

YMCA Camp Ocoee Health History and Emergency Contacts

Camper Name: _____ Gender: _____ Birthdate: _____

Address: _____ City, State Zip: _____

Session(s) attending: (Check all that apply)

R1 R2 R3 R4 R5 R6 R7 R8 CIT1 CIT2 CIT3 CIT4 Horse Adv Camp

Emergency Contacts:

1) Name: _____ Relationship to Camper: _____

Cell Phone: _____ Home Phone: _____

2) Name: _____ Relationship to Camper: _____

Cell Phone: _____ Home Phone: _____

3) Non-Parent: _____ Relationship to Camper: _____

Cell Phone: _____ Home Phone: _____

Is there any reason to restrict the camper from any camp activity? Yes No

If yes, please explain: _____

Does the camper have any health concerns or special needs? Yes No

If yes, please explain: _____

Are all immunization up to date? Yes No Date of last Tetanus shot: _____

Please list all known allergies (food, medication, other): _____

Does the camper have any food allergies/restrictions? Yes No

If yes, please explain: _____

Does the camper take any medication on a regular basis, either prescribed or over-the-counter? Yes No

If yes, please explain: _____

The Infirmary stocks a wide variety of over-the-counter (OTC) medications. Please list any OTC medication the camper CANNOT have: _____

Insurance Information (Camp Ocoee does not carry accident or sickness insurance for participants.)

Insurance Company: _____ Address: _____

Policy Number: _____ Group Number: _____

Name of Insured: _____ Policy Holder Insurance ID #: _____

•*Photocopy of front and back of health insurance card must be attached to this form*

Name of Primary Physician: _____ Phone: _____

Dentist Name: _____ Phone: _____

Use an additional sheet to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

PARENT/GUARDIAN AUTHORIZATION

While Camp Ocoee will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the camp will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy camp programs. Any of the above reasons will be grounds for dismissal from camp. A parent/guardian must discuss with the director any special conditions or circumstances involving their child. This must be completed prior to registration so that we can advise you as to whether we can make a reasonable accommodation for your child.

I approve this registration and certify that the camper is capable of an overnight camp experience. I grant permission for the camper to participate in all planned camp activities including out-of-camp trips by van or bus, hiking and/or boating. In case of an accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the camper's parent immediately. I hereby give my permission to the medical personnel selected by the Camp Director to order X-rays, routine tests and treatment, and to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I understand that the YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in these activities. I hereby voluntarily release and discharge YMCA Camp Ocoee/YMCA of Chattanooga, its agents, contract services, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that no medical insurance is provided by YMCA Camp Ocoee. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs and/or videos of the camper named on this registration as may be needed for promotional purposes.

Signature of Parent or Guardian _____ Date _____