Cape Ann YMCA
978.283.0470

2011 CAMP ENROLLMENT PACKET

MEDICAL FORM

Camper Name _____ Date of Birth _____ Age _____

Camp Name _____ Session(s) Attending _____

TO BE COMPLETED BY A PHYSICIAN

Has the child/adolescent ever had:

Frequent ear infections	Yes	No	Pneumonia	Yes	No
Bronchitis	Yes	No	Surgery	Yes	No
Kidney problems	Yes	No	Hospitalization	Yes	No
Heart problems	Yes	No	Broken bones	Yes	No
Convulsions	Yes	No	Chicken pox	Yes	No

If you answered "Yes" to any of the questions above, please explain:

_____

Please list any medications the child takes on a regular basis:_____

Allergies _____

Primary Care Physician _____ Phone _____

Address _____

Date of last physical _____Ht_____WT_____ HC_____ BP_____

Abnormal Findings None Finding_____

Hearing _____ Vision _____ Restrictions to normal activity Yes No

Comments _____

Special Notice, i.e. Medic Alert _____

Immunizations & Dates:

DPT DT Td	MMR			Last TB Date	Type_____
1.	1.			_____	Result_____
2.	2.			Last Lead Date	Result_____
3.				_____	
4.					
5.	HepB				
	1	2	3		
Polio: Oral Inactive				Last Hgh/Hct Date	Result_____
1.				_____	
2.	Hib				
3.	1	2			
4.	3	4			Result_____
5.					
	Flu_____			Varicella_____	

Physician's Signature_____ **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.

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EMERGENCY INFORMATION FORM

Camper Name _____ Date of Birth _____

Home Address _____ Phone _____

INSTRUCTIONS TO REACH PARENT(S)/GUARDIAN(S)

_____

Name Address Phone

_____

Name Address Phone

PEDIATRICIAN OR SOURCE OF HEALTH CARE

_____

Doctor's Name Address Phone

_____

Allergies/Special Diets/Chronic Health Conditions/Special Limitations. If there are no conditions, please indicate by writing "none."

_____

Please list any medications currently being taken.

MEDICAL EMERGENCY TREATMENT

I hereby give the Cape Ann 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.

_____ _____

Parent/Guardian Signature Date

EMERGENCY CONTACT PERSON(S) – OTHER THAN PARENT(S)/GUARDIAN(S)

_____

Name Address Phone

_____

Name Address Phone

INSURANCE INFORMATION

_____ _____

Company Name Policy Number

_____

Participating Hospital

_____

Special Instructions

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Cape Ann YMCA ENROLLMENT SHEET

Camper Name _____ Eye Color _____ Skin Color _____

Home Address _____ Hair Color _____ Height _____

Telephone _____ Sex _____ Weight _____

Date of Birth _____ Primary Language _____

Identifying Marks _____

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/Pager Number	Cell/Page Number
Hours at work	Hours at work
E-mail Address	E-mail Address

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.

Parent/Guardian Signature _____ Date _____

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Camper Name _____

FIELD TRIP AUTHORIZATION

I, _____, give permission for my child to participate in organized, scheduled and advertised field trips away from the program site. I understand that the program will provide in writing a list of scheduled activities, time of departures and expected time of return.

_____ _____
Parent/Guardian Signature Date

SWIMMING PERMISSION SLIP

I, _____, give my child, _____, permission to go swimming on his/her scheduled days. I understand that my son/daughter will be supervised by the camp staff, as well as a certified association lifeguard.

_____ _____
Parent/Guardian Signature Date

PARENT HANDBOOK RECEIPT

I have received and review the Cape Ann YMCA Camp Parent Packet. I understand and agree to abide by the policies that have been established by the YMCA of the North Shore. These policies include:

- Attendance Policy
- Late Pick-up Policy
- Health Care Policy
- Medication and Administration Policy
- Behavior Management
- Substance
- Abuse
- Termination and Suspension

_____ _____
Parent/Guardian Signature Date

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Cape Ann YMCA ALTERNATE PICK UP LIST

Camper Name _____

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "no one.")

Name	Address	
Relationship to child	Home phone	Work phone
Name	Address	
Relationship to child	Home phone	Work phone
Name	Address	
Relationship to child	Home phone	Work phone

Parent/Guardian Signature _____ Date _____

Photo Release

I give permission to the YMCA to use pictures of my child to be used in camp literature and promotional materials.

Parent/Guardian Signature _____ **Date**

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Cape Ann YMCA FEE AGREEMENT

Camper Name _____ Date of Birth _____

Fee Policy: All payments are due the Thursday prior to the week of services.

The YMCA cannot deduct days missed from your weekly fee. Your fee pays for direct operating costs, such as staff and materials. These must be available for your child. When you enroll, you are reserving the time, space, staffing and provisions for your child, whether the child attends or not.

Any returned checks or insufficient funds through bank draft or credit card draft will incur a $25 penalty charge. Failure to pay all balances in full by the Thursday prior to the week of services will forfeit your child's slot in camp. Deposits will not be refunded.

I have read and understand the YMCA's Camp Fee Schedule. I understand that payment for the program is due the Thursday before services are rendered.

_____ _____

Parent/Guardian Signature Date