

Special Needs Camp 2009 Camper Info.

McCleskey-East Cobb Family YMCA Special Needs Camp

770-977-5991

1. Camper Information *(one form per child)*

Camper's Name (last, first) _____ Home Phone _____

Camper's Address (street, city, state, zip) _____

Family Email address: _____

Date of Birth _____ Gender: M F Age at camp _____

First Contact: _____

Phone (h) _____ Work: _____ Cell: _____

Second Contact: _____

Phone (h) _____ Work: _____ Cell: _____

2. Persons Authorized to Pick-up Camper: *(Please include parents)*

Name _____ Name _____

Name _____ Name _____

Persons NOT Authorized to Pick-up Camper:

Name _____ Name _____

Name _____ Name _____

3. Emergency Contacts: (other than parent/guardian)

Name _____ Phone(s) _____

Name _____ Phone(s) _____

4. Disability Needs: Please list the severity of the child's disability needs:

Will the child need one-on-one personal care? No Yes

If yes, please list the name and phone number of the individual who will be accompanying the child to provide the care.

Name: _____ Phone Number: _____

Does the camper have ALLERGIES or MEDICAL CONDITIONS (including emotional/behavioral) that should be considered? No Yes If yes, please specify: _____

Are all immunizations up-to-date? No Yes

Are there any special instructions from you or the camper's doctor as to treatment at the day camp site?

5. Please read & sign below, or form will not be processed:

As the parent/guardian of the camper, I authorize _____ (camper's name) to attend and participate in all prescribed YMCA camp activities. I give permission of the Camp Director and any other designated camp staff to administer first aid, and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance. I give permission that any photos or videos taken of my child can be used for promotional purposes only. **We cannot pro-rate fees due to missed days of camp for any reason, nor do we offer refunds for absentees.**

X _____
Signature of Parent/Guardian: _____ Date: _____