



GREENWOOD FAMILY YMCA SUMMER DAY CAMP REGISTRATION FORM

Camp Information: (extra space for more than 1 child in the same family)

Last Name: _____ First Name: _____ DOB: ____ / ____ / ____ Grade in 2018-19: _____
Last Name: _____ First Name: _____ DOB: ____ / ____ / ____ Grade in 2018-19: _____
Last Name: _____ First Name: _____ DOB: ____ / ____ / ____ Grade in 2018-19: _____
Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____ Cell # _____ Home # _____
Email (Required): _____ Secondary Email: _____
(email is our primary method of communicating camp information like parent packets and newsletters)
Company: _____ Work # _____ Ext: _____
First Name: _____ Last Name: _____ Cell # _____ Home # _____
Email (Required): _____ Secondary Email: _____
Company: _____ Work # _____ Ext: _____

Emergency Notification Information & Authorized Pick Ups: (Required): In case of emergency, if after both primary contacts cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. **Photo ID will be required.**

Name: _____ Phone #: _____ Relation: _____
Name: _____ Phone #: _____ Relation: _____

Alternate Pick Up Information (required): List of two additional people who are authorized to pick up your child. **Photo ID will be required.**

Name: _____ Phone #: _____ Relation: _____
Name: _____ Phone #: _____ Relation: _____

HEALTH HISTORY:

List any current allergies: _____
List any current or past medical treatment that would affect your child's day at camp: _____
List any activities your child should be restricted from: _____
Describe any current conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

List any current medications: _____
Reason for the above medications: _____

Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a permission to medicate form. Example: Epi pen must be in original container. **Campers may not carry medication at any time.**

Permission to Treat: Informed Consent – by signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject it its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parent/guardian cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine test, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance proposes.

Signature: _____ **Date:** _____