

REGISTRATION FORM 2020 Camp Cadillac Mount Desert Island YMCA

(One form per child, please print - MUST be completed and returned to: MDI YMCA, 21 Park Street, Bar Harbor, ME 04609 or Fax to 207.288.3019) **Early Registration Recommended.**

CAMPER INFORMATION

First: _____ Last: _____

Date of Birth: _____ Gender: _____

Age: _____ Grade Entering as of Fall 2020: _____ Camp Group: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian (1): _____

Work #: _____ Cell # (required): _____

Day/Work Location: _____

Primary Email (required): _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Parent/Guardian (2): _____

Work #: _____ Cell # (required): _____

Day/Work Location: _____

Primary Email (required): _____

Address (if different from P/G #1): _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT (REQUIRED)

In case of emergency, if both guardians cannot be reached, please list two additional people who can be contacted and who are authorized to pick up your child. Photo ID required.

Name: _____

Phone #: _____

Relation: _____

Name: _____

Phone #: _____

Relation: _____

ALTERNATE PICK UP INFORMATION

Please list two additional people who are authorized to pick up your child. Please remember to inform Camp Counselors if one of these people will be picking up your child. Photo ID required.

Name: _____

Phone #: _____

Relation: _____

Name: _____

Phone #: _____

Relation: _____

HEALTH INFORMATION (REQUIRED)

Please fill out the Health Information with the most current up-to-date information. If your child is attending the Chickadees Summer Preschool current immunization records will be required for our records.

List any current allergies: _____

List any current dietary restrictions (medical and/or religious): _____

List any current or past medical treatment that would affect your child's day at camp: _____

List any activities your child should be restricted from: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions/considerations: _____

List any current medications (prescription/over the counter): _____

Reasons for current medication: _____

*Medications to be administered at camp must be in its original container accompanied by written and signed instructions from the parents or doctor on a permission to medicate form. Campers may not carry medication at any time.

CURRENT IMMUNIZATION (REQUIRED)

Vaccinations are required by the ME Department of Health and prior to camp attendance. (Check one).

☐ I attest that all immunizations required for my child are up to date and that my child has a current tetanus shot with the month and year stated below.

☐ Or, I attest that I have signed and provided to the Y a waiver exempting my child from vaccination due to religious or other reasons.

Last Tetanus Shot: Month _____ Year _____

Child's Medical Insurance Carrier: _____

Group Policy #: _____

Name of Physician: _____

Phone #: _____

Name of Dentist: _____

Phone #: _____

PERMISSION TO TREAT INFORMED CONSENT

By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

SIGNATURE (REQUIRED)

PHOTOGRAPHY POLICY The YMCA takes pictures of summer camp for external use marketing. Does the Y have your permission to use a photo of your child? Names of children will not be used.

☐ Yes, you may use my child's photo.

☐ No, you may not use my child's photo.