



YMCA

We build strong kids,
strong families, strong communities

Camper's Full Name _____

Address _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Gender _____

Parents/Legal Guardians _____

Family E-mail _____

Home Phone _____ Mom's Work Phone _____

Dad's Work Phone _____ Mom's Cell Phone _____

Dad's Cell Phone _____

Emergency Contact Person _____ Phone _____

Name of persons to whom camper may be released:

1. _____ 2. _____

3. _____ 4. _____

Family Doctor _____ Phone _____

List any allergies, health problems, physical limitations, or dietary concerns:

List any medications your son/daughter takes regularly:

List any past medical treatments:

Immunization History (Please list dates as accurately as possible)

___ DTP series ___ Booster ___ Tetanus Booster ___ Hep B

___ Polio OPV (Sabin) ___ Booster ___ Tuberculin Test ___ MMR

___ Other (please list) _____