



# Mission Valley / Toby Wells YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: 619-298-3576 Fax: 619-298-4341

## CAMP REGISTRATION FORM (One Form Per Child)

Version en Español disponible en la area de recepcion y en el internet en:  
www.missionvalley.ymca.org

Child's Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Employed By \_\_\_\_\_ Employed By \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's work phone/cell \_\_\_\_\_ Parent's work phone/cell \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone	Relationship

### CHILD RELEASE AUTHORIZATION

Authorized persons, other than parents, to pick up child from the facility:

Name	Relationship

### MEDICAL INFORMATION

Family Physician: \_\_\_\_\_

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

Date of last exam: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy and/or Group #: \_\_\_\_\_

Persons **UNAUTHORIZED** to pick up child from the facility:

Name	Relationship

### IMMUNIZATION HISTORY

VACCINES	YEARS OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
Date of Last Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
Measles (Hard measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3 Day Measles)		
Hemophilus Influenza B (HB)		
Hepatitis B		

Child in custody of:  Both Parents  Mother  Father

Other: \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father

Other: \_\_\_\_\_

### BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor \_\_\_\_\_ Please Print

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
- Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
- I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
- I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
- The Mission Valley YMCA may use my child's photos for promotional purposes. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

### HEALTH HISTORY

Check all that apply:

ALLERGIES/DIETARY RESTRICTIONS			CONDITIONS REQUIRING CONSIDERATION					
<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Peanuts	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Bleeding Disorders
<input type="checkbox"/>	Insect Sting	<input type="checkbox"/>	<input type="checkbox"/>	Poison Ivy, Etc.	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Other

Is the child currently taking medications?  Yes  No

Medications administered at Camp require a completed MEDICATION RELEASE FORM.

List any conditions requiring special consideration, accommodations or restrictions while at camp:

List any past medical treatment that may affect participation in camp:

List any activities from which the camper should be exempted for health reasons:

### MEMBER OF THE YMCA

No  Yes: as a  Family  Youth

Branch: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Print Name \_\_\_\_\_

