

2012 HEALTH FORM AND RELEASE (on 2nd page)



CAMP ERNST

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Burlington, KY 41005
Office: (859) 586-6181
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www.myYcamp.org

****You can also complete this form online at www.myYcamp.org**

PLEASE PRINT AND USE BLUE OR BLACK INK

CAMPER LAST NAME →
 FIRST NAME →
 BIRTHDATE → AGE AT CAMP →
 ATTENDING SESSION → PLEASE (CIRCLE ONE) →
 SESSION: 1 2 3 4 5 6 7 8 9
 DATE: 6/10 6/17 6/24 7/1 7/8 7/15 7/22 7/29 8/5

Participant's Last Name: _____ **First:** _____

Circle One: Male/Female **Participant's Birth Date:** ____ / ____ / ____ **Age:** ____ **Home Phone:** (____) _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Primary Contact: _____ **Relationship to Participant:** _____

Primary Contact's: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Alternate Parent/Guardian: _____ **Relationship to Participant:** _____

Alternate Contact's: Home: (____) _____ Work: (____) _____ Cell: (____) _____

IF ABOVE CANNOT BE REACHED, LIST 2nd ALTERNATE CONTACT IN SEPARATE HOUSEHOLD BELOW:

2nd Alternate Parent/Guardian: _____ **Relationship to Participant:** _____

2nd Alternate Contact's: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Physician & Insurance Information

Medical/Hospital Plan: _____ Policy or Group #: _____

Policyholder's First & Last Name _____ Employer: _____

Primary Physician's Name: _____ Phone: (____) _____

Family Dentist's Name: _____ Phone: (____) _____

Medications

Current Medications: _____
(Please bring in original containers)

Can participant take over the counter medications? _____

Immunizations up to date? _____ Date of last Tetanus Shot: ____ / ____ / ____

NOTE: Please call our office two weeks before your camper attends camp if he or she has any special needs. This could include diabetes, food allergies, sleep issues, recent trauma or anything else requiring extra staff attention.

Medical Conditions

- Asthma (Does participant carry an inhaler?)
- Broken Bones
- Diabetes
- Ear Infections
- Headaches
- Counseling
- Fainting
- Epilepsy Date of last seizure: _____
- Recent Illness
- Other _____

Allergies (check all that apply)

- Hay fever _____
 - Insect Stings _____
 - Poison Ivy, other plants: _____
 - Peanuts, other foods: _____
 - Penicillin, other drugs: _____
 - Latex
 - Other Allergies: _____
- Describe allergic reaction: _____

- Does participant carry an Epi-pen? _____
 (If yes, please send Epi-pen with participant.)

Explanations

Please describe management of the above conditions/allergies: _____

Please explain any exceptions to usual health; participation; diet; sleeping; or other concerns: _____

Note: Please inform counselor of exceptions in person. Campers should maintain any regular medication regimen.

Statement of Understanding

We (parent and camper) understand and agree to the following:

- Campers will not be allowed to leave camp with unauthorized or apparently intoxicated person(s).
- Suspected cases of child abuse will be reported.
- YMCA staff members are not permitted to have contact with children outside of program unless prior relationship exists.
- My child's image/words may be recorded and used in camp promotion

- Campers are responsible to participate fully and abide by policies. Failure to do so can result in immediate dismissal without return of fees.
- Prohibitions include: tobacco products, alcoholic beverages; non -prescription drugs; sexual behavior or harassment; weapons; fireworks; and bullying.

Please sign and date second page to complete the Health Form

YMCA OF GREATER CINCINNATI

Release and Waiver of Liability and Indemnity Agreement

Facility Inspection

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

Hold Harmless Agreement

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

Permission for Treatment

THE UNDERSIGNED HEREBY DECLARES that all the information on the above health history is correct and representative of the person herein described, and further agrees to give full authority to the health care personnel selected by the YMCA to administer medications; provide routine health care, photocopy forms, and to order: X-Rays, routine tests; treatment; transportation; and hospitalization should the need arise.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE RELEASEES FROM LIABILITY from any claim whatsoever which may result of any first aid, treatment, services, or assistance to the person while in, about, or upon the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Print Camper Name: _____

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

Camper Signature

Date

Parent/Guardian Signature

Date

Skateboard Camp – Travel Release

THE UNDERSIGNED HEREBY CONSENTS to participate leaving the YMCA property in YMCA approved vehicles for YMCA programs specifically designated for such travel.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

Camper Signature

Date

Parent/Guardian Signature

Date