____ No				
_____	_____	_____	_____	_____
Name	Address	Relationship	Home Phone	Cell Phone
I give permission for my child to be released to this emergency contact. ____ Yes ____ No				
_____	_____	_____	_____	_____
Name	Address	Relationship	Home Phone	Cell Phone
I give permission for my child to be released to this emergency contact. ____ Yes ____ No				

**I agree all of the above information is accurate and is complete to the best of my knowledge.**

**X** \_\_\_\_\_  
**Signature**

**X** \_\_\_\_\_  
**Date**

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 CAMPS Health History 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 medical problems?

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

If yes to any of the above, please explain: \_\_\_\_\_

## 4. Medical Information

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Participating Hospital \_\_\_\_\_ Special Instructions \_\_\_\_\_

## Dentist Information

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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: \_\_\_\_\_



# LYNCH/VAN OTTERLOO YMCA CAMPS Consent Form

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### First Aid Consent

I hereby give the Lynch/van Otterloo YMCA permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. I give the YMCA permission to release my children to the emergency contacts listed on page 1.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

### Medical Documentation Consent

I certify that I will supply the YMCA with documentation of physical examination and immunizations in accordance with public health department requirements and failure to do so will result in my child not being able to attend camp.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

### Tuition & Paperwork Consent

I understand that there will be no registration after 12pm on the Friday before the start of camp the following week. I understand that my child may not attend camp without a completed camper information packet, registration form, and medical form on file and if I have not paid in full. Any changes I make to the camps my child is attending will incur a \$15 change fee after the first time.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

### Photo Release and Consent

I consent to the use of my child's camp pictures in YMCA promotional literature. I consent to have photos of my child emailed to me at the email address provided.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

### Camp Activities Consent

I, \_\_\_\_\_, give permission for my child to participate in all of the regularly scheduled activities involved with camp including but not limited to:

- \_\_\_\_\_ Field Trips (parents will be notified in writing in camp newsletters and parent handbook)
- \_\_\_\_\_ Swimming (in pools or at the beach)
- \_\_\_\_\_ Rock Wall

**I have also read and understand the rock wall waiver posted on the forms page of the Lynch/van Otterloo YMCA website, and my child is allowed on the rock wall during camp.**

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date

### Sunscreen Consent

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.



# LYNCH/VAN OTTERLOO YMCA CAMPS Electronic Payment (E-Pay) Authorization Agreement

I (we) hereby authorize the YMCA of the North Shore to initiate camp sessions recurring debit credit card charges to the below referenced credit card account. I (we) understand that the sessions charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered. Should any preauthorized withdrawal not be honored by my (our) bank/credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount owed.

**Child's Name:** \_\_\_\_\_

**Camp Attending:** \_\_\_\_\_

**Credit Card E-Payment:**

**Visa**       **MasterCard**       **American Express**       **Discover**

\_\_\_\_\_

Card Holder Name

\_\_\_\_\_

Card Holder Address

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Card Holder Phone

\_\_\_\_\_

Card Holder E-mail

\_\_\_\_\_

Credit Card Name

\_\_\_\_\_

Account Number

\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date

\_\_\_\_\_

CVV Number\*\*

\*\*Visa, MasterCard & Discover: 3 digit security number on back of card \*\*American Express: 4 digit security number on front of card. The YMCA reserves the right to extend the above credit card expiration date, upon its expiration.

- I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular weekly child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may, at its discretion, adjust the debits/charges according to the fees incurred.
- Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.
- I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date.
- I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**