

## Camp St. Croix Health Form

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Parent/Guardian Name(s): \_\_\_\_\_

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

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

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

***Emergency contact: (If unable to contact parent.)***

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

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### Health Information:

Yes	No	
_____	_____	Is the participant taking any medications?
_____	_____	Does the participant have any allergies?
_____	_____	Does the participant have a history of heart problems?
_____	_____	Does the participant have a history of seizures?
_____	_____	Has the participant had any recent injuries?
_____	_____	Does the participant have special dietary needs?
_____	_____	Does the participant have asthma?
_____	_____	Does the participant have diabetes?
_____	_____	Has the participant recently been exposed to a contagious disease?
_____	_____	Does the participant experience sleepwalking?
_____	_____	Bedwetting?
_____	_____	Fainting?

Please give details to any questions that were marked *yes*. Is there any other information regarding the participant that Camp St. Croix should be aware of or could prevent the participant from taking part in any camp activities?

### Important

This form (front and back) must be completed and reviewed by the Saint Croix Lead Instructor prior to any participation in our program. Youth groups must have this form signed by a parent or guardian prior to arrival. Youth without a completed form will not be allowed to participate in the Teambuilding programs at YMCA Camp St. Croix.

***COMPLETE BOTH SIDES OF THIS FORM***

**Understanding of Risks  
Acceptance of Responsibility**

*We'll be doing a Low Ropes/Initiatives as part of the retreat experience.*

Name: \_\_\_\_\_

Group: \_\_\_\_\_ Program Date: \_\_\_\_\_

*This form simply states that each participant is aware of the kind of program they will participate in, as well as the inherent risks of simply being in an outdoor environment. All these issues will be covered in depth in our safety orientation prior to beginning the program. **Please read the following statements carefully and initial each. Then date and sign the bottom of this form.***

\_\_\_\_\_ I accept the fact that, while the course leaders are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control.

\_\_\_\_\_ I agree to follow all instructions and guidelines given by the course leaders, and to act in a safe and responsible manner toward all participants.

\_\_\_\_\_ I realize that if I fail to follow directions or act in a manner that is inconsistent with the safety guidelines of the camp, I will be removed from the program and/or asked to leave the camp grounds without a refund of my program fee.

\_\_\_\_\_ I agree to notify the course leaders of any changes to my health and fitness that may occur during the course of my program.

\_\_\_\_\_ I fully comprehend and willingly assume the responsibility and risks of participating in this program as outlined in the course packet and as explained to me by the course leaders.

**Permission To Receive First Aid And To Secure Medical Help**

I am sufficiently fit to participate in this program. I have completed the Health History Form (see reversed) and disclosed health/medical information that is accurate, complete and true to the best of my knowledge. I agree to notify the program facilitators of any changes to my health and fitness which may occur before or during the program. Should I become ill or injured, I give permission for the program facilitators to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

**Promotional Release**

For promotional purposes, I hereby authorize the use and reproduction by the YMCA of Greater St. Paul of photographs taken of myself by YMCA Camp St. Croix without compensation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For promotional purposes, I hereby authorize the use and reproduction by the YMCA of Greater St. Paul of photographs taken of me or my child at Camp St. Croix without compensation to my child or I. (Please initial.) \_\_\_\_\_

I hereby give my permission for non-prescription medication (aspirin substitute, etc.) to be given to my child if deemed advisable by teachers, chaperones and/or St. Croix staff. **In case of emergency**, I also give permission to the physician selected by my child's teacher or St. Croix staff to hospitalize, secure treatment for and/or to order injection, anesthesia or surgery for my child named above. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I agree to all of the above except:*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_