

# 2012 SUMMER CAMP REGISTRATION

Male \_\_\_ Female \_\_\_ Date \_\_\_\_\_

Camper's first and last name \_\_\_\_\_

Attending Camp Sargent \_\_\_ Attending Camp Merrimack \_\_\_ Attending Camp Nashua \_\_\_ Date of Birth \_\_\_\_\_

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

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ Grade entering this Fall \_\_\_ Age \_\_\_ School \_\_\_\_\_  
 Email Address \_\_\_\_\_

Who does the child live with? Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Who is the legal guardian of the child? Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_  
*Please provide copies of all court documents pertaining to child custody*

### All AUTHORIZED ADULTS (including parents) WHO MAY PICK UP CHILD

(Note, photo ID is required at pick-up)

\_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Work/Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

#### Arrival and Departure Information:

● Camper will be taking the bus and getting on and off at stop # \_\_\_\_\_ (\$40/week) *limited space* Yes \_\_\_ No \_\_\_

### PARENTAL RELEASES & MEDICAL INFORMATION

Parent/Guardian must sign each section.

#### INSURANCE INFORMATION

**The YMCA does not carry any form of accident/illness insurance on campers.**

Parents are responsible for medical and pharmaceutical expenses incurred at camp. Yes \_\_\_ No \_\_\_

Is the participant fully covered by family medical/hospital insurance? Yes \_\_\_ No\* \_\_\_

If so, indicate insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

\*If you have no insurance, please sign with the understanding that you are responsible for any medical bills incurred.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PERMISSION TO PROVIDE TREATMENT OR EMERGENCY CARE:

I hereby give permission for camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for insurance purposes. I give permission to arrange or provide necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to administer treatment, including hospitalization. YMCA of Greater Nashua is released herewith of any liability for any medical ministrations for any reason.

Name of Camper's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

#### Don't forget.....

The state of NH requires each camper to have a health exam within two years of 1st day of camp for those ages 6+ and yearly exams for those under 6.

A signed copy from your child's physician, which includes a listing of immunizations and confirmation of an up-to-date physical, must be submitted prior to first day of camp.

Known Allergies: \_\_\_\_\_ none \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_ none \_\_\_\_\_

Description of ANY condition requiring special physical, mental or psychological considerations/restrictions: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 I have read and understand all of the camp procedures and policies in the 2012 Summer Day Camp Agreement

**Office use only:**  
 Unit ID \_\_\_\_\_