

THE FIVE POINTS BRANCH
**2018 SUMMER CAMP
REGISTRATION FORM**
PLEASE PRINT CLEARLY

SUMMER CAMP REGISTRATION FORM

CIRCLE TRADITIONAL CAMP ATTENDING: 3"s Buccaneers Discovery Explorer Adventure Pioneer LIT

CIRCLE SPECIALTY CAMP ATTENDING: Sports Mad Science Dance/Cheer/Gymnastics

Child's Name: _____
Last First Middle

Birth Date: _____ Age: _____ Grade _____ (Fall 2018) Home Phone# _____

Home Address: _____
Street City State Zip

Parent/Guardian Name: _____ Occupation: _____

Name of Co: _____ Address: _____

Business Hours: _____ Work Phone: _____

Cell Phone #: _____ Additional #: _____

Email Address: _____

Parent/Guardian Name: _____ Occupation: _____

Name of Co: _____ Address: _____

Business Hours: _____ Work Phone: _____

Cell Phone #: _____ Additional #: _____

Email Address: _____

LIST ALL PERSONS OVER THE AGE OF 18 AUTHORIZED TO PICK UP YOUR CHILD

(Child will not be released to anyone else without written permission)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

LOCAL PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENTS CANNOT BE REACHED.

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor: _____

Address: _____ Phone #: _____

MEDICAL HISTORY FORM

Child's Name _____

Camp _____

Immunization History

Please record the date (month & year) of the basic immunizations and the most recent booster. If you have any questions, please consult with your doctor. Provide a copy at the time of registration.

DPT Booster _____ HBV _____ Polio OPV (sabin) _____

MMR _____ Pertussis _____ Tetanus Booster _____

HIB _____ Varicella _____ Tuberculin Test _____ Result _____

Date of last medical examination _____

Health History

Has your child had any of the following? If so, at what age?

Allergies

Hay Fever _____

Ivy Poisoning _____

Insect Stings _____

Penicillin _____

Sun Screen _____

Bug Spray _____

Conditions

Ear Infections _____

Heart Defect/Disease _____

Convulsions _____

Bleeding Disorders _____

Asthma/Reactive Airway _____

Food Allergies: _____

Medical Allergies: _____

Does your child carry an asthma inhaler? _____ Does your child carry an EpiPen? _____

Has your child had any operations or serious injuries? _____ At what age? _____

If so, please describe: _____

Has your child ever been hospitalized? _____ Under what circumstances? _____

Does your child have any chronic or recurring illness including seizures: _____

If yes, please explain _____

Does your child have emotional or behavioral problems? _____

Please list any additional health history information we should be aware of: _____

Does your child have any limitations to physical activity? _____ If yes, please explain: _____

IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.

This health history is correct as far as I know, and the person herein described is in _____ condition and has permission to engage in all in all usual activities except as noted above by me.

Parent/Guardian or Physician's Signature: _____ Date: _____

Permission for emergency treatment: In order to meet all legal requirements, I hereby authorize representatives of The Five Points Branch to give consent for any and all necessary emergency medical care for my child while he/she attends The Five Points Branch camp program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Agreement

- I have received The Five Points Branch Parent Handbook, and I will review the camp safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable camp experience.
- I understand the importance of completing all registration materials prior to enrolling my child in camp. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement.
- I understand that full payment is needed prior to my child's participation in camp.
- To ensure the safety of all campers, I understand that a child may be suspended or terminated from the program, at the discretion of the Camp Director, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.
- I understand that The Five Points Branch is not responsible for lost or damage belongings, and that a lost and found is provided throughout the camp season.

Parent/Guardian Authorization and Consent

I hereby enroll my child, _____, in The Five Points Branch Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/excursions.
- Give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.
- Give permission for my child to participate in all Healthy U activities and I give The Five Points Branch permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

Parent/Guardian Signature

Date

Inquiring YMCA staff are eager to know...

How did you hear about us?

- Previous Camper Direct Mail/Brochure
 Website Friend
 School YMCA Employee

Please list any siblings that will be attending either summer camp or our child care program.

1. _____
2. _____
3. _____