

2010 Camp Pa-Wa-Pi Health Form

Name of Child _____	Age at Camp _____
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Camp Week(s) Attending: 1 2 3 4 5 6 7 8 9 10 11

Parent Information

Parent Name 1. _____	Parent Name 2. _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Parent's Location When Child is in Care: _____	Parent's Location When Child is in Care: _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Hours _____	Hours _____
Phone _____	Phone _____

Allergies/Special Conditions/Current Medications that are being taken: _____

Persons Other Than Parent to Notify in an Emergency Situation When Parent is Not Available

Name _____	Phone Number _____
Street Address _____	City, State, Zip _____

Name/Phone Numbers of Persons Other than Parent to Whom Child May Be Released:

1. _____	2. _____	3. _____	4. _____
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Name of Child's Physician or Health Care _____	Phone Number _____
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Street Address, City, State, Zip _____

Hospital Preferred for Emergency Treatment _____	Health Insurance Policy Name & Number _____
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Parent Agreement

In consideration of my child participating in the YMCA of Lansing Day Camps, I, the undersigned agree to release and on behalf of my minor child, myself, our heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Lansing, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the YMCA of Lansing on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the day camp program whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of the YMCA of Lansing, its officers, agents, and employees.

Health: *I hereby certify that my child is in good health, has no infectious disease, immunizations are up to date, and that he/she has no physical limitations which would preclude their participation in the YMCA of Lansing Day Camp program*

Emergency Treatment: *I hereby give permission to the YMCA of Lansing and the emergency care person listed on this card to secure emergency medical treatment and non-emergency medical treatment for the child named on this card while in care. Elective surgery is not included in this authorization.*

Field Trips: *I hereby also give permission to the YMCA of Lansing for my child to be transported in a vehicle and/or participate in field trips.*

Photographs: *I hereby give permission for photographs/videos of my child to be used in future publications.*

Movies: *I hereby also give permission to the YMCA of Lansing to allow my child to view G and PG rated movies.*

Behavior: *The camp management reserves the right to dismiss a camper due to behavior discipline problems.*

Email Opt-in: *By signing this form and providing my email address, I am agreeing to opt-in to the YMCA of Lansing email database and will receive updates by email from the YMCA of Lansing. I understand that the YMCA of Lansing will never release my information including my email address to a third party and that I may opt-out from these communications at any time.*

I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

Parent Signature _____ Date _____