



# YMCA CALGARY - ABORIGINAL PROGRAMS & SERVICES

## 2016 YMCA Aboriginal Summer Day Camps Medical and Registration Form YMCA Camp Riveredge

Aboriginal Day Camp Supervisor  
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If this form is not completed, signed by a parent/guardian, and returned to Community YMCA PRIOR to the first day of camp or incomplete, your child will not be accepted into the program on the first day of camp.

**PLEASE REMEMBER TO ATTACH A CURRENT PHOTO OF YOUR CHILD**

Please indicate which session your child will attend

- Session 1: July 4 -15
- Session 2: July 18 - 29
- Session 3: August 2 - 12
- Session 4: August 15 - 26

Please indicate which area your child will be taking the bus from

- Eau Claire YMCA
- Shawnessy YMCA
- Saddletowne YMCA (**SESSION 1 ONLY**)
- Crowfoot YMCA
- N/A

All information will be treated with the strictest confidence. This form will be used throughout the 2016 program year. A new form must be completed every calendar year.

While it is not necessary for your child to have a doctor's examination, we strongly encourage an exam if:

- There has been no exam in the past 12 months.
- You have any doubts about your child's ability to participate in any activity.
- Your child has recently been hospitalized or treated, or if your child has been exposed to any communicable disease.

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Birthdate (y/m/d) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female Child's grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye colour \_\_\_\_\_ Hair colour \_\_\_\_\_

Mother's/Guardian's name \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_

Father's/Guardian's name \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_

Email address \_\_\_\_\_ (for YMCA Camp Fax purposes only)

Child resides with  Mother  Father  Both  Other

If parent/guardian is not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I am aware of the YMCA pick-up policy and that I must pick up my child by 4:30pm.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
If filling online, type in your full name

Please choose between the two Authorization of Release options. **PLEASE NOTE PHOTO ID MUST BE SHOWN EACH DAY FOR PICK UP.**  
**Day Camps run from 8:30AM to 4:30AM pre and post care available upon request.**

**A. Authorization of Release**

I hereby authorize the following people and the parent/guardian mentioned above, to pick up my child at YMCA Calgary.

1. Name \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell \_\_\_\_\_

Changes in these arrangements will be given via advanced written notice. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If filling online, type in your full name

**B. Authorized Self-Signer**

Children arriving and departing alone must be eight years of age or older. The following statement must be signed by a parent or guardian.

I hereby authorize my child to arrive and depart from YMCA Calgary day camps on his/her own accord. Signature: \_\_\_\_\_  
If filling online, type in your full name

Please list any special instructions or any persons who are never to be authorized to pick up your child. \_\_\_\_\_



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## Health History

- Are your child's immunization and booster shots up-to-date with school standards?  Yes  No  
Prior to camp commencement, please ensure your child's shots are up-to-date.
- Has your child recently been in contact with any communicable diseases?  Yes  No  
If yes, which disease \_\_\_\_\_ and when \_\_\_\_\_
- Does your child have any serious fears? (i.e. water, dark)
- Does your child have any allergies, conditions or special medications? Please provide information on the following should your child have an allergic reaction.  
Hay Fever \_\_\_\_\_ Insect Stings \_\_\_\_\_ Animals \_\_\_\_\_ Penicillin \_\_\_\_\_  
Other drugs \_\_\_\_\_ Food allergies \_\_\_\_\_  
Other allergies \_\_\_\_\_
- Does your child carry medication for their allergies?  Yes  No If yes, provide details: \_\_\_\_\_
- Does your child carry an EpiPen for their allergies?  Yes  No  
If they do, do they know how to use it?  Yes  No  
Parents must complete an EpiPen Authorization form before it can be administered by YMCA staff. Please contact Aboriginal Day Camp Supervisor for more information.
- Does your child have any physical disabilities or limitations?
- Does your child have any of the following disorders? (Please check off and provide further information.)  
Diabetes \_\_\_\_\_ Ear Infections \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_  
ADD/ADHD \_\_\_\_\_ Behaviour Disorders \_\_\_\_\_ FASD \_\_\_\_\_ Other \_\_\_\_\_  
Does your child have medication for any of the above conditions?  Yes  No  
Does your child need to take the medication during camp time?  Yes  No (If yes, parents/guardians must sign a Medical Release form.  
Please contact the Aboriginal Day Camp Supervisor for more information.)
- Will your child be attending camp with an aide?  Yes  No  
If yes, please contact the Aboriginal Day Camp Supervisor for more information.
- Does your child have:  special needs  learning needs  physical needs  behavioral needs
- I give my permission for YMCA Calgary to use any photographs, video tapes, or audio tapes that may be taken of my child while attending YMCA Calgary Day Camps for promotional or educational purposes (e.g. posters, brochures, ads, etc.). I agree that the photos, video footage and/or audiotape may be used without limitation on time or frequency.  
Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_
- Is there anything else that will help us to know your child better? (Attach additional sheet if necessary)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
If filling online, type in your full name

Provincial Health Care Number \_\_\_\_\_ and/or Blue Cross \_\_\_\_\_

Treaty # \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Parental Authorization \_\_\_\_\_

The health history provided in this form is correct, so far as I know. The person herein described has permission to engage in all prescribed camp activities, including out trips and off-site trips except as noted by me and the examining physician. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by YMCA Calgary staff to hospitalize my child as named.