





# MDI YMCA

## Camp & Childcare

### Contact Information

#### Participant Information

Child's Name: \_\_\_\_\_  Male  Female MDI Y Member?  Y  N

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level This Fall: \_\_\_\_\_ Permanent Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Guardians Living at Participant's Address

Guardian #1 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ Guardian #1 email: \_\_\_\_\_

List phone numbers in the order you prefer them to be called: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Guardian #2 Name (living at camper's address): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ Guardian #2 email: \_\_\_\_\_

List phone numbers in the order you prefer them to be called: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

#### Guardian or Person Responsible for Making Payments if Living at a Different Address

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List phone numbers in the order you prefer them to be called: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

#### Emergency Information

Person to contact if you or those listed above are unavailable in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who else may take/transport child from the program, other than those listed above?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_ Prone to Seizures? \_\_\_\_\_

Is there anything that we should know about your child? (Health or behavioral issues, other medical problems): \_\_\_\_\_

**MDI YMCA  
Camp/Childcare Health Record**

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

Birthdate: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

*Important: Please notify the Child Care Director if child is exposed to any communicable diseases during the 3 weeks prior to attendance.*

Operations or Serious Injuries (include dates): \_\_\_\_\_  
\_\_\_\_\_

Chronic or Recurring Illness or Medical Condition, including Allergies: \_\_\_\_\_  
\_\_\_\_\_

Dietary or Nutritional Restrictions/Concerns: \_\_\_\_\_  
\_\_\_\_\_

Mental/Emotional/Behavioral Issues: \_\_\_\_\_  
\_\_\_\_\_

\*Current Medications: \_\_\_\_\_  
\_\_\_\_\_

*\*If it is necessary for MDI YMCA staff to dispense medication during program hours, medication must be given to the Childcare Director in the original container. Medication should be clearly labeled with proper dosage and time, and the child's and physician's names. Staff cannot give injections or advanced medical care for medical conditions.*

Can Child Take Part in All Program Activities? \_\_\_\_\_  
\_\_\_\_\_

Child's Dentist/Orthodontist: \_\_\_\_\_ Tel#: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Tel#: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

<b>Check all that apply. Give approximate dates</b>	
<b>Health History</b>	
Frequent Ear Infections:	_____
Heart Defect/Disease:	_____
Convulsions:	_____
Diabetes:	_____
Bleeding/Clotting Disorders:	_____
Hypertension:	_____
Mononucleosis:	_____
Asthma:	_____
Other:	_____
<b>Diseases</b>	
Chicken Pox:	_____
Measles:	_____
German Measles:	_____
Mumps:	_____
Other:	_____
<b>Allergies</b>	
Food:	_____
Hay Fever:	_____
Ivy Poisoning, etc.:	_____
Insect Stings:	_____
Penicillin:	_____
Other (Specify):	_____

**Children not enrolled in public  
school must submit  
immunization record.**

**MDI YMCA  
21 Park Street  
Bar Harbor, ME 04609  
207-288-3511 Fax: 207-288-3019  
childcare@mdiyymca.org  
www.mdiymca.org**



**Parent/Legal Guardian's Authorization**

This health history is correct so far as I know, and the person herein described has permission to engage in all program activities except as noted. I hereby give permission to the physician selected by the Child Care Director to order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Child Care Director to hospitalize, secure proper treatment for and to order injection, anesthesia and/or surgery for my child as named above. I accept responsibility for medical/surgical treatment charges that may be incurred on my child's behalf.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*



**Mount Desert Island YMCA Childcare and Camping Services – Parent/Guardian Agreement**

➡ ➡ Name of Participant(s): \_\_\_\_\_

**IN CONSIDERATION FOR THE ABOVE NAMED MINOR(S) (OR THE PERSON SO INDICATED IN THE PARTS OF THIS FORM) BEING PERMITTED TO PARTICIPATE IN CHILDCARE/CAMP ACTIVITIES THAT MAY BE CONSIDERED TO HAVE A HIGHER THAN NORMAL ELEMENT OF RISK, I AGREE TO THE FOLLOWING WAIVER, RELEASE AND INDEMNIFICATION.**

I/we am/are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp/childcare department is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at Mount Desert Island YMCA childcare/camp(s) such as:

1. Gymnastics, gym sports and games, field sports, water sports including swimming and/or similar activities
2. Hiking and walking trips, playground activities, climbing on natural rocks, outdoor exploration and/or similar activities
3. Springboard diving, sailing, boating and/or similar activities\*
4. Biking, golf, bowling, roller skating, in-line skating, climbing on climbing walls and/or similar activities\*
5. Winter childcare activities including ice skating\*, tubing\*, sledding, snow games  
*\*Beehive Campers & Preschoolers excluded from activities marked with asterisk.*

I understand that these activities may expose him/her to greater-than-normal risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. These risks may include equipment malfunction, loss of control, collisions, and obstacles, variation of terrain, and unexpected actions by animals or by other people. I understand that participants may act in a negligent manner that can contribute to injury of themselves or others, such as failing to maintain control, not acting within his or her abilities, or not following rules and instructions. These risks can result in injury or death.

THE UNDERSIGNED PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR(S) HEREBY JOINS IN THE FOREGOING WAIVER AND RELEASE AND HERBY RELEASES, DISCHARGES AND COVENANTS FOREVER NOT TO SUE THE YMCA, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHETHER CAUSED BY ANY NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE YMCA OR OTHERWISE.

Further, I represent that the above minor has no health or physical condition other than what is listed below, that will interfere with any of the above-listed activities or cause him/her to be more susceptible to injury than the average person. If any health or physical conditions are present, they are listed below. Health or physical condition limitations may include recent injuries or surgeries, medications, diagnosed or undiagnosed behavioral conditions, and mental or physical limitations. *(Please list any health or physical limitations or conditions below):*

\_\_\_\_\_  
I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. I HAVE READ AND EXPLAINED THIS FORM TO THE ABOVE-NAMED MINOR(S).

**RELEASE OF LIABILITY:** By signing this form, parent/legal guardian acknowledges that they have read and understood the above information and are signing this form to assure Mount Desert Island YMCA that parent/legal guardian assumes all risks during the program. Guardians who do not wish to accept the risks described above should not sign this permission form. **I hereby give my consent:** 1. For my child(ren) to participate in Mount Desert Island YMCA programs, and 2. For my child(ren) to receive emergency medical care which may become reasonably necessary in the course of such activities or travel. I further agree not to hold Mount Desert Island YMCA or anyone acting in its behalf, responsible for any injury occurring to the named participant(s) during Mount Desert Island YMCA programs, activities or travel.

**AUTHORIZATION OF PHOTO RELEASE:** By signing this form, I permit the use of photos, slides, moving pictures of my child(ren) and/or myself for purposes of YMCA records, public relations and /or other advertising. I understand that there will be no identifying information accompanying the image(s).

**TRANSPORTATION AUTHORIZATION:** By signing this form, I give permission for the Mount Desert Island YMCA to transport my child(ren) when necessary for off premises field trips and other YMCA activities.

➡ ➡ \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date