



Summer Camp Health Form

YMCA OF FREDERICK COUNTY
SUMMER DAY CAMP

Camper's Name: _____ Date of Birth: _____

Address _____ City _____ State _____ ZIP _____

Primary Emergency Contact

(Parent or Legal Guardian): _____

Phone: _____ Email: _____

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? No Yes, Explain:

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? No Yes, Explain:

Child's Physician: _____ Phone: _____

PLEASE NOTE • All medication, including any over-the-counter, requires an additional form signed by a Physician and must accompany the medication when it is checked in by Y staff at camp.

Please initial after reading:
_____ Staff may assist the camper listed on this health inventory form with the application of sunscreen for all weeks of camp during the summer.
SUNSCREEN BRAND PROVIDED _____

Additional Emergency Contacts

Name: (Parent or Legal Guardian different from above): _____

Phone: _____ Email: _____

This person is authorized to pickup camper from camp.

Name (Other than Parents/Guardians listed): _____

Phone: _____ Email: _____

This person is authorized to pickup camper from camp.

Note: Only persons notated on this form are authorized to pickup camper from camp. Must show ID.

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations?

NO YES, List them:

OR



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Signature of Parent/Legal Guardian _____ Date _____



YMCA OF FREDERICK COUNTY SUMMER DAY CAMP

Informed Consent and Release of Liability:

- _____ 1. In initialing this agreement, I certify that I/ my child am/is able to participate fully in the program unless otherwise stated in writing to the Y. In case of voluntary withdrawal, I understand there will be no refund of fee for the period concerned.
- _____ 2. In consideration of being allowed to participate in the activities and programs of the Y (the "Y Programs") and to use the facilities, equipment, and machinery of the Y (the "Y's Facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the Y and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with my/our use of the Y's Facilities and Equipment or my/our participation in any Y programs.)
- _____ 3. I/We understand that participation in the Y Programs and the use of the Y's Facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/We am/are voluntarily participating in the Y Programs and using the Y's Facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
- _____ 4. I/We understand that the Y's Facilities and Equipment and Y Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I/We hereby acknowledge that I/We have been advised to seek advice from a physician regarding my/our participation in Y Programs or in the use of the Y's Facilities and Equipment. I/We also acknowledge that it has been recommended that I/We have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in Y Programs and my/our use of the Y's Facilities and Equipment. I/We acknowledge that I/We have either had a physical examination and have been given my/our physician's permission to participate, or that I/We have decided to participate in Y Programs and/or use the Y's Facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the Y Programs and my/our use of the Y's Facilities and Equipment.
- _____ 5. As part of the overall Y program, participants occasionally are photographed / videotaped and have work displayed by the Y staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by Y staff, and also that the participant's likeness, name, performance, artwork or written work may be used by the Y in any Y publications, materials, advertisements, web-site, and programs. *The Frederick Y permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security the Y may be monitoring certain areas by video surveillance.
- _____ 6. I authorize the Y to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize the Y to arrange for transport of myself or my child for the purpose of providing medical care, if necessary, in the discretion of the Y or medical personnel.
- _____ 7. By participating in the Y Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of Y facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law."
- _____ 8. For the YMCA of Frederick County's Privacy Policy please refer to <https://frederickymca.org/join-the-y/membership-policies/privacy-policy/>
- _____ 9. The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access.
- _____ 10. I understand that some programs involve field trips with travel from the YMCA facility and I give permission to the YMCA to transport me/my child via YMCA vehicle and indemnify and hold harmless the YMCA, its officers, agents, representatives, and employees from any claim for damage or injury to person or property arising out of such transport, except as caused by the gross negligence of the YMCA, its representative, agents or employees. Transportation may also be provided for campers that participate in activities off-site but near the YMCA, in the event of inclement weather.

Child's Name (Printed) _____

Name of Parent/Legal Guardian _____

Parent's/Legal Guardian's Signature _____ Date _____