

Day Camp _____
Teen Camp _____

**ROCKWALL COUNTY YMCA
TEEN ADVENTURE CAMP**

Staff _____
Date _____

Child's Name _____	Bday _____	Age _____	Grade next fall _____
Address _____	City _____	Zip _____	Phone # _____
Father _____	Drivers License # _____	Work Phone # _____	
Mother _____	Drivers License # _____	Work Phone # _____	
In case of an emergency and parents cannot be reached, contact:			
Name _____	Phone _____	DL# _____	
Others Authorized to Pick Up Child (Released to listed w/DL# ONLY)			
Name _____	Phone _____	DL# _____	
Name _____	Phone _____	DL# _____	

The YMCA has been approached in the past with grant opportunities to help underwrite costs. What are the places of employment for the mother and the father of the child attending camp? _____
What activities (interest & hobbies) does your child enjoy? _____
What specific problems/characteristics should the staff be aware of about your child? _____
Any medical conditions that need to be brought to our attention? _____

Swimming Ability (circle one)	Good	Fair	Poor	Non-Swimmer
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Family Doctor _____ Phone # _____ Address _____
Insurance Co. _____ Policy # _____ Last doctor appointment _____

I certify my child has been examined by a licensed physician in the past 12 months and is able to participate in the YMCA Day Camp Program.	Parent initial _____	Date _____
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The Texas Department of Health requires the YMCA to have records of immunizations for each camper each year. Please attach a current copy of your child's records.

I give my consent for:
* the Rockwall County YMCA to secure first aid and emergency care in the event of an accident during the Day Camp program. If the parent cannot be reached and if the child is in need of immediate treatment, he/she will be treated.
* If the parent requests the child be taken to the family doctor, that procedure will be followed. I understand that this transportation will be conducted and supervised by YMCA Day Camp staff.
* my child to participate in the water activities and field trips provided and supervised by the YMCA staff.
* I understand that NO refrigeration will be provided for the lunches that I will provide.

Signature of Parent/Guardian _____ Date _____

Notary Public _____	Sworn To and Subscribed Before Me This _____ Day of _____
Seal _____	
Notary Signature _____	Print or type name of Notary here _____
	My Commission Expires the _____ day of _____

I give consent for necessary first aid and medical treatment. (To be signed in front of notary)

Parent signature _____ Date _____