

# Camper Information

Camper's Name \_\_\_\_\_ Male ( ) Female ( )

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 1, '10 \_\_\_\_\_ Physician \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Last Tetanus Immunization \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

I understand that there are inherent risks involved with summer camps. However, in case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order medical attention for my child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

YMCA Summer Camping is a highly active program that requires the cooperation of all involved. For your enjoyment, please report to camp physically and mentally prepared for the activities involved.

**The Camp Director reserves the right to encourage campers to be involved only in those camps for which they are prepared.**