



YMCA CALGARY - ABORIGINAL PROGRAMS & SERVICES

SPRING DAYCAMP REGISTRATION FORM

Child's First Name: _____ Likes to be called: _____

Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female Child's Grade: _____
Year Month Date

Mother's / Guardian Name: _____

Father's / Guardian Name: _____

Home Phone (Mother / Guardian): _____ Home Phone (Father / Guardian): _____

Work Phone (Mother / Guardian): _____ Work Phone (Father / Guardian): _____

Child Resides with: Mother Father Both Other _____

AUTHORIZATION OF RELEASE

I hereby authorize _____ (child's name) to arrive and depart from the YMCA Aboriginal Buddies Program on his/her own accord.

I authorize the following people to pick up my child from the YMCA Aboriginal Buddies Program.

1. Name: _____ Phone _____ Relationship _____

2. Name: _____ Phone _____ Relationship _____

Signature: _____

If there are any changes with these arrangements, I will give advance written notice.

Please list below, any SPECIAL INSTRUCTIONS OR ANY PERSONS WHO ARE NEVER TO BE AUTHORIZED TO PICK UP YOUR CHILD.

Parent/Guardian Signature: _____

MODEL RELEASE & PHOTO CONSENT

Periodically throughout the year, a YMCA photographer and/or videographer will visit various YMCA Aboriginal Programs & Services sites to take pictures of our participants engaging in activities. Any photos taken at the YMCA Aboriginal Programs & Services sites are for YMCA promotional materials only. Images may be used in YMCA Calgary publications or visual presentations. There will be no reimbursement for the photographs.

- YES, you may use my child's picture in YMCA Calgary publications and/or visual publications.
 NO, you may not use my child's picture in YMCA Calgary publications and/or visual publications.

Child's Name: _____ Date: _____



YMCA CALGARY - ABORIGINAL PROGRAMS & SERVICES

Medical Form

To be completed in FULL, signed by a Parent or Guardian, and returned to YMCA Staff. All information will be treated with the strictest confidence. While it is not necessary for your child to have a doctor's examination, we strongly encourage an exam if:

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

HEALTH HISTORY

1. Are your child's immunization and booster shots up to date with school standards? Yes No
Prior to YMCA Aboriginal Buddies Program commencement, please have your child's shots up to date.
2. Has your child recently been in contact with any contagious diseases? Yes No
If yes, which disease _____ and when? _____
3. Does your child have any serious fears? (i.e., water, dark,) _____
4. Does your child have any allergies, conditions, or special medications? Please provide information should your child have an allergic reaction.

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Animals
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Other _____
5. Does your child have any physical challenges or limitations? _____
6. Does your child have any of the following? Please check off and provide further information if necessary.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Behaviour Disorders
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> AD/HD
<input type="checkbox"/> Asthma	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ear Infections	

Provincial Health Care No: _____ and/or Blue Cross No. _____

Name of Family Doctor: _____ Phone No. _____

Status No. _____

Emergency Contact (if parent/guardian not available): _____

Relationship to Child: _____ Phone No.: _____

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 YMCA Aboriginal Buddies activities, including out trips, except as noted by me and the examining physician. In the event that I cannot be reached in Emergency, I hereby give permission to the physician selected by the Community Outreach Director to hospitalize my child as named.

Parent/Guardian Signature: _____ Date: _____