



# CAMP CHRYsalIS

## Registration and Consent Form

The following form is to be completed and signed by a parent or legal guardian of the child who will be participating in the Camp Chrysalis Day Camp

Parent/Guardian's Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home mailing Address \_\_\_\_\_

Email Address: \_\_\_\_\_

#1 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Any current medical, physical, mental psychological conditions requiring medication, treatment or special considerations while at camp \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

#2 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Any current medical, physical, mental psychological conditions requiring medication, treatment or special considerations while at camp \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

#3 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Any current medical, physical, mental psychological conditions requiring medication, treatment or special considerations while at camp \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

#4 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Any current medical, physical, mental psychological conditions requiring medication, treatment or special considerations while at camp \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

### Authorized Release and Emergency Contacts

It is our policy not to release your child into the custody of any persons you do not specify. This includes other family members. **Please list all individuals that you authorize to pick up your child.** These individuals might be contacted if there is an emergency. ID is required when picking up your child. Please feel free to attach a separate sheet of paper if needed.

INCLUDE yourself on this list.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my permission for this person to pick up and drop of my child:  Yes  No

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my permission for this person to pick up and drop of my child:  Yes  No

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my permission for this person to pick up and drop of my child:  Yes  No

**I hereby enroll** my child(ren) in the Camp Chrysalis with services being provided by Hospice and YMCA. In signing the application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant Hospice and YMCA and their agents full authority to take whatever actions necessary regarding my child's health and safety. I understand that my child must comply with the rules and standards of the program. I agree that the staff have the right to enforce appropriate standards and that Hospice and YMCA may terminate my child's participations if these standards are not maintained. I also give Hospice and YMCA permission to transport my child whenever necessary. I agree in case of accident or injury Hospice and YMCA has authorization to obtain emergency medical care in the event I or my designees cannot be reached. I fully release Hospice and YMCA from any liability. I understand that I am responsible for the cost of any and all medical expenses incurred during the program time and that my medical insurance is primary.

Patent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signing of this document signifies that I understand all of its information and agree to abide all camp policies.**

**I, \_\_\_\_\_ do herby permit my child (ren)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**to participate in the various activities at the Camp Chrysalis Day Camp on August 23, 24, 25 of 2019 at YMCA of Middletown Rock Hill Camp located at 98 Wild Tpk, Rock Hill, NY 12775.**

Patent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_