

**FREEHOLD BORO YMCA SUMMER RECREATION
APPLICATION / HEALTH HISTORY FORM FOR CAMPERS**

**The following information must be completed in order for your child to attend camp.
A copy of your child's report card must be accompany this application.**

FAMILY INFORMATION:

Camper's Name: _____ Birth Date: _____ Age: _____
Last Name First Name Middle Initial

Home Address: _____
Street City State Zip

School Attending: _____ Grade in Sept.: _____ T-Shirt size: _____

Gender: Male Female E-mail Address: _____

Custodial Parent/Guardian: _____ Phone# _____ Work# _____

Home Address: _____ Cell # _____ Pager # _____

Second Parent/Guardian: _____ Phone# _____ Work# _____

Home Address: _____ Cell # _____ Pager # _____

Emergency Contact: _____ Phone# _____ Work# _____

Address: _____ Relationship: _____

INSURANCE INFORMATION:

Doctor Name: _____ Phone: _____

Address: _____

Insurance Carrier: _____ Policy # _____

•Parent/Guardian Authorization: This history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I also agree to abide by any restrictions placed on my child's participation in camp activities.

•I understand that the YMCA carries medical insurance and this coverage is secondary to any other valid and collectible insurance carried by/on behalf of the insured member, covering the same accident.

•The YMCA has my permission to involve my child in any photographs taken for publicity purposes.

•I give my permission for my child (Ages 10-13) to walk home from camp.

•I hereby give permission for my child to attend the scheduled trips.

Signature of Parent/Guardian : _____

Printed Name: _____ Date: _____

RESIDENCY

Freehold Borough Resident

Non-Resident

Deposit: \$ _____

PROGRAM CHOICE

DAY CAMP
(5 to 9's)

TEEN TRAVEL CAMP
(10-13's)

EXTENDED DAY:

7:30am - 9:00am & 3:00pm - 6:00pm

PROOF of ADDRESS:

Copy of Report Card

IMMUNIZATION RECORD:

↓ **TURN OVER** ↓

Child's Name: _____ Date of Birth: _____

The following restrictions apply to this individual:

- Red meat Pork Dairy Poultry Seafood Eggs Other

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

GENERAL QUESTIONS: (Explain "YES" answers below)

Has/does the participant:

YES NO

YES NO

		YES	NO
1	Has any recent injury, illness or infectious disease?		
2	Have a chronic or recurring illness/conditions?		
3	Ever been hospitalized?		
4	Ever had surgery?		
5	Have frequent headaches?		
6	Ever had a head injury?		
7	Ever been knocked unconscious?		
8	Wear glasses, contacts or protective eye wear?		
9	Ever had frequent ear infections?		
10	Ever pass out during or after exercise?		
11	Ever been dizzy during or after exercise?		
12	Ever had seizures?		
13	Ever had chest pain during or after exercise?		
14	Ever had high blood pressure?		

15	Ever been diagnosed with a heart murmur?		
16	Ever had problem with joints (e.g. knees etc.)		
17	Have an orthodontic appliance with you at camp?		
18	Have any skin problems? (e.g. itching, rash etc)		
19	Have diabetes?		
20	Have asthma?		
21	Had mononucleosis in the past 12 months?		
22	Had problems with diarrhea/constipation?		
23	Allergic to bee stings?		
24	If female, have an abnormal menstrual history?		
25	Ever had an eating disorder?		
26	Ever had emotional difficulties for which professional help was sought?		
27	Ever had back problems?		

Please explain any "YES" answers, noting the number of the question: _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

Allergies: (List all known)

Medication Allergies: _____

Reaction: _____

Reaction: _____

Food Allergies: _____

Reaction: _____

Reaction: _____

Other Allergies: _____

Reaction: _____
