

Is your camper experiencing any of the conditions listed below? Please check the appropriate box.

	Yes	No	Past Problem		Yes	No	Past Problem
1. Hay fever, asthma or wheezing	_____	_____	_____	8. Shortness of breath	_____	_____	_____
2. Serious skin rashes	_____	_____	_____	9. Speech problems	_____	_____	_____
3. Convulsions/Seizures	_____	_____	_____	10. Hearing problems	_____	_____	_____
4. Heart trouble	_____	_____	_____	11. Vision problems	_____	_____	_____
5. Diabetes	_____	_____	_____	12. Dental problems	_____	_____	_____
6. Frequent colds/ear aches	_____	_____	_____	13. Muscular/Skeletal	_____	_____	_____
7. Urinary/Bowel problems	_____	_____	_____	14. Hyper activity	_____	_____	_____
				15. Other: _____	_____	_____	_____

Please explain any conditions that you have checked yes above: _____

Does camper have any allergies? If yes, please list: _____

Are there any restrictions to camper's activities? _____

Are there any additional notes for the Koda Staff? _____

Photo Release: The YMCA has permission to utilize any photos or videos taken of my child for publicity purposes.

If NO, do not sign.

Parent/Guardian Signature: _____ Date: _____

Horseback Riding Waiver: 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.

(We will not ride horses week 1,2 & 4)

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: _____

Please complete this form and the climbing wall waiver 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 Service Desk.