

SEMINOLE COUNTY
SUMMER CAMP
2017 REGISTRATION FORM



Summer Camp Location: _____

2016-2017 Grade: _____

Student ID #: _____

School Location: _____

(SELECT WEEK(S) CAMPER WILL ATTEND)

Week of June 5th- 8th

Week of: June 12-15th

Week of June 19th - 22nd

Week of June 26th- 29th

CAMPER'S INFORMATION:

First Name: _____ MI: _____ Last: _____

Gender: BOY GIRL DOB: ____/____/____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

PARENT/ GUARDIAN'S INFORMATION:

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Legal Guardian? YES NO

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Legal Guardian? YES NO

SIGN OUT PROCEDURES:

My camper has my permission to sign themselves out at _____ P.M. YES NO

I understand that my camper must leave campus after signing out or they can be charged with trespassing _____ (initial)

Authorization to remove my camper:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

YMCA of Central Florida Mission Statement:

The purpose of this Association is to improve the lives of all in Central Florida by connecting individuals, families, and communities with opportunities based on Christian values that strengthen Spirit, Mind, and Body.

MEDICAL RELEASE & HISTORY:

Health Statement: (to be completed by Parent/ Guardian and/ or Medical Doctor.)

YES NO

Respiratory problems - Asthma, persistent cough, etc.	___	___
Heart problems - High / low blood pressure, chest pain, etc.	___	___
Kidney, Stomach, Gall Bladder or Liver problems	___	___
Diabetes, hypoglycemia	___	___
Recent fractures, illness, exposure to contagious disease, etc.	___	___
Eye, ear, nose or throat problems - Skin disease	___	___
Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	___	___
Nervous disorders - Epilepsy, convulsions, dizziness, etc.	___	___
Emotional disorders - Frequent anxiety, excessive fears, etc.	___	___
Any hospitalization in the last two years?	___	___
Do you have any physically limiting conditions?	___	___
Do you currently take medication?	___	___
The participant WILL be bringing medication to programs and activities	___	___

Explanations: _____

Emergency Medical Treatment: I understand that every effort will be made to contact the parent(s) or guardian(s) of student(s). If this is not possible, I hereby authorize the YMCA of Central Florida to obtain medical treatment.

Parent/ Guardian Signature: _____ Daytime Phone: _____

Family Physician/ Clinic: _____ Location: _____

Phone: _____ Insurance Company: _____ Policy #: _____

ACCOMMODATION CLAUSE:

The YMCA of Central Florida does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. This holds true for all students who are interested in participating in any YMCA of Central Florida program.

WAIVER:

I hereby state that I am physically and mentally capable of safe participation in the YMCA of Central Florida activities. I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with Seminole County Public Schools from all liability for any injury, loss, or damage connected in any way to my/ my child's participation in YMCA activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for me/ my child in the event of an emergency.

_____ (Initial) I give my permission to the YMCA of Central Florida to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my/ my child's image or voice for the purposes of promoting or interpreting YMCA of Central Florida programs.

Parent/ Guardian Signature: _____

Date: _____

Participants Printed Name: _____