



Andrew and Walter Young Family YMCA
Summer Day Camp 2009- Registration
2220 Campbellton Rd.
Atlanta, GA 30311
Phone: 404-523-9622 Fax: 404-756-0959

<i>Office Use Only</i> Household ID <hr/> Date: <hr/>

Camper Information: (Please print clearly; complete ONE form per camper)

Child's Name: _____ Age (as of session start date): _____ Birthday: ___/___/___

Male Female Ethnicity: _____ School Attending in Fall: _____

Lives with: Mother Father Both Other _____

Additional names of children who are in summer camp: _____

Camper T-shirt Size: _____ Child sizes: SM (6-8) MED (10-12) LG (14-16)
 Adult sizes: MED (38-40) LG (42-44) XL (46-48)

Family Information: (Please fill in ALL information)

Mother/Guardian: _____ Birthday: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Email Address: _____

Father/Guardian: _____ Birthday: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Email Address: _____

Camper Release/ Emergency Contacts: (List in order you wish to be called)

Persons authorized to pick up your child in case of emergency:

1.) Name: _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

2.) Name: _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

3.) Name: _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Persons **NOT** Authorized to pick up your child:

1.) Name: _____ 2.) Name: _____

PARENT/GUARDIAN AUTHORIZATION

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 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 for my child to participate in supervised hikes, boat rides and transportation to and from camp site. I give permission that any photos or videos taken of my child can be used for promotional purposes only. I have read the brochure and understand all of the information concerning fees and cancellation policies.

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

Camper's Name: _____ Age as of session start date: _____

Health Information

*Form 3231 Certificate of Immunization **MUST BE** submitted at the time registration*

Physician's Name: _____ At (Hospital/Clinic) _____

Physician's Phone: (____) _____ - _____

Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? Yes No
If yes, please explain (include dates): _____

Does camper have any disability, chronic or recurring illness or conditions? Yes No
If yes, give details: _____

Does camper have any disabilities (physical, mental, or emotional) that may limit participation of any activities at Summer Day Camp? Yes No If yes, please explain: _____

List any activities to be encouraged or limited: _____

Suggestions on health related information for camp personnel: _____

List Allergies: _____	List Medications: _____
_____	_____
_____	_____
_____	_____

**Please note if your child needs medication administered during camp hours, you will need to fill out a separate Medication Administration form on a weekly basis. All medication must be in its original prescription container and turned in each Monday your child reports to camp. For more information, refer to your Parent Pack that you will receive in the mail/email after registration.*

PARENT/GUARDIAN HEALTH VERIFICATION

This health history is correct, so far as I know, and herein described has permission to engage in all prescribed camp activities except as noted. **Authorization of treatment:** I give permission to the Summer Camp Staff to administer first aid. In the event of an emergency, I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine test, treatment; to release any records necessary for insurance purposes; arrange necessary related transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp. I understand and accept that any expense is my responsibility. I also understand that it is my responsibility to carry primary accident insurance.

Signature of Parent/Guardian: _____ Date: _____