



YMCA CAMP ERNST SUMMER 2021 REGISTRATION FORM

CAMPER'S NAME _____ BOY/GIRL _____

BIRTHDATE _____ WHAT WAS YOUR FIRST YEAR AT CAMP ERNST _____

SCHOOL NAME 2021-2022 _____  GRADE FALL :2022 _____

CABIN MATE (1 CAMPER'S NAME PER GROUP) _____ TSHIRT SIZE _____

STREET ADDRESS _____


CITY _____ STATE _____ ZIP CODE _____

PARENT/GUARDIAN #1 _____ PARENT/GUARDIAN #1 BIRTHDATE _____ HOME PHONE _____

E-MAIL ADDRESS _____ ALT PHONE _____

PARENT/GUARDIAN #2 _____ HOME PHONE _____

E-MAIL ADDRESS _____ ALT PHONE _____

 Grade Fall 2022= Curso 2022, 1 ESO=7, 2 ESO=8, 3 ESO=9, 4 ESO=10

2020 CAMPER HEALTH FORM AND RELEASE (on second page)



CAMP ERNST

7615 Camp Ernst Rd
Burlington, KY 41005
Office: (859) 586-6181
Fax: (859) 586-6214
www.myYcamp.org

Last Name: _____ First Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian 1: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Parent/Guardian 1: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Emergency Contact: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

HEALTH INFORMATION

Does the participant have any allergies? _____ Please explain: _____
Does the participant carry an epi-pen? (If yes, please send Epi-pen with participant) _____
Does the participant have any dietary restrictions? _____ Please explain: _____
Please list all current medications: _____
Can the participant take over the counter medications? _____
Will the participant require any treatments while at camp? (please explain) _____
Are all immunizations up to date? _____ Date of last tetanus shot: _____

MEDICAL HISTORY (CHECK ALL THAT APPLY):

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Recent Illness
<input type="checkbox"/> Asthma/Inhaler	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Recent Injury
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Seizures
<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Lice	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Concussion	<input type="checkbox"/> Headaches	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Visual Problems
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Night Terrors	<input type="checkbox"/> Other: _____

Please explain management of the above conditions: _____
Have you ever been hospitalized, had an operation, serious injury, or other medical treatment? (Please explain) _____
Have you been exposed to any communicable diseases within the last 3 months? (Please explain) _____
Do you have any restrictions on activity or require special assistance while at camp? (Please explain) _____

PHYSICIAN AND INSURANCE INFORMATION

Family Doctor: _____ Phone Number: _____
Family Dentist: _____ Phone Number: _____
Health Insurance Plan: _____ Full name of Policy Holder: _____
Policy or Group Number: _____ Employer Name: _____

STATEMENT OF UNDERSTANDING

We (parent and camper) understand and agree to the following:

-Campers will not be allowed to leave camp with unauthorized or apparently intoxicated person(s).
-Suspected cases of child abuse will be reported
-YMCA staff members are not permitted to have contact with children outside of program unless prior relationship exists.

-My child's image/words may be recorded and used in camp promotion.
-Campers are responsible to participate fully and abide by policies. Failure to do so can result in immediate dismissal with return of fees.
-Prohibitions include: tobacco products, alcoholic beverages, non-prescription drugs, sexual behavior or harassment, weapons, fireworks, and bullying.

PLEASE SIGN AND DATE SECOND PAGE TO COMPLETE THE HEALTH FORM

YMCA OF GREATER CINCINNATI
Release and Waiver of Liability and Indemnity Agreement

Facility Inspection

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

Hold Harmless Agreement

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

Permission for Treatment

THE UNDERSIGNED HEREBY DECLARES that all the information on the above health history is correct and representative of the person herein described, and further agrees to give full authority to the health care personnel selected by the YMCA to administer medications; provide routine health care, photocopy forms, and to order: X-Rays, routine tests; treatment; transportation; and hospitalization should the need arise.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE RELEASEES FROM LIABILITY from any claim whatsoever which may result of any first aid, treatment, services, or assistance to the person while in, about, or upon the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Participant's Signature (Parent if under 18)

Date