



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP SOKKIA CONSENT FORM

- The undersigned, in my individual capacity as parent or guardian confirm the following statements and give consent for my child to participate in the following stated activities. I understand that if at any time my child cannot participate in the listed activities; it is my obligation to notify the YMCA Staff in writing in advance.
- I have read the Decatur Family YMCA Camp Sokkia Parent Manual.
- I understand my child will be swimming while he/she is in the care of the Decatur Family YMCA. I authorize the YMCA staff to take my child on walking trips, special excursions and to nearby public park facilities.
- I authorize my child to ride as a passenger in vehicles used by the Decatur Family YMCA.
- I have read and understand the Decatur Family YMCA discipline policy.
- In my individual capacity as a parent or guardian of a child participating in the Decatur Family YMCA program, I understand that participation in YMCA Camp Sokkia involves certain risks, including but not limited to personal injury and property damage arising from equipment and activities and/or actions of other participants. In consideration of these services provided and understanding the stated risks, I personally and on behalf of my child release the Decatur Family YMCA and its staff, agents, volunteers and all other persons having any affiliation with the Decatur Family YMCA from all liability and claims arising from any occurrence or accident while my child participates in the Decatur Family YMCA Summer Camp Program.
- I understand that the Decatur Family YMCA will have religious based activities, and it is optional for my child to participate.
- I authorize the Decatur Family YMCA staff to secure EMERGENCY CARE for my child when I cannot be immediately reached at the time of the emergency. I will be responsible for all medical charges incurred.
- I authorize the YMCA staff to perform basic first aid covered in the Red Cross First Aid class. This includes but is not limited to burns, bruises, cuts, nose bleeds, broken bone, or fractures, and CPR.
- I understand that any belonging my child brings to the program is not the responsibility of the staff, and any loss, stolen or damaged items are the responsibility of the child or parent to replace.
- Campers may be removed from camp for the safety of the YMCA, or the physical/

emotional safety of the campers, staff or YMCA guest. NO refunds will be issued for missed days when a camper is removed from camp due to their behavior.

- I understand if my child is throwing up, has a temperature over 100 degrees, diarrhea, pink eye, strep throat , has lice, ring worm or any other contagious illness will be asked to leave camp until they are without the above symptoms for 24 hours.

CHILD'S PHOTO RELEASE (Please initial appropriate line)

I authorize: _____

I DO NOT authorize: _____

My child to be photographed during his/her attendance at the Decatur Family YMCA Camp Sokkia. This consent releases all personnel of the YMCA from liability. This consent gives permission for photographs to be used in publicity for the Decatur Family YMCA.

Permission to Treat

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signed _____ Date _____
