



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP AUTHORIZATION FORM

CAMPER INFORMATION

Please print clearly. One child per form. Please correct information as needed and complete any missing information.

Student Name: _____ Date of Birth: _____
Grade Level COMPLETED in SPRING _____ Age: _____

PARENT / GUARDIAN INFORMATION

Must provide at least 3 phone numbers. Please circle the phone number that should be contacted first.

Parent/Guardian: _____ Relation: _____
Cell Phone: _____ Employer: _____
Work Phone: _____ E-mail Address: _____

Parent/Guardian: _____ Relation: _____
Cell Phone: _____ Employer: _____
Work Phone: _____ E-mail Address: _____

Other Emergency Contact: _____
Cell Phone: _____ Employer: _____
Work Phone: _____ E-mail Address: _____

Name and relationship of anyone other than parent or legal guardian authorized to pick up your child:

Name: _____ **Relationship to Child:** _____
Name: _____ **Relationship to Child:** _____

Please name any person(s) who **may not** pick up your child. (Please inform camp staff of concerns or issues.)

Name(s): _____

HEALTH / EMERGENCY INFORMATION

Immunization records are required. Include with this form or fax to 402-404-8444.

Allergies, Restrictions or Illnesses: _____

****If allergies, you must fill out a Medication Consent Form.**

Behavioral or Medical Concerns: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medications Currently Taking: _____

Will the Y be responsible for administering medication to your child? Yes No

****If yes, you must fill out a Medication Consent Form for Y Camp staff to administer medication to any child.**

I certify that my child is free of communicable diseases. _____ (Initial)

AUTHORIZATIONS / SIGNATURE

Please read each item carefully and sign below.

- I understand that my child will not be able to attend care until all required forms have been submitted.
- I understand that Y Care staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I hereby grant the management and staff of the Y Care to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I grant permission for emergency medical treatment and/or routine medical care by the Y Care staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases Y Care from any and all liability and/or financial responsibility for any medical expenses incurred.
- I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.
- I hereby, for myself and my child(ren) waive, release and forever discharge Y Care and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in Y Camp.
- I hereby grant Care staff permission to contact my child's school and/or teacher regarding his/her academic performance and needs and grant the school and/or teacher permission to share such information.
- I hereby grant Care staff permission to apply sunscreen and/or bug spray when needed.
- I hereby grant Care staff permission to take my child on all field trips, including swimming at the NORM WAITT SR. YMCA.
- I hereby grant permission for Care or other Y staff to photograph or videotape my child during Care activities and so use their likeness in promotional and fundraising materials related to the Y.
- I understand the \$200 deposit is required at the time of registration, special considerations may be added to balance. It is NON-REFUNDABLE and I agree to pay total balance by the start of summer if not on a payment plan or by the end of summer if on a payment plan.
- I may cancel my registration at anytime by May 26, 21 to receive a refund (deposit not included).
- I verify that I have read, understand and agree to follow all policies outlined in the handbook.
- I understand that in the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached. the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up as soon as possible.
- I understand that routine lice checks will be done and that in the case that lice is found on my child, that I will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. I understand that my child will not be able to return to camp until the lice/eggs are gone.
- I understand that in the case that my child or anyone in the immediate household develops a reportable communicable disease, it is the responsibility of the parent to notify the YMCA 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.

PARENT / GUARDIAN SIGNATURE

DATE

The Norm Waitt Sr. YMCA is a not-for-profit, cause-driven charitable organization.

I have read, understand and agree to each of the terms above.