

## 2020 Geneva Family YMCA Camp Registration and Health Form

**Senior Camp Adventure (ages 8-12)** \_\_\_\_\_

**Junior Camp Adventure (ages 4-7)** \_\_\_\_\_

Please complete one registration form for each child. Please note that no application will be processed without the registration fee and a completed health form.

Camper Name: \_\_\_\_\_

Gender: M      F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Member: Yes      No

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY CONTACTS (other than parent/guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Person Authorized to pickup child (other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION (required at time of registration)

#### IMMUNIZATION HISTORY (required by New York State Department of Health)

Please provide an up to date record of all immunizations that your child has received.

This must be signed by your child's physician. **Most pediatric offices will fax the form directly to the Geneva YMCA. Our fax number is 789-4259. Thank you.**

Please indicate month and year for all dates:

☐ DPT Series      ☐ Booster  
☐ Tetanus Booster      ☐ Polio DPV (Sabin)      ☐ Booster  
☐ HIB  
☐ Measles Vaccine      ☐ Live:      ☐ Tine  
☐ Rubella (German measles)  
☐ Mumps Vaccine (Live)

#### Health History –

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Learning problems
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Special Diet	<input type="checkbox"/> Behavior problems
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Medication
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Mumps	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Hearing
<input type="checkbox"/> Vision	<input type="checkbox"/> Food Allergies

## Health Information (Cont'd)

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of last physical exam (Must be within 24 months of start of camp) \_\_\_\_\_

Recent Surgery (type and date): \_\_\_\_\_ Restrictions: \_\_\_\_\_

Any restrictions for any other reason: \_\_\_\_\_

Are there any medical or development conditions requiring attention? \_\_\_\_\_

Serious Injury (type and date): \_\_\_\_\_ Chronic or recurring illness: \_\_\_\_\_

Other conditions or details of above: \_\_\_\_\_

Have any significant events occurred in your family within the last few years? \_\_\_\_\_

Has your child been in therapy in the last two years? \_\_\_\_\_

Does your child take medication daily? Yes \_\_\_\_\_ No \_\_\_\_\_ Please give the name of medication /dosage/frequency: \_\_\_\_\_

Does your child have any serious fears? If so please explain: \_\_\_\_\_

Are there any problems that might confront your child at camp? (Homesick, anxiety, moodiness, etc) \_\_\_\_\_

Does your child wear/require a flotation device while in the pool? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child feel comfortable in deep water while swimming? Yes \_\_\_\_\_ No \_\_\_\_\_

The YMCA is required to report membership and program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A and B:

A. Racial Status: \_\_\_\_\_Caucasian \_\_\_\_\_African American \_\_\_\_\_Asian \_\_\_\_\_Hispanic \_\_\_\_\_Native American \_\_\_\_\_Other

B. Annual Household Income: \_\_\_\_\_Less than \$5,000 \_\_\_\_\_\$5,000 - &9,999 \_\_\_\_\_\$10,000 - \$14,000  
\_\_\_\_\_ \$15,000-\$24,999 \_\_\_\_\_\$25,000 - \$34,000 \_\_\_\_\_Over \$35,000

**INDICATE YOUR SESSION/DAY CHOICES**

**Please circle days your child will attend**

_____ Week 1	June 29 – July 3	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 2	July 6 – July 10	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 3	July 13 – July 17	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 4	July 20 – July 24	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 5	July 27 – July 31	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 6	Aug. 3 – Aug. 7	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 7	Aug. 10 – Aug. 14	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 8	Aug. 17 – Aug. 21	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 9	Aug. 24 – Aug. 28	Mon.	Tues.	Wed.	Thurs.	Fri.



**Geneva Family YMCA**  
**2020 Summer Day Camp**  
**Waivers**

\_\_\_\_ I understand that participants specifically assume all risk of injury arising out of his/her presence on the premises of the YMCA and its program premises. The participant's use of the YMCA's equipment or facilities and my participation in Y activities, whether on Y premises or another location, for myself and my heirs and assigns hereby waiver, release and agree to hold free from all claims for damages the YMCA and it's officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in programs and activities of the YMCA.

\_\_\_\_ The health history is correct to the best of my knowledge and the participant herein described has my permission to engage in all prescribed activities except as note by me. The participant is physically capable of participating in such programs and agrees not to participate in any activity that may injure participants or others.

\_\_\_\_ I give permission for my child to participate in the field trips taken by the Geneva Family YMCA Camp Adventure program. I understand that I will be given prior notice. I hereby authorize the Geneva Family YMCA to provide transportation for my child via bus or by foot on various field trips, administer first aid (if needed) and transport to nearest hospital.

\_\_\_\_ I hereby give permission to the Geneva Family YMCA Camp Adventure Staff to apply sunscreen to the participant as needed while they are in attendance at Camp Adventure from June 29, 2020 through August 28, 2020.

\_\_\_\_ I hereby authorize the Geneva Family YMCA Camp Adventure Staff to apply bug spray to the participant as needed while they are in attendance at Camp Adventure from June 29, 2020 through August 28, 2020.

\_\_\_\_ I give permission for my child to participate in swim while participating at the Geneva YMCA Camp Adventure.

\_\_\_\_ I hereby authorize the Geneva Family YMCA, to take photographs, videotape or digital recordings of the participant and to use these in any and all media. I further consent that the participants name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims or interest I may have to control the use of the participants identity or likeness in whatever media used and understand that there will be no financial or other remuneration for recording me either for initial or subsequent transmission or playback.

\_\_\_\_ In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.

\_\_\_\_ In the event of an emergency, I authorize the Child Care Director/Preschool Teacher/Camp Director or his/her designee to act for me according to his/her best judgement in a situation requiring medical or surgical treatment and or transportation to a medical facility. I understand that I will be notified prior to any medical treatment of my child whenever possible. If prior notification of medical treatment is not possible, I will be contacted at the earliest possible time. I agree to be responsible for any medical bill resulting from illness or injury during my child's attendance in the above program.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)