



# MAUI FAMILY YMCA MOANA/SPECIALTY CAMP REGISTRATION FORM 2018

Camper's Name \_\_\_\_\_ Gender: Female or Male Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents Work Phone \_\_\_\_\_ Parents Cell \_\_\_\_\_

School child attends \_\_\_\_\_ Grade \_\_\_\_\_ Have you ever been to YMCA camp? Yes or No

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Pick-up consent: List names and **relationships** you give consent to pick up camper on this form. (besides the parents listed above)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
name relationship name relationship name relationship

Camp Shirt Sizes (**campers only receive a T-shirt during the summer sessions**): youth sizes xs sm med lg xl

## CAMPER HEALTH FORM

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contacts (other than Parents) that staff can contact during your child's stay at camp:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Health History

Are all school required immunizations up to date? Yes or No Date of last Tetanus Booster \_\_\_\_\_

Has camper had any serious injury or operation? Yes or No

**If yes, please give date (s) and explain** \_\_\_\_\_

### Current Health Information

Please list medications used or needed by camper:

Name of Medication \_\_\_\_\_ Is camper bringing this to camp? Yes or No

Dosage (please check) Use only when needed? \_\_\_\_\_ Take daily \_\_\_\_\_ Scheduled dosage \_\_\_\_\_

Please list any allergies your child may have \_\_\_\_\_

**PLEASE NOTE:** *All medications must be in their original containers, plainly marked with camper's name, the name of the medication and the dosage.*

**Authorization:** This section must be signed by the parent or legal guardian.

This Camp Health Information is correct so far as I know and the camper referred to above has my permission to engage in all camp activities, except as specified above. I hereby give permission to Maui Family YMCA to secure medical and surgical treatment and to provide routine non-surgical medical care for the camper named above, while attending Camp.

**"I understand the Maui Family YMCA does not carry any health and accident insurance on campers."**

\_\_\_\_\_  
Signature of parent/guardian if under 18 years of age

\_\_\_\_\_  
Date

**\*REMINDER: this form must be completed and returned to the YMCA by the first day of camp. Your child will not be able attend or participate in Camp Moana until this information is turned in. Thank you for taking the time to help us keep your child safe.**

## PHOTO RELEASE WAIVER

I give permission and consent to the use of any photographs, videotape or other media record of my participation at the Maui Family YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture. The pictures taken will be used for the YMCA's program brochures and YMCA marketing media.

\_\_\_\_\_  
Signature of participant (or parent/guardian)

\_\_\_\_\_  
Date

Information provided here is for the Maui Family YMCA use only. We do not share information with outside sources.