

YMCA Camp Hi-Rock

162 East St. Mt. Washington, MA 01258 (413)528-1227 www.camphirock.com

CAMPER INFORMATION, MEDICAL CARE AUTHORIZATION, INFORMED CONSENT AND LIABILITY RELEASE

Name: _____ Phone: _____

Address: _____

Medical Insurance Policy Number: _____ Date of Birth: _____

Insurance Company: _____

Name of Insured: _____

In case of emergency while I am (my child is) at YMCA Camp Hi-Rock, contact the following (if I can't be reached):

Name: _____ Phone: _____

Alternate phone numbers: _____

Relationship to participant: _____

Are you a vegetarian? _yes _no
Do you have high blood pressure? _yes _no
Do you have any allergies? _yes _no if yes, please list below:

Are you taking any medications? _yes _no if yes, please list below:

Do you have any pre-existing injuries? _yes _no if yes, please list below:

Do you have any health conditions (heart problems or heart medication, chronic back pain, are you pregnant, etc.)? _yes _no if yes, please list below:

Any other physical limitations? _yes _no if yes, please list below:

Has your doctor limited your activities in any way? _yes _no if yes, please list below:

Please list any other health history/problems about which you feel YMCA Camp Hi-Rock staff or medical staff who may treat you while in the Camp Hi-Rock area may need to be aware:

-- To the best of my knowledge, I (my child) am (is) not allergic to any medications other than those listed above.
-- I authorize payment of medical benefits to the health care provider for any necessary services and the release of any medical or other information necessary to process claims for visits incurred.
-- I hereby grant YMCA Camp Hi-Rock and its agents full authority to take whatever action they deem necessary regarding my (or my child's) health in the case of an emergency where I am not able to make the decision. I fully release YMCA Camp Hi-Rock and its agents from any liability in connection with those decisions. YMCA Camp H-Rock staff have my permission to administer and seek emergency care in the event the health of myself or my child is involved and I am unable to respond or can not be reached at the time of the emergency, or, due to the nature of the emergency, there is insufficient time to contact the me or another guardian. I grant permission for emergency treatment by YMCA Camp Hi-Rock staff, a rescue squad, private physician and/or hospital or emergency health care facility staff under the same circumstances as above. I give the camp permission to transport me (or my child) in the event of an emergency.
-- I (my child) have (has) been immunized against the following: If under 18: Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus Toxoids, Pertussis, and (if born after 12/31/1992) Hepatitis B. If over 18: Diphtheria and Tetanus Toxoids and (unless born before 1957) Measles, Mumps and Rubella.
-- I am placing my child in the care of the group named below led by the group leader named below or his/her designee (hereinafter referred to as "the Group"). I understand the staff or volunteer chaperones provided by the Group have been chosen by that Group and assign to that Group all responsibility for conducting requisite background checks and providing adequate training to ensure such chaperones are appropriate for supervising children. I release YMCA Camp Hi-Rock and the Town of Mount Washington from any responsibility for the general and nighttime supervision of my child and from any responsibility for the quality of that supervision or adequacy of chaperones providing that supervision.
-- I understand that Camp Hi-Rock will not provide transportation to or from camp for my child except in the case of an emergency when a Group vehicle is not available and assign to the Group the responsibility for ensuring that transportation provided by the Group is safe and in compliance with all applicable Massachusetts regulations. I release YMCA Camp Hi-Rock and the Town of Mount Washington from any responsibility for ensuring that the Group provides transportation in a manner that is safe and complies with any applicable regulations.
-- I understand it is the responsibility of the Group to ensure campers are not released to anyone other than those individuals authorized in writing to pick up the child by their parent or guardian. I release and hold harmless YMCA Camp Hi-Rock and the Town of Mount Washington from any responsibility in ensuring my child is released in the manner described above.
--I authorize YMCA Camp Hi-Rock to photograph or film and use, reproduce, assign and/or distribute photographs, slides, sound recordings and video of myself (my child) as needed for its records and marketing and public relations programs.
-- I understand activities I (my child) may participate in at Camp Hi-Rock, such as, but not limited to high or low ropes courses, water activities, climbing wall, hiking, and target sports pose inherent risk of physical or emotional injury, and require physical exertion. I, the undersigned, assume that risk (or, as parent or guardian assume that risk on behalf of my child) and will indemnify and hold harmless the camp/Central Connecticut Coast YMCA from and against all claims and demands on account of, or in any way from, any accidental occurrence. I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, all risk of physical injury, emotional upset or loss of property which may occur during or after my participation (or that of my child) in any aspect of the program and agree to hold the YMCA, its employees, instructors, agents, and volunteers harmless for any liability arising out of my participation in the program.
-- I am aware and understand that all camp program activities are strictly voluntary and it is my choice to participate (or to allow my child to participate) in each activity to whatever degree I deem appropriate, after due consideration of my own (or my child's) physical health, physical abilities, and medical condition. I believe I (or my child) am (is) in good health, and participation in such activities will not aggravate any conditions present. I am freely choosing to participate in these activities. I (my child) will not be under the influence of any chemical substance, including alcohol, while participating in any programs at YMCA Camp Hi-Rock.
-- I have had sufficient opportunity to read this document, have read and understand its meaning, and agree to be bound by its terms. I have answered the above questions accurately and completely.

Names of Group and Group Leader referred to as "the Group" above:

Name of Group: _____

Name of Group Leader: _____
First Name Middle Initial Last Name

Signature of Participant: _____ date: _____

If participant is under the age of 18, their parent or legal guardian MUST sign below:

Signature of Parent/Guardian: _____ date: _____

If participant is a minor, please list parent or guardian contact information below:

Name: _____

Phone Numbers while camper is at Camp Hi-Rock: _____

Address: _____

THIS FORM MUST BE RETURNED TO YMCA Camp Hi-Rock PRIOR to participating in any activities.