

CAMPER INFORMATION

* REQUIRED Information

Camper Name: _____

BUDDY SELECTION Both buddies must request to be together and they must be in the same age group. We will attempt to honor all requests but, we are limited by the number of spaces in each group.

Buddy's Name _____

CAMPER QUESTIONS

Has child been away from home before? _____

What does he/she like to do best? _____

Special talents or abilities _____

How does your child get along with others of the same age? _____

Hobbies and/or special interests _____

Is there an activity your child particularly wants to do at camp? _____

Does your child have any serious fears? _____

Please list any specific health or behavioral considerations: _____

Please list any physical limitations that your child has: _____

Please provide any other information you feel may put us in a better position to understand your child and his/her needs: _____

* **HEALTHCARE INFORMATION**

Medication must be in its original container with the child's name on the prescription.

Please list medication and dosage instructions: _____

- * Does your child currently or recently have any allergies, illness, infections, communicable disease, ailments, or other condition?

FOOD RESTRICTIONS: An additional food restriction form must be completed and returned to the Cadillac Area YMCA at least two weeks prior to attending camp. This form is available at the Cadillac Area YMCA or camptorenta.org.

- * Are your child's immunizations up to date? YES or NO (*circle one*)

Name of Family Physician _____ Phone _____

I certify that my child has permission and consent to participate in the above YMCA Program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers as well as Cadillac Area Public Schools against any and all claims arising out of my child's participation in this YMCA Program. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant named above. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I also certify that the program participant (my child) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in this program. I understand that the Waterfront Director is an adult Red Cross certified lifeguard. The decisions that are made on the waterfront are done so in an attempt to insure camper's safety. I give the Cadillac Area YMCA permission to transport my child to daily Camp program sites as necessary. I give my permission for photos/videos to be taken and used for YMCA public relations purposes. I certify that all information provided above is accurate. This completed form may be photocopied.

* **Parent/Guardian signature:** _____ **Date:** _____