



Please check each of the camps your child will be attending. This info sheet MUST be filled out when registering your child for camp.

- Day Science Sports Art Resident Adventure Club
Off to Camp Stayover Discover Outdoor

Camper Information Form *please fill out reverse side for Resident Camps

Camper's First Name Last Name

Address City/State/Zip

Home Phone Cell Phone

Date of Birth Age as of June 1, 2020 Gender Male Female

Parent/Guardian Relationship to Camper

Email Address

In case of EMERGENCY the following person could be notified:

1. Name Phone Relationship

Your child will be required to check out with camp staff each day. In addition to above listed parents, ONLY those listed below will be allowed to sign out camper. If for some reason someone other than those listed need to pick your child up at camp we will need either written permission from the custodial parent/guardian or you may contact the Camp Director to make those arrangements.

1. Name Phone Relationship

2. Name Phone Relationship

Is there anyone NOT allowed to pick camper up?

MEDICAL Information:

Camper's Doctor Phone

Medications

Last Tetanus Immunization

Food/Other allergies

INSURANCE Information:

Is the camper covered by family medical/hospital insurance? Yes No

Medical Insurance Carrier or plan name Policy ID

Name of insured Relationship to camper

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

I give permission and consent to allow photographs of my child (above) to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Sheridan County YMCA.

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.



Camper Information Form Resident Camp

This info sheet MUST be filled out when registering your child for camp.

TRANSPORTATION/PICK-UP

Camper MUST have recent camper information sheet filled out and turned into front desk prior to riding the bus.

My camper will ride the Y bus to camp on Sunday: Yes No

My camper will ride the Y bus home at the conclusion of this week: Yes No

On check out day ONLY those listed below will be allowed to sign out camper. If for some reason someone other than those listed need to pick your child up at camp we will need either written permission from the custodial parent/guardian or you may contact camp to make those arrangements.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Is there anyone NOT allowed to pick camper up? _____

Please list past medical treatment if any _____

PERMISSION TO ADMINISTER MEDICATION

Complete this information if your child will be needing medication while at camp. Please bring the medication in the original pharmacy container.

Medication: _____ Dose _____

Days/dates to be given _____

Circle time to be given: Breakfast Lunch Dinner Bedtime Other _____

Medication: _____ Dose _____

Days/dates to be given _____

Circle time to be given: Breakfast Lunch Dinner Bedtime Other _____

ALLERGIES

Medication allergies (list) _____

Food allergies (list) _____

Please visit with camp directors prior to your child arriving to camp if there are specific food allergies; lactose intolerance, gluten-free. This will allow us the opportunity to prepare meals accordingly.

Other allergies (list) include insect stings, hay fever, asthma, animal dander, etc.

Parent/Guardian _____ Date _____