

# YMCA Camp of Greater Des Moines Health Form

(This form must be completed prior to participation in camp programs.)

Group: \_\_\_\_\_  
(if applicable)

Name: \_\_\_\_\_  
Last First Middle

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month / Day/ Year

Address: \_\_\_\_\_

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

Does the participant have any allergies Y Camp should be aware of?

\_\_\_\_\_

Does the participant have any mental, physical, or psychological conditions Y Camp should be aware of?

\_\_\_\_\_

Are you asthmatic? Y N (If yes, please bring inhaler while at camp.)

Are you diabetic? Y N (If yes, please bring appropriate medication.)

Do you have any special food requirements? \_\_\_\_\_  
(If yes, please contact the camp Program Director as soon as possible.)

Is there any concern that would limit your level of activity?

\_\_\_\_\_

## Other Emergency Contacts

1. \_\_\_\_\_  
Name Relationship Address

Home Phone Cell Phone Work Phone

2. \_\_\_\_\_  
Name Relationship Address

Home Phone Cell Phone Work Phone

In case of medical emergency, I hereby give permission to the physician selected by the camp or an appointed staff member to hospitalize, secure proper treatment or order injection, anesthesia or surgery for the participant named on this health form. I will notify the Program Director of any serious restrictions related to his or her participation in the Des Moines YMCA Camp programs. I also assume all responsibility of any medical treatment costs that occur while my child is attending the Des Moines YMCA Camp program. I give permission for my child or myself to be in any camp photos and used for promotional pieces as well as participate in all YMCA Camp activities. I will not hold the Des Moines YMCA Camp or any of its agents, staff or volunteers liable in the event of an emergency or incident relating to loss during Y Camp programs or while using Y Camp facilities.

Signature of Participant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_