

**South Brunswick Family YMCA**  
**Holiday Camp Registration Form**

**Health & Emergency Information**

Camp dates your child will attend: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

**Emergency Contact Information: Please Print**

Mother's name \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Medical Information:**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Known Allergies \_\_\_\_\_

Does your child currently take any medication?  Yes  No

Please

Explain \_\_\_\_\_

If medicine is to be taken while your child is in camp please make this known.

Is there any special health information/ physical limitations the YMCA should know about your child?

Please Explain. \_\_\_\_\_

# Holiday Camp Release Form

I, \_\_\_\_\_, or We, the parent(s) or legal guardian(s) of \_\_\_\_\_, hereby give approval of the camper's participation in any and all South Brunswick Family YMCA program activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation of the South Brunswick Family YMCA programs from any claim arising out of injury to named camper or any member of his/ her family who may be a participant or participating as a spectator.

## Emergency Medical Release

In case of emergency, I understand that every effort will be made to contact the parent/ guardian of the child. In the event that I cannot be reached, I hereby authorize emergency medical care for my child during attendance at the South Brunswick Family YMCA Holiday Camp Program. If in the judgment of the staff, treatment is required for an injury or illness, I hereby give permission to the physician selected by the YMCA Director to hospitalize and secure proper treatment for my child, and I also authorize the administering of anesthesia and surgery, as well as recourse to other procedures as deemed necessary by the attending physician. I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release the South Brunswick Family YMCA and its employees for any responsibilities from injuries incurred during my child's participation in the YMCA Holiday Camp Program.

## Photo Release

Yes  No

I give my permission for the South Brunswick Family YMCA to use any photos taken of my child during camp for any and all promotional purposes of the South Brunswick Family YMCA.

Print Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_