

**OTTAWA YMCA CONFIDENTIAL INFORMATION FORM
SUMMER DAY CAMP 2010**

Circle One: **TREKKERS**(ages 5-7)
EXPLORERS(ages 8-10)
ROVERS(ages 11-14)

Circle One: MEMBER
NON-MEMBER
SCHOLARSHIP
CHILD CARE CONNECTION

PERSONAL INFORMATION

Child's Full Name _____

Name Child Goes By _____ Date of Birth _____

Child's Home Address _____

Child's Home Phone Number _____

PARENT OR GUARDIAN INFORMATION

Father's Name _____ Cell Phone _____

Father's Home Address _____ Phone _____

Place of Employment _____

Business Address _____ Phone _____

Mother's Name _____ Cell Phone _____

Mother's Home Address _____ Phone _____

Place of Employment _____

Business Address _____ Phone _____

Parent Email Contact: _____

PERSON RESPONSIBLE FOR ACCOUNT *required information*

Signature (Primary) _____ Date _____

Address (if different) _____

Drivers License Number _____

Signature (Secondary) _____ Date _____

Address (if different) _____

Drivers License Number _____

I/we agree that the above information is true & correct and further agree to pay all collection agency fees and attorney fees incurred to collect this debt.

Signature

Date

(over)

IN CASE OF EMERGENCY NOTIFY (OTHER THAN PARENT OR GUARDIAN):

Name _____ Phone _____
Address _____ Relationship _____

FAMILY PHYSICIAN

Name _____ Phone _____
Address _____

FAMILY INFORMATION

Names of brothers and ages _____
Names of sisters and ages _____
Please list any other persons living with the child and their relationship (if any) to the child. _____

PERSONAL HISTORY

Does your child have any allergies or asthma? If yes, please explain. _____

Are there any other medical or developmental problems of which we should be aware? _____

Does your child take medication on a regular basis? If yes, please explain. _____

If a child is supposed to be given medication at camp, the parent must submit written instructions to the YMCA.

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? ____Yes ____No
If so, indicate carrier or plan name _____ Group # _____
Carrier address _____
Name or insured _____ Relationship to participant _____
Social security number of policy holder or insurance ID number _____

In case of an emergency, should all efforts to reach me be unsuccessful, I hereby give permission to the physician selected by the camp director to hospitalize; secure proper treatment for; and order injection, anesthesia, or surgery for my child.

Parent/guardian's signature _____

_____(CHILD'S NAME) HAS MY PERMISSION TO RIDE IN A CAR DRIVEN BY AN OTTAWA YMCA EMPLOYEE WITH HIS/HER CLASS on visits and excursions in the community. Ottawa YMCA has my permission to provide emergency medical treatment to the above named in case of need. Ottawa YMCA has my permission to take photographs of the above named child and to use them for publicity purposes. Ottawa YMCA has my permission to maintain any records deemed necessary of the above named child.

Date Signature of parent(s)

It is understood that all campers will be treated as individuals with the respect shown for normal differences in tastes, preferences, abilities, and range of behavior patterns. The YMCA reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interests of the total camp.

PICK UP FORM

The following person will normally pick up my child:

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____ Pager: _____

This person will pick up my child at camp at _____ P.M. from Adventure Club.

Parents Signature _____

In case of an emergency, or if the designated person cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____ Pager: _____

Signature _____

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____ Pager: _____

Signature _____

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____ Pager: _____

Signature _____

The following person may not remove my child from camp:

Name: _____

Name: _____

Custody Papers on File: Yes _____ No _____

The above information was provided by

Signature _____ Date _____

CONFIDENTIAL CAMPER INFORMATION FORM

This form is designed to improve communication between the camp and the families we serve. Please take time and complete it carefully. We then ask that you complete an evaluation form and return it to us so we may have your feedback following camp.

Camper's Name: _____ Nickname: _____
Camp dates from _____ until _____
Age _____ School grade in fall _____ Home phone _____ Birthday _____
With whom does child live? _____

Has child been away from home before? _____
What does he/she like to do best? _____
Special talents or abilities _____
Hobbies and/or special interests _____
Is there an activity your child wants to do at camp? _____

How does your child get along with others of the same age? _____
Does your child have any serious fears? If yes, please explain: _____

Are there any problems that may confront your child while at camp (homesickness, anxiety, moodiness, allergies, etc.)? _____

Please list three objectives you have for your child at Day Camp in order of importance:

1. _____
2. _____
3. _____

Please provide any other information you feel may put us in a better position to understand your child and his/her needs. _____

Parent's Signature _____ Date _____

SUNSCREEN PERMISSION FORM

Soaking up the sun's rays used to be considered healthy before we learned about the dangers of ultraviolet rays. These invisible rays, known as UVA and UVB cause suntan, sunburn, and skin damage. There is no safe UV light. Protecting young people from the sun is especially important as most our lifetime exposure comes before the age of 20.

YMCA Day Camp participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds and bodies, we have made the following policies in this regard:

- All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin, including lips, daily, even on cloudy days
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to dropping them off in the morning.
- Parents or legal guardians will be responsible for providing their children with enough sunscreen to take with them for later day applications. One container per child, please.
- Day Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, two hours of activity in the sun (due to perspiration) and any other time as needed. **Please note: this means your child will have the sunscreen applied for them by the day camp staff. Please explain this to your child before camp.**
- For campers who have fair skin, freckles or numerous moles; have blond, red or light brown hair; have blue, green or gray eyes; tend to burn easily and tan little or not at all; and have family history of skin cancer, we recommend an extra t-shirt be brought to wear in the water for extra protection.
- The YMCA reserves the right to disallow anyone to participate in the day camp program at any time for failure to comply with this policy.

Please note that these decisions were made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

I verify that I have read, understood, and, for the protection and well-being of my child, agree to comply with the YMCA Day Camp Sunscreen Policy. I also understand that if any time I fail to comply with the policy, my child will not be allowed to participate in the said program.

Parent's Signature: _____ Date: _____