

Child's Identifying Information:

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Other information you would like us to know: _____

Emergency Contacts and Authorization for Camper Pick-Up:

I hereby authorize the following people to pick up my child from the Boroughs YMCA camp program, and/or to be contacted in the event of a medical emergency. Please list ALL people who might pick up your child including parents. Identification is required each day for camper pick-up.

1. Name: _____ Daytime Phone: _____

Address: _____

2. Name: _____ Daytime Phone: _____

Address: _____

3. Name: _____ Daytime Phone: _____

Address: _____

4. Name: _____ Daytime Phone: _____

Address: _____

General Consent:

Please initial each line to the left of paragraph to indicate your agreement to statement and sign at the bottom

_____ I understand that my child will not be allowed at camp without all forms completed, including the comprehensive health form and submission of immunization records.

_____ I hereby grant permission for my child to use all equipment and participate in activities of the YMCA's camp program..

_____ I hereby grant permission for my child to be transported by bus to and from scheduled activities
(Adventure Camp and Marlborough Camp Only)

_____ I hereby grant permission for my child to be included in evaluations and/or pictures connected with the YMCA program for publication and brochures.

_____ I understand that I will be charged a "late" pick up fee of \$1.00 per minute payable that day if I am not on time.

_____ I hereby grant permission for the YMCA Staff to administer first aid or to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include: 1) Attempt to contact parent, guardian, authorized emergency contact, and/or child's physician. 2) Have the child taken to an emergency hospital in the company of a staff member. Hospital utilized for emergencies is UMASS Medical Center—University Campus. Any expenses above will be the responsibility of the parent/guardian.

Parent/Legal Guardian Signature

Date