

# SOFY Pre School Camp Health Information

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade This Fall \_\_\_\_\_  
Youth \_\_\_\_\_ Adult \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17
EXPLORERS ½ day	Week 1 _____	Week 2 _____	Week 3 _____	Week 4 _____	Week 5 _____	Week 6 _____	Week 7 _____	Week 8 _____
EXPLORER full day	Week 1 _____	Week 2 _____	Week 3 _____	Week 4 _____	Week 5 _____	Week 6 _____	Week 7 _____	Week 8 _____

Early Drop Off Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_ Week 4 \_\_\_\_\_ Week 5 \_\_\_\_\_ Week 6 \_\_\_\_\_ Week 7 \_\_\_\_\_ Week 8 \_\_\_\_\_  
Extended Day Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_ Week 4 \_\_\_\_\_ Week 5 \_\_\_\_\_ Week 6 \_\_\_\_\_ Week 7 \_\_\_\_\_ Week 8 \_\_\_\_\_

### Authorized Release and Emergency Contacts (Any pick up person will be asked for ID)

*It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself.*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Does your child have any physical limitations? If yes, please specify. \_\_\_\_\_

Does your child have any allergies? If yes, please specify. \_\_\_\_\_

Is your child in a special classroom setting? If yes, please describe. \_\_\_\_\_

Is your child currently under care for any emotional physical, or socialization problems? If yes, please describe. \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_

If your child is currently taking medication, please specify what and why. \_\_\_\_\_

*I hereby enroll my child in the above SOFY YMCA program. In signing this application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representative's full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the South Orange Family YMCA permission to transport my child when necessary.*

Signature Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_