



# YMCA of South Hampton Roads CAMP RED FEATHER Summer Camp

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Welcome to Summer Camp! Please use this checklist to complete registration.**

NEW Campers Name	Campers Age as of June 1, 2018
Parent/Guardian Name	Daxko ID
Contact Phone #	

**All forms must be completed and signed, as well as information entered into daxko. No camp packets will be accepted if incomplete (and children will not be permitted to attend).**

## Due at Registration (please check as you complete)

YMCA Childcare Application	
Camp Worksheet Form	
Photo copy of last physical exam	
Photo copy of immunization record	
Information from birth certificate (pg. 4, Childcare application)	
Medication Authorization Form (only if your child will need medication while at camp)	
Camper Information Sheet	
Alpine Waiver (Ages 8—up)	
Transportation Stop # (1-6)	
Registration Fee	
*Deposit(s)	
Additional Notes from Parent/Guardian:	

YMCA Staff Use Only	
Childcare Application w/ signatures	
Camp Worksheet Form	
Physical Exam	
Immunization Record	
Birth Certificate	
Medication Authorization Form (if necessary)	
Payment Collected	
Registration Fee	\$
Deposit(s)	\$
Total Payment	\$
Desk Staff Name	Date
ADMINISTRATIVE STAFF (below only)	
File Complete	
Auto Draft Scheduled	
OD/Sibling/Discount Applied	
Staff Name	
Notes	

\*Deposits are non-refundable and non-transferrable after June 1, 2018





# YMCA CAMP RED FEATHER

We are excited that you have chosen to enroll your child at the YMCA's Camp Red Feather. Your child will have a summer to remember, with every camp activity geared towards youth development, healthy living and social responsibility. Each week we host different camp activities so that your camper is sure to find something that they will enjoy! Map out their summer experience today by choosing the weeks you would like your child to attend.

A \$25 deposit per child per week and a one-time \$50 nonrefundable/nontransferable materials fee is due upon registration. The \$25 deposit will be credited to each week of attendance and is nonrefundable after June 1. Cancellation must be made two weeks before the session date in order to avoid a service fee up to and including the cost of the camp session.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age (by June 18) \_\_\_\_\_ Grade (Fall '18) \_\_\_\_\_

	Session 1 June 18–22	Session 2 June 25–29	Session 3 July 2–6	Session 4 July 9–13	Session 5 July 16–20	Session 6 July 23–27	Session 7 July 30– Aug. 3	Session 8 August 6–10	Session 9 August 13–17	Session 10 August 20–24
<b>SCHOOL-AGE CAMP</b> ages 5–12	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Artists in Nature	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Weird Science <input type="radio"/> Dance & Cheer	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure*	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Pop star <input type="radio"/> Flag Football	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Multi-Sports <input type="radio"/> Lights, Camera, Action	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Fantastic Forts	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Multi-Sports <input type="radio"/> Artists in Nature	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Dance & Cheer <input type="radio"/> Flag Football	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Weird Science <input type="radio"/> Pop star	<input type="radio"/> Outdoor Adventure <input type="radio"/> High Flying Adventure* <input type="radio"/> Fantastic Forts
<b>TRADITIONAL CAMP</b> ages 5–12	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp	<input type="radio"/> Traditional Camp
<b>TEEN CAMP</b> ages 11–15	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp	<input type="radio"/> Teen Camp
<b>COUNSELOR INTERNSHIP PROGRAM</b> ages 16–18	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program	<input type="radio"/> Counselor Internship Program

\*For safety reasons, High Flying Adventure Camp is only for campers ages 8–12

See reverse side for transportation options and camp pricing

## CAMP OPTIONS & PRICING

### School-Age Camp

6:30am–6pm

Member Rate: \$185/week

Regular Rate: \$225/week

### Counselor Internship Program

6:30am–6pm

Member Rate: \$0/week

Regular Rate: \$0/week

Contact camp director at (757) 622-9622  
or visit [CampRedFeather.org](http://CampRedFeather.org)

### Teen Camp

6:30am–6pm

Member Rate: \$200/week

Regular Rate: \$240/week

### Camp Out

7/20–7/21 or 8/17–8/18

Fri 6:30pm– Sat 9:30am

Member Rate: \$35/week

Regular Rate: \$45/week

### VWU Sports Camp Partnership

6:30–6pm

Prices vary based on sport and full  
or half day camps. View details and  
register online at [CampRedFeather.org](http://CampRedFeather.org)

## TRANSPORTATION

All stops open for child care at 6:30am and close at 6pm. Please select one of  
the following if would like transportation to YMCA Camp Red Feather from:

### THE Y ON GRANBY

☐ STOP 1: 7:30am & 4:30pm

☐ STOP 2: 8:30am & 4:30pm

☐ STOP 3: 8:30am & 5:30pm

### GREENBRIER INTERMEDIATE

☐ STOP 4: 7:30am & 4:30pm

☐ STOP 5: 8:30am & 5:30pm

### PRINCESS ANNE FAMILY YMCA

☐ STOP 6: 8am & 5pm

### YMCA CAMP RED FEATHER

5817 Wesleyan Dr, Virginia Beach, VA 23455

P (757) 622-9622 W [CampRedFeather.org](http://CampRedFeather.org)



Parent/Guardian Signature

Date

1st Year Review: \_\_\_\_\_

2nd Year Review: \_\_\_\_\_

3rd Year Review: \_\_\_\_\_

Completed form must be kept in the child's record and first page updated ANNUALLY.

## YMCA CHILD CARE APPLICATION

**Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.**

According to the minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted, including: ☐ Child's proof of identity ☐ Up-to-date shot records ☐ Up-to-date physical ☐ Medication form, if applicable

**PROGRAM:** ☐ Before- & After-School ☐ Before-School ☐ After-School ☐ Camp ☐ Preschool ☐ School's Out Camp

### CHILD'S INFORMATION:

Child's full name		Nickname		Sex	Birth date
Street address				First day of attendance	Last day of attendance
City	State	Zip	Home phone		Grade/ class level
School	Programs previously attended			Schools/programs concurrently attending	

**EMERGENCY INFORMATION:** If your child takes any medication, please also fill out the ☐ Medication Authorization Form.

Allergies and intolerance to food, medications or other substances and actions to take in emergency situation	
Chronic physical problems/diseases; pertinent development information; special accommodations needed; special instructions to provider	
Child's physician	Physician's phone

**In the event of an emergency, please number, in order of priority (1–6), which phone to contact.**

Parent/guardian name 1		Cell phone	Priority	
Address (enter "same" if address is the same as the child's)		Email address		
City	State	Zip	Home phone	Priority
Place of employment		Work phone	Priority	

Parent/guardian name 2		Cell phone	Priority	
Address (enter "same" if address is the same as the child's)		Email address		
City	State	Zip	Home phone	Priority
Place of employment		Work phone	Priority	

Name, street address and phone of emergency contact if parent(s) cannot be reached
Name, street address and phone of emergency contact if parent(s) cannot be reached
Persons authorized to pick up child (appropriate custody or other court order shall be attached if a parent is not allowed to pick up the child)

### SWIM PERMISSION:

☐ My child has permission to participate in swimming activities. Please check your child's ability to swim and provide a detailed statement regarding your child's swimming skills on the line below. ☐ My child cannot swim. ☐ My child can swim with assistance. ☐ My child can swim without assistance.

The parent authorizes the application of hypo allergenic sunscreen/insect repellent for his or her child by YMCA staff. (Please note any adverse reaction to sunscreen/insect repellent of which you may be aware.) ☐ Yes ☐ No

Parent/guardian signature (valid for one year) \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF CONFIDENTIAL INFORMATION AUTHORIZATION

Permission is granted to the YMCA of South Boston/Halifax County to access my child's school records and contact school administrators and staff for purposes pertaining to growth, development and achievement of my child including, but not limited to: SOL Scores, Report Cards, Progress Reports, behavioral issues, homework assignments etc. I understand that access to this information will be used in possible grant writing and assisting the child in achieving his/her academic and social and emotional growth milestones.

☐ I will allow this. ☐ I choose not to allow this.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL RESPONSIBILITY: Please read and check each statement below and initial at the bottom.

I am the parent/guardian of the above named child, and my financial responsibility is as follows:

- ☐ I understand that my weekly tuition is due by 6pm on the Wednesday before each week of care. Payments made after this deadline will be assessed an additional \$15.
- ☐ I understand that my receipts should be kept as a record for filing taxes. The YMCA will not provide a year-end tax statement.
- ☐ I understand that my child must be picked up by 6pm. I will be charged \$15 for each 15-minute interval past 6pm.
- ☐ YMCA program sessions are not prorated and I must register my child and pay for full sessions.
- ☐ Child Care registration fees and camp deposits are nonrefundable.
- ☐ If my payment is returned by my bank, I am responsible for a \$25 returned payment fee in addition to the amount of the original payment, which I must pay BEFORE my child is allowed back into the program.
- ☐ After a second returned payment, I will have to pay cash or money order only for any future sessions/programs.

## AUTOMATIC PAYMENTS FOR CHILD CARE AND CAMP

The YMCA of South Boston/Halifax County offers automatic draft for your child care and camp payments. You can stop automatic payments with a 30-day written notice. If you would like to utilize this payment option, please check your payment frequency and sign the statement below.

☐ Weekly (on Wednesdays) ☐ Bi-Monthly (1st and 15th of each month) ☐ Monthly (1st of each month) ☐ Other ( )

## ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfer (or credit card institution) drawn by the YMCA of South Boston/Halifax County on my account for (membership/program/ contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus posted returned draft/check fee. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA of South Boston/Halifax County, at its discretion, may resubmit the amount due for payment on a future date.

- ☐ I choose to utilize the EFT option for payment (direct debit from my ☐ Checking ☐ Savings account)
- ☐ I choose to utilize the credit card payment option for payment (automatic direct charge to credit card)

**By signing below, you are authorizing all of the above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF AUTHORIZATION:** Please read and check each statement and sign below.

- ☐ My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
- ☐ The YMCA agrees to notify me (parent/guardian) whenever the child becomes ill. I agree to pick up the child within 30 minutes of receiving the call that my child is ill. **(A temperature of over 100°F, recurring vomiting/diarrhea or a communicable disease would require exclusion from the YMCA.)**
- ☐ I (parent/guardian) authorize the YMCA to obtain immediate care if any emergency occurs when I (parent/guardian) cannot be located immediately. I understand that in an emergency, my child may be transported in a private vehicle.
- ☐ I agree to inform the YMCA child care staff/director within 24 hours or the next business day if my child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- ☐ I have been informed of my YMCA Child Care program's Emergency Preparedness Plan.

**STATEMENT OF UNDERSTANDING:**

The following information is important for the safety and protection of your child. Please read this information and c and sign below.

- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Child Care staff member or volunteer is there to receive and supervise my child.
  - I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. **Sign-in/sign-out sheets are available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 16 years of age.** (See other pick-up provisions in Parent Handbook.)
  - I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
  - I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**
  - I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
  - I consent for the use of photographs or digital images of my child in any printed/filmed material for promotions of the YMCA of South Boston/Halifax County.
  - I am an adult over 18 years and wish to have my child participate in YMCA of South Boston/Halifax County Child Care programs. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in YMCA Child Care, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of South Boston/Halifax County, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.
- ☐ I have read and understand the statements above regarding YMCA policies and procedures.
  - ☐ I have received a copy of the YMCA Parent Handbook.
  - ☐ I have provided a copy of my child's physical and immunization records along with this form.
  - ☐ I have read and understand the statement above regarding the Model Release.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**CHILD'S NAME:** \_\_\_\_\_

**CHILD'S PROOF OF IDENTITY:**

The **Code of Virginia** states that "Proof of identity means a certified copy of a birth certificate or other reliable proof of the child's identity and age. The following documents are acceptable forms of reliable proof. Please check which document you are submitting.

- |   |  |
|---|--|
| <input type="checkbox"/> Certified copy of birth certificate  | <input type="checkbox"/> Record from a public school in Virginia   |
| <input type="checkbox"/> Birth registration card  | <input type="checkbox"/> Certification by a principal or his designee in the US that a certified copy of the child's birth record was previously presented |
| <input type="checkbox"/> Notification of birth (hospital, physician or midwife record)  | <input type="checkbox"/> Copy of the conferring temporary legal custody or entrustment agreement of a child to an independent foster parent                |
| <input type="checkbox"/> Passport   | <input type="checkbox"/> Child identification card issued by the Virginia Department of Motor Vehicles (DMV)   |
| <input type="checkbox"/> Copy of placement agreement or entrustment agreement from a child placing agency (foster care and adoption agencies) |  |

**For Office Use Only**

Form of Identity Verification	Date of Birth	Place of Birth	Start Date	End Date
Document Number	Date Issued	Staff Signature		

**YMCA OF SOUTH BOSTON/HALIFAX COUNTY**

**P** (434) 572-8909   **W** [www.ymcasouthboston.org](http://www.ymcasouthboston.org)

Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.





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## Medication Authorization Form

For Prescription and Non-prescription (OTC) Medication

### INSTRUCTIONS:

- Section A & C must be completed by the parent/guardian for ALL medication being authorized.
- Section B must be completed by a physician for any medication authorizations. This includes non-prescription medications.
- Each medication needs a separate authorization form. Multiple medications cannot be listed on one form.
- If diagnosed with asthma a inhaler with chamber and mask along with a separate action plan must accompany this document
- If a EpiPen is prescribed, a separate action plan must accompany this document
- If the end date documented by the physician expires before school is out for the year, a new authorization form will be required.

### SECTION A: To be completed by parent/guardian

Child's first and last name
Child's known allergies

### SECTION B: To be completed by child's physician

I, _____ order the medication listed to be administered.		
Name of medication		Strength
Dosage	Times to be given	Frequency
Reason the child is taking this medication (unless confidential by law)		
Describe any additional training, procedures or competencies the child's program staff will need to know.		
This authorization is effective from: _____ until _____ (start date) (end date)		
Physician's signature		
Date:	Physician's phone number:	

### SECTION C: To be completed by parent/guardian

I, _____ (parent's name) authorize _____ (program name) to administer this medication as specified in this medication form.	
Parent' signature	Date





## YMCA Summer Camp @ Camp Red Feather PARTICIPANT ASSUMPTION OF RISK, RELEASE, AND AGREEMENT

In consideration of the services of the YMCA of South Hampton Roads, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as "YMCASHR"), I hereby agree to release, indemnify, and discharge YMCASHR, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. YMCASHR programs are based on the Challenge by Choice® principle. At any time you and/or your group are free to withdraw from participation in Alpine Tower and ropes course activities. The risks include, among other things, the potential for: slips, falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. Furthermore, YMCASHR instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCASHR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of YMCASHR equipment or facilities, including any such claims which allege negligent acts or omissions of YMCASHR.
3. Should YMCASHR or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. In the event that I file a lawsuit against YMCASHR, I agree to do so solely in the Commonwealth of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I **acknowledge** that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against YMCASHR on the basis of any claim from which I have released it herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of (print minor's name) \_\_\_\_\_ ("Minor") being permitted by YMCASHR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless YMCASHR from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





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## COUNSELOR INFORMATION SHEET

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_

Does child take medications or vitamins by doctor's orders? ☐ Yes ☐ No If yes, please specify \_\_\_\_\_

\*\*\*If the YMCA is to administer medications, a medical authorization form must be completed. \*\*\*

Does your child have any brother/sisters? (List names and ages of siblings): \_\_\_\_\_

Your Child: ☐ Cannot Swim ☐ Can Swim WITH assistance ☐ Can swim WITHOUT assistance

**Personality:** ☐ Shy ☐ Quiet ☐ Talkative ☐ Confident ☐ Leader

Does child interact well with other children? \_\_\_\_\_ Does child have any fears? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Regarding camp, my child is: ☐ Excited ☐ Apprehensive ☐ Nervous ☐ Upset

What would you and your child like to get most from his/her camp experience? \_\_\_\_\_

Does your child have any hobbies, special interest or skills: \_\_\_\_\_

**Appetite:** ☐ Above Average ☐ Average ☐ Below Average

Is your child sensitive about his/her size, weight, or any other characteristics? \_\_\_\_\_

List any allergies your child may have to foods or medicine? \_\_\_\_\_

If allergy occurs, what steps should staff take? \_\_\_\_\_

**Health:** ☐ Above Average ☐ Average ☐ Below Average

**Health History** (please check if your child has/had any of the following):

- |                                      |   |  |  |                                     |
|--------------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Frequent Ear Trouble | <input type="checkbox"/> Frequent Headaches    | <input type="checkbox"/> Kidney Trouble        | <input type="checkbox"/> Sleep Walk |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Fainting Spells      | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Frequent stomachaches |                                     |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Heart Trouble         | <input type="checkbox"/> Bed Wetting           |                                     |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Meningitis           | <input type="checkbox"/> Frequent Colds        |  |                                     |

Please use lines provided below to add any additional medical information. \_\_\_\_\_

Does your child have any reactions to poison ivy, poison oak, or sumac? ☐ Yes ☐ No

Has your child had any operations or serious injuries or hospitalized in the past 6 months? \_\_\_\_\_

Please indicate anything that might help us to better understand your child and ensure him/her a happy camp experience? \_\_\_\_\_

### YMCA CAMP ARROWHEAD

275 Kenyon Road, Suffolk, VA 23434 P 757 923 3303 F 757 923 3366 W [ycamparrowhead.org](http://ycamparrowhead.org)

