

Does camper have any allergies? If yes, please list: _____
Are there any restrictions to camper's activities? _____
Are there any additional notes for the Camp staff? _____

Photo Release: The YMCA has permission to utilize my name and any photos or videos taken of my child for publicity purposes. If NO, do not sign.

Parent/Guardian Signature: _____ Date: _____

Health Authorization: This section must be signed by the parent of legal guardian and is required under state laws, unless there is a religious objection. A separate form is available if such the case. "This Camp Health Information is correct so far as I know and the camper referred to above has my permission to engage in all camp activities, except as specified as above. I hereby give permission to the YMCA to secure medical and surgical treatment and to provide routine non-surgical medical care for the camper named above, while attending camp."

"I understand that the YMCA does not carry any health and accident insurance on campers."

Parent/Guardian Signature: _____ Date: _____

For Camp Koda Campers:

Horseback Riding Waiver (Camp Koda): The camper named above has my permission to participate in the horseback riding program at YMCA Camp Cormorant. As the parent/guardian of this child, I recognize the inherent risk that is involved in horseback riding and being around horses and agree to hold the YMCA and its officers, directors, employees and agents harmless from any and all claims, including but not limited to claims of personal injury, death, property damage or any other loss or damage that may arise from my child's participation in the horseback riding program.

Parent/Guardian Signature: _____ Date: _____

Please list all medications (prescription and non-prescription) that are used or needed by camper on regular basis (Camp Koda):

1. Name of Medication: _____ Is the camper bringing this to camp? Yes or No
Dosage (Please check): Use only when needed _____ Daily _____ Scheduled dosage _____
2. Name of Medication: _____ Is the camper bringing this to camp? Yes or No
Dosage (Please check): Use only when needed _____ Daily _____ Scheduled dosage _____
3. Name of Medication: _____ Is the camper bringing this to camp? Yes or No

PLEASE NOTE:

All medications must be in their original container, plainly marked with camper's name, the name of the medication and the dosage.

We will not administer any shots to any of the campers (this does not include an epipen)

Please complete this form and bring to camp the first day. Staff will collect all forms at the time of check in. All payments must be made before the first day of camp. Payments can be made at the Member Services Desk.