

# YMCA Camp Thunderbird Holiday Sleepover Medical Form

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contact Persons

Parent/Guardian: \_\_\_\_\_ Cell Phone/Pager #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Cell Phone/Pager #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

## Emergency Medical Release

I expect to be notified, at once, in case of an illness or accident to my child; if I can not be reached, I expect and authorize YMCA Camp Thunderbird to contact:

Dr \_\_\_\_\_, at \_\_\_\_\_ (address) \_\_\_\_\_ (phone),  
or the nearest available center for the emergency medical treatment of \_\_\_\_\_ (child's name).

Insurance Company and Policy #: \_\_\_\_\_

## Health History

Operations or Serious Illnesses or Diseases: \_\_\_\_\_

Chronic or Recurring Illnesses or Diseases: \_\_\_\_\_

Activity Restrictions due to medical conditions (allergies, recent surgery, asthma, diabetes, etc...):  
\_\_\_\_\_

Does your child suffer from any physical or emotional problems? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

Is your child currently under any medical treatment? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

**My signature below certifies that my child is in good health and free from any disabilities or illnesses that would endanger him/her or any other children in the Holiday Sleepover.**

I understand that the YMCA of Greater Charlotte assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illness which may result from his/her participation in these activities. In consideration of the privilege of participating at the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Charlotte, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of higher participation in these activities.

A parent/guardian must discuss with the YMCA director any special conditions or circumstances involving their child. This must be completed prior to registration.

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.

I understand that no accident or medical insurance is provided with this activity.

I give permission to the YMCA of Greater Charlotte, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the camp from any claim or liability to that use.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)