

# Camp St. Croix Health Form

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Both documents need to be completed by all participants

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

## **Emergency contact: (If unable to contact parent.)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Health Information:**

<u>Yes</u>	<u>No</u>	
_____	_____	Is the participant taking any medications?
_____	_____	Does the participant have any allergies?
_____	_____	Does the participant have a history of heart problems?
_____	_____	Does the participant have a history of seizures?
_____	_____	Has the participant had any recent injuries?
_____	_____	Does the participant have special dietary needs?
_____	_____	Does the participant have asthma?
_____	_____	Does the participant have diabetes?
_____	_____	Has the participant recently been exposed to a contagious disease?
_____	_____	Does the participant experience sleepwalking?
_____	_____	Bedwetting?
_____	_____	Fainting?

Please give details to any questions that were marked **yes**. Is there any other information regarding the participant that Camp St. Croix should be aware of or could prevent the participant from taking part in any camp activities?

## **Important**

This form must be completed and reviewed by the St. Croix Lead Instructor prior to any participation in our program. Youth groups must have this form signed by a parent or guardian prior to arrival. Anyone without a completed form will not be allowed to participate in the Team Building programs at YMCA Camp St. Croix.

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# Release Form

Document 2 of 2

Both documents need to be completed by all participants

Name: \_\_\_\_\_

Group: \_\_\_\_\_ Program Date: \_\_\_\_\_

*This form simply states that each participant is aware of the kind of program they will participate in, as well as the inherent risks of simply being in an outdoor environment. All these issues will be covered in depth in our safety orientation prior to beginning the program. Please read the following statements carefully and INITIAL each. Then date and sign the bottom of this form.*

\_\_\_\_\_ I accept the fact that, while the course leaders are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control.

\_\_\_\_\_ I agree to follow all instructions and guidelines given by the course leaders, and to act in a safe and responsible manner toward all participants.

\_\_\_\_\_ I realize that if I fail to follow directions or act in a manner that is inconsistent with the safety guidelines of the camp, I will be removed from the program and/or asked to leave the camp grounds without a refund of my program fee.

\_\_\_\_\_ I agree to notify the course leaders of any changes to my health and fitness that may occur during the course of my program.

\_\_\_\_\_ I fully comprehend and willingly assume the responsibility and risks of participating in this program as outlined in the course packet and as explained to me by the course leaders.

## Permission To Receive First Aid And To Secure Medical Help

I am (or, "My child is") sufficiently fit to participate in this program. I have completed the Health Form (see reverse) and disclosed health/medical information that is accurate, complete, and true to the best of my knowledge. Should I (or, "my child") become ill or injured, I give permission for the program facilitators to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

## Promotional Release

For promotional purposes, I hereby authorize the use and reproduction by the YMCA of Greater St. Paul of photographs taken of myself (or, "my child") by YMCA Camp St. Croix without compensation.

**I hereby give my permission for non-prescription medication (aspirin substitute, etc.) to be given to my child if deemed advisable by teachers, chaperones and/or St. Croix staff. In case of emergency, I also give permission to the physician selected by my child's teacher or St. Croix staff to hospitalize, secure treatment for and/or to order injection, anesthesia, or surgery for my child named above. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I agree to all of the above except:*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-PLEASE SIGN IN THE BOX-**

(Please check one or both)

Yes  No

I would like to be included on a Camp St. Croix -      email      mail - list to receive further information on other programs including: Summer Camp, Day Camp, Group Retreats, Family Retreats, Special Events, Team Building, Environmental Education.