



DISCOVER Y CAMP

Rochester Area Family Y
709 1st Avenue SW Rochester, MN 55902
Ph: 287-2260; fax: 287-2249

Child Health Form

Must be on file prior to your child's attendance

Child's Name: _____ Phone: _____

Birthdate: ____/____/____ Age: ____ M/F: ____ Grade in Fall: _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Occupation _____ Work Phone _____

Father's Name _____ Occupation _____ Work Phone _____

School _____

Persons (other than parents) to call if parents cannot be reached in an emergency:

Name: _____ (H) phone: _____ (W): phone: _____

Name: _____ (H) phone: _____ (W): phone: _____

What other persons are authorized to take your child from the program? _____

Check One and Sign:

The above named child has my permission to walk home from the Y at: _____ PM

My child may not walk home from they following Camp.

Has your child been immunized for:

Please answer YES/NO

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Other _____

Allergies or Restriction (please list): _____

Operation or Other Serious Illnesses (please list): _____

Medications: _____

List Any Behaviors or Other Special Considerations: _____

Family Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Parent Signature: _____ **Date:** _____

Discover Y Camper Permission Form



Please Initial each statement:

_____ As part of the Y summer program, daily activities are planned in and around the Rochester area, which require travel. Please give permission for your child to board and travel on the YMCA bus or vans.

_____ I give permission for my child's image (photo or video) to be used by the Rochester Family Y for promotional purposes (e.g. brochure, commercials).

_____ I give permission for my child to participate in water activities on-site and off-site. This would include the swimming pool and outdoor water play. I understand a lifeguard will be on duty at the pool at all times.

_____ I have received, read, understand, and agree to abide by the YMCA Code of Conduct and the Discover Y Camp policies.

Parent Signature: _____ Date: _____

Parent Authorization

In consideration of acceptance of this application for participation, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against the Rochester Area Family Y, Staff and Directors, Rochester School Bus Services, and driver, State and City Parks. I understand the payment policies of the Rochester Area Family Y Summer Program and will keep up with my payments in advance of each session. **NO REFUND OR CREDIT FOR UNUSED WEEKS!**

Signature: _____ Date: _____

Special Instructions/Other information: (Y USE ONLY)