



Camper Information Form

The information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians.

Camp(s) attending: _____

Shirt Size: (please check size) ___YS ___YM ___YL ___AS ___AM ___AL

Gender: Male Female Date of Birth: ___/___/___ Age: _____

Name _____
First Middle Last

Home address _____
Street address City State Zip

Custodial parent/guardian _____

Home # _____ Cell # _____ Business # _____

Business address _____
Street address City State Zip

Second parent / guardian / emergency contact _____
(please circle one)

Home # _____ Cell # _____ Business # _____

Address _____
Street address City State Zip

Business address _____
Street address City State Zip

If above not available in an emergency, notify:

Name _____ Cell Phone _____

Relationship _____ Day Phone _____

Address _____
Street address City State Zip

Authorization to pick up: **Other than guardian(s)**

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

ALLERGIES List all known.
Medication allergies (list)

Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS ADMINISTERED DURING CAMP

Keep in original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, dosage, and frequency of administration • Please provide sufficient medications for entire camp session • All medications will be administered/stored by camp director

RESTRICTIONS

The following restrictions apply to this individual.

General Question (Please circle yes or no)

- | | | |
|---|-----|----|
| 1. Had a recent injury, illness or infectious disease? | Yes | No |
| 2. Have a chronic or recurring illness/condition? | Yes | No |
| 3. Ever been hospitalized? | Yes | No |
| 4. Ever had surgery? | Yes | No |
| 5. Have frequent headaches? | Yes | No |
| 6. Ever had a head injury? | Yes | No |
| 7. Ever been knocked unconscious? | Yes | No |
| 8. Wear glasses, contacts, or protective eyewear? | Yes | No |
| 9. Ever had frequent ear infections? | Yes | No |
| 10. Ever passed out during or after exercise? | Yes | No |
| 11. Ever been dizzy during or after exercise? | Yes | No |
| 12. Ever had seizures? | Yes | No |
| 13. Ever had chest pain during or after exercise? | Yes | No |
| 14. Ever had high blood pressure? | Yes | No |
| 15. Been diagnosed with a heart murmur? | Yes | No |
| 16. Ever had back problems? | Yes | No |
| 17. Ever had problems with joints
(e.g. knees, ankles)? | Yes | No |
| 18. Have an orthodontic appliance being
brought to camp? | Yes | No |

19. Have any skin problems (e.g. itching, rash, acne, eczema)?	Yes	No
20. Have diabetes?	Yes	No
21. Have asthma?	Yes	No
22. Had mononucleosis in the past 12 months?	Yes	No
23. Had problems with diarrhea/constipation?	Yes	No
24. If female, have an abnormal menstrual history?	Yes	No
25. Ever had an eating disorder?	Yes	No
26. Ever had emotional difficulties for which professional help was sought?	Yes	No

Please explain any “yes” answers, noting the number of the questions.

Parent/Guardian Authorization

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer over the counter and/or prescribed medications with doctor’s orders only, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or I also understand and agree to abide by any insurance purposes. I give permission to the camp to arrange necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above with the understanding that the family will be notified as soon as possible. This completed form may be photocopied for trips out of camp.

I also understand and agree to abide by any restrictions placed on my child’s participation in camp activities.

Signature of parent/guardian _____

Printed name _____ Date _____



Camper Profile / Parent Confidential Form

Thank you for enrolling your child at YMCA Summer Camp. Our camp activities are designed to help campers learn, grow and have fun within a group structure. To ensure that your child gets the most of his/her experience, we request that you complete this **Camper Profile**. The more we know about your child's interests, friends, siblings, school experiences, fears, etc., the better our staff can understand and address his/her needs.

Name: _____
LAST FIRST NICKNAME

Any Brothers? _____ Ages: _____ Any Sisters? _____ Ages: _____

Camper's Favorite Activities (circle):

- | | | |
|-------------------|---------------|------------------|
| SWIMMING | ARTS/CRAFTS | SOCCER |
| SOFTBALL/BASEBALL | VOLLEYBALL | BASKETBALL |
| NATURE/SCIENCE | MUSIC/DANCING | ARCHERY /BB GUNS |

OTHER: _____

The following section will be used by our waterfront staff to help assess your child's swim level; they will not have access to other responses on this form which will be kept confidential and utilized by our counseling staff only.

SWIMMING LEVEL

CHECK ONE: Returning Camper NewCamper

Describe Current Swim Level (i.e. non-swimmer, beginner, intermediate, advanced)

Describe any swim instruction during the school year:

Is your child comfortable with his/her physical abilities? (This may include concerns other than athletic activity; concerns about weight/size/height can be included here):

Describe any behavioral concerns regarding the camper (i.e. at home, school, after school programs, another camp):

Describe any situation which may negatively affect camper's behavior (i.e. fears, lack of choice, wait time, sharing, competition, denial of wishes, being new to an environment/situation):

Describe any learning disabilities or challenges (ie. processing verbal/auditory instructions, expressive and/or receptive language difficulty, sensory integration):

How does your child make and keep friends?

Very well Fairly well With difficulty

How does your child make transitions from one activity to another?

Very well Fairly well With difficulty

Has your child ever been away from home before? ____ Yes ____ No

Personality Traits: Please circle appropriate response.

Tense Shy Helpful Happy Selfish Leader Nervous
Easy Going Cooperative Follower Moody Quick Learner Aggressive Withdrawn

FAMILY STATUS: Please circle appropriate response.

Married Divorced Single Mother Single Father Widow Other

CUSTODY: Please circle appropriate response.

Mother/Father Both Parents Guardian

Consent to Photograph: Permission is granted for (me___/my child___) to appear in still or motion pictures using (my___/my child___) name for educational, promotional, or other purposes only.

Please initial: Yes_____ No_____

HOLD HARMLESS AGREEMENT

Members, Guest, or Potential Member of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility.

I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA, or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.

The YMCA has the right to terminate your YMCA privileges anytime if:

- a) it appears that you are taking actions or doing things that are contrary to the Y's Mission, or
- b) it appears that you are involved in criminal acts, or
- c) acting in ways that disrupt the YMCA's operations.

Parent or Guardian Signature: _____

Date : _____

Child's Name:

Contact #:

By signing this document I agree to all conditions mentioned above.

No one under 18 may sign this form.

A parent or legal guardian must be present to sign all forms in order for any minor to be allowed to use the facilities of the Thomasville YMCA.