



Stevens Point Area YMCA – Winter Retreat HEALTH FORM & REGISTRATION FORM

1000 Division Street, Stevens Point, WI 54481 715 342 2980
Contact: Tiffany Praeger, Youth/Teen Director, tpraeger@spymca.org (715) 342-2980 ext 326

Participant Name _____ Birth Date _____ Age _____ M or F

Street Address _____
Street City State Zip

Home Phone _____ School _____ Grade _____ Height _____ Weight _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Workplace & Ph. # _____ Workplace & Ph. # _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Email _____ Email _____

Please Indicate any Custody Issues _____

Emergency Contacts (other than Parent/Guardian) and Persons Authorized to Pick Up

Emergency Contact Name _____ Emergency Contact Name _____

Relationship to Participant _____ Relationship to Participant _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Participant's Physician _____ Phone _____
Dr. Name/Facility Office Address

Participant's Dentist _____ Phone _____
Dr. Name/Facility Office Address

Insurance Information: Is Participant covered by family medical/hospital insurance? YES NO

Carrier or Plan Name _____ Group # _____

Carrier Address & Phone # _____

Name of Insured _____ Relationship to Participant _____

Please list and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) _____

Please name any **Medications** taken by participant (Also describe reason for taking) _____

Will participant medication need to be taken during this program Yes No Maybe *If yes or maybe a medication authorization form must be completed at check-in. All medications are required to be in their original container and be clearly labeled.*

Please list and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs** and indicate if there are any **Restrictions** _____

Will the above participant medication need to be taken during this program? Yes No Maybe

***All Medications are required to be in original containers and be clearly labeled.**

Participant Name _____

Birth Date _____

Age _____

M or F

Health Form Continued-

___ **P/G Initials** In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

___ **P/G Initials** I give permission for my child's picture to be taken and used along with his/her name in the news or for promotional purposes.

___ **P/G Initials** Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

___ **P/G Initials** I hereby give permission to the YMCA Staff to give the participant named on this form the medications (as directed) listed above and on any additional page. I also give permission to the YMCA Staff to give the participant named on this form over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, sun protection, insect bites, etc...).

___ **P/G Initials** I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's participation in this program.

Participant's Name - Please Print

Signature of Legal Parent/Guardian

Date

**Stevens Point Area YMCA
PARENT/GUARDIAN CONSENT & REGISTRATION FORM
Teen Winter Retreat**

___ **P/G Initials** I hereby certify that my child is in good health and capable of safe participation, and can participate in the **Teen Winter Retreat at YMCA Camp Manitowish – Friday, Feb. 2, 2018 at 4:00pm – Sunday, February 4, 2018 at 3:00pm.**

___ **P/G Initials** I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, agents, representatives, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

___ **P/G Initials** I give my permission for the YMCA or other media to use photographs, slides, and/or videotapes of my child for promotional purposes.

___ **P/G Initials** In the event that I or emergency contact listed cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

___ **P/G Initials** To participate all participants must fully complete this consent form and also have on file or fully complete the YMCA Teen Application and Health History/Release Form. I understand that it is my responsibility to provide any health changes or updates to the YMCA in writing. I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within.

I _____ (participant) agree to abide by the Stevens Point Area YMCA polices and guidelines and the Teen Code of Conduct. If I fail to follow these guidelines and code of conduct, I understand that the YMCA will notify my parents and send me home immediately. I also understand that my parents will be expected to pick me up, or to pay for my transportation home, and that no fee refunds will be issued.

Signature of Participant _____

Date _____

Signature of Parent/Guardian _____

Date _____