



We build strong kids, strong families, strong communities.

Central Florida YMCA Camping Services Registration Form

Date: _____

_____ Central Florida YMCA Member (_____ Member #)	_____ Non-Member	_____ Employee
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CAMPER INFORMATION

My child has completed _____ grade in school.

_____	_____	_____	_____	_____	Gender: M / F
Camper Last Name	Camper First Name	M.I.	Date of Birth	Age	

_____	_____	_____	_____	_____
Street Address	City	State	Zip	School Attending

_____ Camper's T-shirt Size (check one): YM YL / AS AM AL XL XXL

Phone _____

Previous Camper? ___N ___Y Years attended? _____

PARENT/GUARDIAN INFORMATION

1. _____

_____	_____	_____	_____
Parent/Guardian Last Name	Parent/Guardian First Name	M.I.	Phone (if different)

_____	_____
Address (if different)	Email Address

_____	_____	_____
Employer	Work Phone	Cell / Alt. Phone

2. _____

_____	_____	_____	_____
Parent/Guardian Last Name	Parent/Guardian First Name	M.I.	Phone (if different)

_____	_____
Address (if different)	Email Address

_____	_____	_____
Employer	Work Phone	Cell / Alt. Phone

EMERGENCY CONTACTS Persons other than Parent/Guardian to whom the camper may be released and/or may be contacted in case of emergency.

1. _____

_____	_____	_____	_____
Emergency Contact Last Name	First Name	Home Phone	Cell / Alt. Phone

2. _____

_____	_____	_____	_____
Emergency Contact Last Name	First Name	Home Phone	Cell / Alt. Phone

Authorization to Remove Child:

FATHER: YES ___ NO ___ MOTHER: YES ___ NO ___ (If NO, documentation) _____

OUR MISSION

The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen the Spirit, Mind and Body.



Medical Release and History

Health Statement

(to be completed by Parent/Guardian and/or Medical Doctor).

	NO	YES	YES responses will require an explanation.
Respiratory problems - Asthma, persistent cough, etc.	_____	_____	_____
Heart Problems - High/low blood pressure, chest pain, etc.	_____	_____	_____
Kidney, Stomach, Gall Bladder, or Liver problems	_____	_____	_____
Diabetes, Hypoglycemia	_____	_____	_____
Recent fractures, illness, exposure to contagious diseases, etc.	_____	_____	_____
Eye, ear, nose, or throat problems - Skin disease	_____	_____	_____
Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	_____	_____	_____
Nervous disorders - Epilepsy, convulsions, dizziness, etc.	_____	_____	_____
Emotional disorders - Frequent anxiety, excessive fears, etc.	_____	_____	_____
Any hospitalization in the last two years?	_____	_____	_____
Any physically limiting conditions?	_____	_____	_____
Currently taking any medications?	_____	_____	_____
Participant WILL be bringing medication to programs and activities.	_____	_____	_____

Emergency Medical Treatment: I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.

Parent/Guardian Signature: _____ Daytime Phone: _____

Family Physician/Clinic: _____

Location: _____ Phone: _____

Insurance Company: _____ ID # _____ Group # _____

Waiver

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release the Central Florida YMCA, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I also authorize the YMCA to obtain medical treatment for my child in the event of an emergency. The Central Florida YMCA reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other campers. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting Central Florida YMCA programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or others) may be present. I understand that any damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave camp. No refunds or prorates will be given.

I hereby give permission for my child to be transported to and from any and all scheduled field trips. _____ **Initial**

I have read the Parent Handbook for the specific camp my child is attending. I understand and agree to abide by the policies stated within. *(Please contact the camp office for a copy or download from www.centralfloridaymca.org.)* _____ **Initial**

I understand that there will be no refunds given for Central Florida YMCA Camping Services Programs. I also understand that no credits will be given for days missed, late arrival or early departure during any Central Florida YMCA Camping Services Programs. _____ **Initial**

I understand that each camp in which my child is enrolled my have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials. _____ **Initial**

Camper/Participant Signature

Date

Parent/Guardian Signature

Date