

Camper Information Form - Please Fill Out Completely

Camper's Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Male Female Birth Date: _____ Age: _____ Email: _____

Grade Entering September 2010 : _____ Home # (_____) _____

Father or Guardian Name: _____ Day Phone # (_____) _____

Pager/Cell Phone # (_____) _____

Mother or Guardian Name: _____ Day Phone # (_____) _____

Pager/Cell Phone # (_____) _____

Emergency Contact Information (by MA state law – phone # must be other than home):

1. Name: _____ Day Phone # (_____) _____

2. Name: _____ Day Phone # (_____) _____

Permission Slip:

- I give permission to use any pictures taken of my child during participation at camp for YMCA promotional purposes.
- I understand the camp fees do not include health and accident insurance, and I will be responsible for any and all charges incurred for prompt medical treatment.

**SIGN
HERE!**

Parent/Guardian Signature: X _____

Pick up Authorization: All campers must be picked up and signed out by an authorized adult.

The following individuals have authorization to pick-up my child. Parent/Guardian listed above do not need to be included. Please inform anyone that you list that a photo ID will be required upon pick-up of your child.

1. Name: _____ Day Phone # (_____) _____

2. Name: _____ Day Phone # (_____) _____

3. Name: _____ Day Phone # (_____) _____

**SIGN
HERE!**

Parent/Guardian Signature: X _____

Health History:

Doctor preference: _____ Phone # (_____) _____

Please list any allergies to bee stings, food, medications, etc.: _____

Please list any medications (including inhalers) that the camper is on: _____

Has the camper been under medical care or hospitalized for any illness in the past year? Yes No

If the camper's activities should be restricted in any way, please describe: _____

Do you carry Family Medical Insurance? Yes No

Insurance Carrier: _____ Policy #: _____

Important – this box must be completed for attendance:

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Camp Nurse to order x-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I also hereby permit the physician selected by the Camp Nurse to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also give permission for routine medical care for my child by the camp. This form may be photocopied for use off camp property.

CAMPER NAME:

**SIGN
HERE!**

Parent/Guardian Signature: X _____ Date: _____

Camp is an opportunity for new experiences and to make new friends.

For this reason we DO NOT accept camper grouping requests. (Physician to complete side 2) →