



## CAMPER INFORMATION FORM

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACTS/AUTHORIZED PICKUPS

*\*Must be different from parents listed above*

Contact #1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact #3 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Pickups:

\_\_\_\_\_

**Anything else you would like to share about the camper to ensure they are successful at camp?**

\_\_\_\_\_

**I agree that the South Shore YMCA may use photographs and video of campers for any lawful purpose, including but not limited to publicity, illustration, security, advertising, social media and web content.**

Please check one of the following options:

I acknowledge that I have read and accept the above. \_\_\_\_\_

I DO NOT give permission to have pictures taken. \_\_\_\_\_

**SSYMCA Staff who are certified in first aid and CPR will give my child when appropriate. Every effort will be made to contact me in the event of an emergency; requiring medical attention for my child. If I cannot be reached, I authorize the program to transport my child to the nearest medical facility and to secure necessary treatment for my child. I understand that the SSYMCA is not responsible to provide health insurance. All charges incurred will be paid.**

*Please check one of the following options:*

I authorize staff to give my child first aid/CPR. \_\_\_\_\_

I DO NOT authorize staff to give my child first aid/CPR. \_\_\_\_\_

**How did you hear about our camp?**

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