



Youth Health History Form

Group:	Visit Date:
Participant's Name:	Date of Birth:
Address:	Phone:
City:	State: Zip:
Mother/Guardian:	Work Phone:
Father/Guardian:	Work Phone:
Emergency Contact:	Phone:
Medical Insurance Co:	Policy #:
Medication to be taken at camp:	
Allergies:	
Date of last Tetanus shot:	
Any other comments important for camp visit:	

I understand that my child may be involved in activities at camp that include but are not limited to horseback riding, challenge course, boating, and outdoor activities. I acknowledge that my child may decline to participate in any activity. **Any participation will be voluntary.**

In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release: the YMCA of Muncie, Camp Crosley YMCA, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I hereby grant permission for my child to attend and take part in the activities and programs at Camp Crosley YMCA, and in the event of an emergency, seek medical assistance for my child if unable to contact the legal guardian's named on this form.

I authorize the YMCA to take and use any photographs, slides, and videos of my camper for promotional purposes in brochures, flyers, and website.

Signature: _____ Date: _____

Signature of Parent if under 18: _____ Date: _____