



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CAMP HUFF `N PUFF

## 2017 Camp Registration and Medical Form

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male/Female Grade Entering: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Parent 1 Email:** \_\_\_\_\_

Parent 2: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Parent 2 Email:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

The total cost of Asthma camp is \$125. A non-refundable deposit of \$50 must accompany this registration. The balance of payment is due at least one week prior to the beginning of camp. Registrations are also accepted on-line at [helenaymca.org/camp-child](http://helenaymca.org/camp-child)

Our purpose is to provide the best quality programs for the most affordable price, based on adequate enrollment. Therefore, NO REFUNDS will be granted once the program has started. Please be sure your child is ready for participation in the activity before enrolling. A credit (minus a 25% administrative charge) may be arranged for future programs. Deposits are not refunded or credited. All requests must be in writing. Medical reasons for withdrawal will be reviewed on an individual basis.

I understand that there are risks of injury while participating in camp activities including, but are not limited to; death, serious neck and spinal injuries which may result in complete or partial paralysis, injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of muscular skeletal system and serious injury or impairment to other aspects of the body and general health and well being. The YMCA will do its best to minimize these risks. I understand that the YMCA does not carry health insurance covering illness or injury for the participants in the program and I have included the name of my insurance company on the application. I hereby authorize the staff or volunteers of the YMCA to use their best judgment to obtain treatment for my child in any emergency and agree to any required services and the payment of the same.

### PLEASE INITIAL FOR YOUR CONSENT:

- \_\_\_\_\_ Photos/video taken of my child to be used by the YMCA for promotional and publicity purposes.
- \_\_\_\_\_ Swimming
- \_\_\_\_\_ Zip Line, Challenge Course, Climbing Wall
- \_\_\_\_\_ Non-Emergency Medical Care
- \_\_\_\_\_ Administration of non-prescribed medication
- \_\_\_\_\_ Administration of prescribed medication

**By affixing my signature, I have read and understand the participation and payment policy.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CAMP HUFF `N PUFF 2017 MEDICAL FORM

Year or age of diagnosis of asthma? \_\_\_\_\_  
 Number of emergency room visits or hospitalizations for asthma? \_\_\_\_\_ Last year? \_\_\_\_\_  
 Number of times oral steroids taken in past year for asthma? \_\_\_\_\_  
 Estimate of asthma severity: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_  
**Medication Allergies:** list and describe: \_\_\_\_\_  
**Food Allergies :** list and describe \_\_\_\_\_  
 Immunizations current? \_\_\_\_\_ Date of last tetanus vaccine? \_\_\_\_\_  
 Physician: name, address, phone number \_\_\_\_\_

**Other Medical Conditions:**

Seizures	Yes (___) No (___)	Recent Infections	Yes (___) No (___)
Heart Disease	Yes (___) No (___)	Bleeding Disorders	Yes (___) No (___)
Diabetes	Yes (___) No (___)	Bed Wetting	Yes (___) No (___)
Gastrointestinal Disorders	Yes (___) No (___)	Allergies	Yes (___) No (___)
Psychiatric Disorders	Yes (___) No (___)	Other _____	

List all medications taken on a daily or as needed basis:

MEDICATION	DOSAGE	TIME GIVEN	REASON

**\*\*Hyposensitization injections (immunotherapy) will not be administered during Camp, please make other arrangements.**

\*\*For medical questions about this form or camp please contact medical director, Tom Strizich, MD at 447-2885 or 439-9493.

**Parent's Authorization:** The health history is accurate and correct, to my knowledge. The child herein described has my permission to engage in all prescribed camp activities except as noted by me and/or our physician. I hereby give permission to the camp physician to order x-rays, routine tests, and treatment for the health of my child, in the event I cannot be reached in an emergency. I hereby give permission to the camp physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child, in the event I cannot be reached in an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS ENTIRE FORM WITH PAYMENT PAYABLE TO:  
HELENA FAMILY YMCA, 1200 N. LAST CHANCE GULCH, HELENA, MT 59601**