



Sherman Lake YMCA Outdoor Center Registration & Health Information Form

Camper Information:

Name of Student Nickname (if any)
School Name Grade
Male or Female Age Birth Date
Home Address
Custodial Parent Relationship to Camper
Phone 1 Phone 2 Phone 3
Email

In an EMERGENCY, please contact parent listed above or:

Name	Phone	Relationship
Name	Phone	Relationship

Activities & Interests:

What camp activities most interest your camper?
Are there any camp activities that the camper should not participate in?
Dietary concerns (select those that apply) Diabetic Lactose Intolerant Vegetarian Picky Eater None
Behavior concerns
Do you have anything specific you hope your camper will learn while at camp?
Camper's swimming ability
Additional information/comments for counselor

Health Information:

Past and/or present medical conditions
Allergies If Yes, please describe
Has your child been exposed to a communicable disease in the last three weeks?
If Yes, please describe
Has your child ever had a seizure If Yes, please describe
Physical limitations or restrictions?
If Yes, please describe



Special dietary needs or restrictions If Yes, please list

Additional health information, special medical needs, or concerns

Are your child's immunizations up to date?

Date of last tetanus shot Date of last physical exam

Family Physician Phone

Family Dentist Phone

Orthodontist Phone

In the case of unexpected aches and pains, may over the counter medications (Tylenol, Motrin, Benadryl, etc.) be given to your camper?

Do you have medical insurance?

Insurance Company Name Policy or certificate #

Phone

Medications:

Please send all prescription medication that your child will need at camp, including any regularly used over the counter medications. Send only the amount of medication needed while at camp. Prescription medication bottles must state the current dosage and schedule.

Permission to dispense medication (please list all prescription and non-prescription)

Medication #1: Dose Days to be given

Time to be given:

Medication #2: Dose Days to be given

Time to be given:

Parent Signature Required

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine test, treatment, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child or me as named above. These completed forms may be photocopied for trips out of camp. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless the Sherman Lake YMCA Camp and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that my result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for my child or me to participate in all planned camp activities including out-of-camp trips by van or bus, hiking or horseback riding, understanding that competent leadership is provided. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the Sherman Lake YMCA to have and use photographs, slides, or video tapes of me, my child, or my family as may be needed for its public relations programs. I acknowledge that this General Release of Liability of the Sherman Lake YMCA is binding on me personally and on my heirs, personal representatives, successors, and assigns.

Parent/Staff Signature

Date

- Anyone under the age of 18 must have a parent signature. If over the age of 18, this form enables you to be treated in case of an emergency.
- All school personnel that plan to be in attendance at Sherman Lake YMCA must complete and sign this form.



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Sherman Lake YMCA Outdoor Center has put in place preventative measures to reduce the spread of COVID-19; however, Sherman Lake YMCA Outdoor Center **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ **INITIALS** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Sherman Lake YMCA Outdoor Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Sherman Lake YMCA Outdoor Center's employees, volunteers, and program participants and their families.

____ **INITIALS** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Sherman Lake YMCA Outdoor Center. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Sherman Lake YMCA Outdoor Center, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Sherman Lake YMCA Outdoor Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Sherman Lake YMCA Outdoor Center.

____ **INITIALS** I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ **INITIALS** In the event that I file a lawsuit, I agree to do so in the state where Sherman Lake YMCA Outdoor Center is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ **INITIALS** By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ **INITIALS** I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

____ **INITIALS** If I have signed a separate general waiver of liability connected to my participation at Sherman Lake YMCA Outdoor Center, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ **INITIALS** I agree that I will practice safe social distancing and clean hygiene during my participation at Sherman Lake YMCA Outdoor Center.

Signature

Print Name

Address

City

State

Zip

Telephone

Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian

Print Name

Date