Parent/Guardian Agreement

- I have received The Railway 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 Railway Branch is not responsible for lost or damaged 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 Railway 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. ________________________

CAMP REGISTRATION

Child’s Name ___________________________ Entering Grade: ____________

Please clearly circle or highlight the appropriate box to indicate the camp you would like to select for your child. All camps are based on the grade your child is entering effective September 2019.

<table>
<thead>
<tr>
<th>Camp</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Week 9</th>
<th>Week 10</th>
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<tbody>
<tr>
<td>Grades</td>
<td>6-7</td>
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<td>Preschool</td>
<td>6/24-7/1</td>
<td><em>No camp</em></td>
<td>7/4-7/11</td>
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Additional Options

- Pre Camp 1-6:30pm All $25 $25 $25 $25 $25 $25 $25 $25 $25 $25
- Post Camp 5-8:30pm All $25 $25 $25 $25 $25 $25 $25 $25 $25 $25
- Pre & Post Camp All $45 $45 $45 $45 $45 $45 $45 $45 $45 $45
- Weeks Trip All $25 $25 (10% off) $25 $25 $25 $25 $25 $25 $25 $25 ($80 off)
# Medical History Form

**Child's Name:**

**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.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
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<tbody>
<tr>
<td>DPT Booster</td>
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<tr>
<td>HBV</td>
<td></td>
</tr>
<tr>
<td>Polio OPV (sabin)</td>
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<tr>
<td>MMR</td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
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<tr>
<td>Tetanus Booster</td>
<td></td>
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<tr>
<td>HIB</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
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<tr>
<td>Tuberculin Test</td>
<td></td>
</tr>
</tbody>
</table>

**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

- **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:**

**Local Persons to be Contacted in an Emergency if Parents Cannot be Reached:**

1. **Name:**
   - **Relationship:**
   - **Phone:**

2. **Name:**
   - **Relationship:**
   - **Phone:**

**Doctor:**

- **Address:**
- **Phone #:**

**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:**