



Camper Information Form

**YMCA of
Brandon**

This form must be completed in full, signed by a parent or guardian, and returned to the YMCA.

Child's Name _____
(last) (first)

Child's Age _____ Birth Date _____ Male Female

Address _____

Postal Code _____ Phone # _____

Email address (for tax receipts) _____

Swim Level _____

Parent/Guardian's Name:

Mother _____ Home # _____ Bus. # _____ Cell# _____

Father _____ Home # _____ Bus. # _____ Cell# _____

Child Resides With : Mother Father Both

Authorization of Release

I hereby authorize the following people above the parent/guardian mentioned above, to pick up my child at YMCA Day Camps:

- 1. Name _____ Home Phone _____ Wk Phone _____
- 2. Name _____ Home Phone _____ Wk Phone _____
- 3. Name _____ Home Phone _____ Wk Phone _____

If there are any changes in these arrangements I will give advance written notice.

Please list any special instructions or any persons who are not authorized to pick up your child:

Field Trip Permission

Not Applicable for Spring Break Camp

Parent Signature Date

Parent/Guardian Consent

In event of an accident or injury to my child, I authorize the YMCA to seek medical attention in my absence, If my child is on medication and is unable to take it on their own, YMCA staff may help administer the medication.

Parent Signature Date

Refund Policy

Cancellations must be submitted in writing. Refunds will be issued on camp fees less a 50% cancellation fee per child.

Parent Signature Date



Camper's Medical Information

YMCA of
Brandon

- Are your child's immunizations and booster shots up-to-date with school standards? No Yes
- Has your child recently been in contact with any communicable diseases? No Yes
If yes, which disease _____ and when _____
- Does your child have any serious fears? (i.e. water, dark) _____
- Does your child have any allergies?
Hay Fever _____ Insect Stings _____ Animals _____ Penicillin _____
Other Drugs _____ Food Allergies _____
Other Allergies _____
- Does your child carry medication for their allergies? No Yes If yes please provide details:

- Does your child carry an EpiPen for their allergies? No Yes
If they do, do they know how to use it? No Yes
***Parents must complete an EpiPen Authorization form before it can be administered by YMCA Staff. Contact the Program Manager for more information.**
- Does your child have any medical conditions such as: Autism, Epilepsy, Asthma, etc that the YMCA should know about? _____
Additional Details _____
Does your child have any medication for the above conditions? _____
Does your child need to take medication during camp time? No Yes
***If yes, parents/guardians must sign a Medical Release form. Please contact the Program Manager for more information.**
- Will your child be attending camp with an aide? No Yes
*** If yes, please contact the Program Manager for more information.**
- Is there anything else that will help us to know your child better? (Attach additional sheet if necessary)

Manitoba Medical Number _____ / _____
(6 digit #) (9 digit personal #)

Name of Family Doctor _____ Phone # _____

Parental Authorization
The Health history provided in this form is correct, so far as I know. The person herein described has permission to engage in all prescribed camp activities, including field trips and off site activities.

Parent Signature _____ Date _____