

**Shiawassee Family YMCA & Camp Shiawassee  
2026 CAMPER HEALTH HISTORY FORM**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female Age on arrival at camp: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Please check the ethnic group(s) your child most identifies with:

American Indian or Alaskan Native  Asian/Pacific Islander  Black or African American  Hispanic  White/Caucasian

Camper Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent 1 Phone: \_\_\_\_\_ Parent 2 Phone: \_\_\_\_\_

**Parent/guardian with legal custody to be contacted in case of illness or injury:**  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**Second parent/guardian or other emergency contact:**  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**Third emergency contact:**  
Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**ALLERGIES \*Please describe what the child is allergic to and the reaction seen.**  
 No known allergies.  Food  Medication  The environment (stings, hay fever, etc.)  Other

**DIET/NUTRITION**  
 This camper eats a regular diet.  This camper eats a vegetarian diet.  This camper is lactose intolerant.  
 This camper is gluten intolerant.  Other, please explain in space.

**Please select any characteristics that your child displays at school, home, or during extracurricular activities:**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Distractibility                                      | <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Panic attacks                            |
| <input type="checkbox"/> Crying spells  | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Withdrawal from others                   |
| <input type="checkbox"/> Difficulty relating to peers                         | <input type="checkbox"/> Impulsivity       | <input type="checkbox"/> Difficulty concentrating in large groups |
| <input type="checkbox"/> Aggression/fights                                    | <input type="checkbox"/> Mood swings       | <input type="checkbox"/> Difficulty with bullies                  |
| <input type="checkbox"/> Defiance/struggling to follow directions from adults |  |   |

Are there any specific actions that help your child while they are exhibiting the above traits?

**Please select any strengths that your child possesses:**

|                                    |                                      |                                      |                                    |                                     |
|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Kind      | <input type="checkbox"/> Funny       | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Creative  | <input type="checkbox"/> Accepting  |
| <input type="checkbox"/> Friendly  | <input type="checkbox"/> Flexible    | <input type="checkbox"/> Thoughtful  | <input type="checkbox"/> Confident | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Resilient | <input type="checkbox"/> Responsible | <input type="checkbox"/> Honest      | <input type="checkbox"/> Caring    | <input type="checkbox"/> Inclusive  |

Please include any further details below so we can get to know your camper.

**Please select any that apply.**

The camper has never been separated from parents/guardians before.  
 My camper has problems with homesickness.  
 This is the first time my camper has attended summer camp.



**GENERAL HEALTH HISTORY** Include details if applicable.

- 1. Has your child been hospitalized in the last year? If so, explain.  Yes  No \_\_\_\_\_
- 2. Does your child have a recurring/chronic illness?  Yes  No \_\_\_\_\_
- 3. Is your child up-to-date with well-child visits?  Yes  No \_\_\_\_\_
- 4. Has your child had a recent infectious disease?  Yes  No \_\_\_\_\_
- 5. Has your child had a recent injury?  Yes  No \_\_\_\_\_
- 6. Does your child have asthma/wheezing/shortness of breath?  Yes  No \_\_\_\_\_
- 7. Has your child passed out/had chest pain during exercise?  Yes  No \_\_\_\_\_
- 8. Has your child had seizures?  Yes  No \_\_\_\_\_
- 9. Has your child experienced fainting or dizziness?  Yes  No \_\_\_\_\_
- 10. Does your child have headaches?  Yes  No \_\_\_\_\_
- 11. Does your child have problems with constipation/diarrhea?  Yes  No \_\_\_\_\_
- 12. Does your child wear glasses, contacts or protective eyewear?  Yes  No \_\_\_\_\_
- 13. Does your child have skin problems?  Yes  No \_\_\_\_\_
- 14. Has your child ever had back/joint problems?  Yes  No \_\_\_\_\_
- 15. Does your child have diabetes?  Yes  No \_\_\_\_\_
- 16. Does your child have any other health conditions we should be aware of?  Yes  No \_\_\_\_\_

**HEALTH HISTORY**

The health history form is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as noted by me and/or an examining physician. I give permission to the physician selected by the Shiawassee Family YMCA to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form and, in addition, Shiawassee Family YMCA has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status.

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

**INSURANCE**

Is the participant covered by family medical/hospital insurance?  Yes  No

Name of Policy Holder: \_\_\_\_\_

Policy/Member Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

**HEALTHCARE PROVIDERS**

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## RISK WAIVER FORM

I understand that, as in all sports/activities, there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these activities, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camp Shiawassee or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority. I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implied in any action) said YMCA Camp Shiawassee or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage.

I/we am/are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of my/our knowledge, and the applicant described on the admissions application has my/our permission to engage in any or all of the sports/activities at the YMCA Camp Shiawassee, such as:

1. Skateboarding, roller skating, in-line skating and/or similar activities
2. Climbing on natural rocks and/or similar activities
3. Water sports, including: swimming, kayaking, canoeing and/or similar activities
4. Field and target sports
5. Black hole sliding and/or similar activities
6. Hiking and/or similar activities

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

\*YMCA Camp Shiawassee located at 5721 Exchange Rd., Bancroft, Michigan ("Premises") or at any other place while involved in the program of the Shiawassee Family YMCA ("YMCA Program Location").

## RELEASE OF LIABILITY

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Shiawassee that parent/legal guardian and/or participant assumes all risks during the program.

Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.

I hereby give my consent:

1. To participate in YMCA Camp Shiawassee programs.
2. To receive emergency medical care which may become reasonably necessary in the course of such activities or travel.

I further agree not to hold YMCA Camp Shiawassee or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Shiawassee programs, activities or travel.

I have read the aforementioned and will abide by the principles and regulations contained herein.

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

## SUNSCREEN & BUG SPRAY GUIDELINES

- It is the parent/guardian's responsibility to apply sunscreen to their child prior to morning drop-off.
- Parent/Guardian will provide additional sunscreen to last throughout the day. One LABELED container per child should be sent to camp.
- Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun, and/or any other time as needed.
- When necessary, a counselor will assist campers with spray applications only. If lotion or stick is sent, please make sure your child is able to apply it themselves.
- If a camper has fair skin, tends to burn easily or has a sensitivity to the sun, we recommend sending long-sleeves or a hat to use as extra protection.
- A LABELED container of bug spray should be sent to camp in your child's bag. Counselors may assist with bug spray as needed.
- If your child has a sensitivity/allergies to certain sunscreens or bug sprays, please note it in the Allergies section of the Health History.

I verify that I have read and understood the Camp Shiawassee Sunscreen & Bug Spray Guidelines and give my permission for staff to assist my child with application as needed.

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

## CAMPER BEHAVIOR & EXPECTATION AGREEMENT

YMCA Camping Services adheres to the highest safety standards and regulations set by the American Camp Association, State of Michigan licensing and YMCA Code of Conduct policies. Camp Shiawassee follows the mission of the YMCA, "To put Christian principles into practice through programs that build healthy spirit, mind, and body for all." Camp Shiawassee also applies the four core values of Caring, Honesty, Respect and Responsibility to all programs and activities presented to the campers and staff. Our goal at camp is to provide positive growth for all campers while in a safe, healthy, nurturing environment. To create and maintain such an environment will require the participation of staff and campers alike.

Please read the following information carefully so you and your child can fully understand and agree to the expectations set forth by Camp Shiawassee and the Shiawassee Family YMCA.

### CAMPER BEHAVIOR & CAMP CULTURE

Camp often requires an adjustment period in which the camp community learns how to get along with others, learns what is acceptable (behavior, language, physical action and attitudes) and what is not, and learns appropriate communication techniques. To facilitate this process, camp staff sets rules that will create a successful week. These rules usually include things like: respecting private property, no bad language, don't gossip, no hitting, etc. The idea is to build an atmosphere promoting respect, responsibility, honesty and caring.

### CORRECTIVE & DISCIPLINARY PROCESS

Most correction and disciplinary situations at camp are minor and can be resolved with minimal corrections. Camp staff use discipline as a learning opportunity for the camper and try to integrate problem-solving skills into the discussion. However, if the negative behavior continues the following steps may be instituted and are progressive depending on the camper response:

1. Discussion between camper and counselor to set verbal goals and objectives to correct the issue.
2. The Camp Director will meet with the camper and counselor to clarify goals and objectives previously set. A Grow Note will be sent home.
3. If the conduct continues, documentation of the negative behavior will be recorded in the form of a written "Behavior Improvement Contract" specifically stating what actions will be taken and what the improvement needs to be. This is signed by the camper and staff.
4. If it still continues, the Camper Director will contact the parent/guardian to inform them of the situation and discuss possible options.
5. If the problem has not been corrected or continuously repeats, the Camp Director will contact parent/guardian to make arrangements for the camper's discharge from camp. The Program Director and CEO will be made aware of the situation.

Although very rare at YMCA Camp, there are certain Camp infractions that are more serious and may require immediate attention by a Director. These include but are not limited to: fighting, using racial slurs, defiance displayed toward authority, conduct or behavior that threatens any person. These infractions may result in expulsion from camp.

Extremely rare, but needing to be mentioned, the following infractions will result in immediate dismissal from camp: possession of any tobacco product, alcohol, illegal drugs, drug paraphernalia, over the counter drugs that are not listed on the medical form, weapons, sexually explicit material and/or behavior, any illegal conduct, bullying of others or any behaviors meant to replicate the effect of drugs. Camp administrative staff retains the right to include other items that may not be listed above to assure that a safe camp atmosphere for all is maintained.

There will be NO REFUND OF ANY AMOUNT for campers who are sent home as a result of any of the above.

I agree to the above stated expectations and terms of dismissal and will work with my child to gain an understanding of creating a positive camp experience for all.

I agree to the above stated expectations and want to help create a great camp experience for all.

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

## FIELD TRIP AUTHORIZATION

I, the parent/guardian/caregiver of this camper, hereby give permission for my child to attend all field trips that occur during the weeks my child is registered for camp.

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

## ENROLLMENT FORM ADDENDUM FOR MiLEAP

Our program is a recipient of a state funded grant, "32n OST Grant". As a requirement, we must report basic program information about the students we serve (age, gender, race, and program attendance). This information is reported in a secured database and used by the grant evaluators to connect how we are impacting our community.

Please sign below so we can input your child's information in the database. If you have any questions, please reach out to us. For more information, see: <https://cep.msu.edu/projects/32n-ost>

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

**PHOTO & VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my mother/father/guardian has signed below.

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of American (YMCA of the USA), I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions, however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities.
- Any experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties.
- YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience.
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be the unrestricted user of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

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

# EMERGENCY CONTACT INFORMATION



CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/GUARDIAN 1 NAME: \_\_\_\_\_

PARENT/GUARDIAN 1 PHONE: \_\_\_\_\_

PARENT/GUARDIAN 2 NAME: \_\_\_\_\_

PARENT/GUARDIAN 2 PHONE: \_\_\_\_\_

OTHER EMERGENCY CONTACT NAME: \_\_\_\_\_

OTHER EMERGENCY CONTACT PHONE: \_\_\_\_\_

ALLERGIES? \_\_\_\_\_

OTHER IMPORTANT INFO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMERGENCY CONTACT INFORMATION



CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/GUARDIAN 1 NAME: \_\_\_\_\_

PARENT/GUARDIAN 1 PHONE: \_\_\_\_\_

PARENT/GUARDIAN 2 NAME: \_\_\_\_\_

PARENT/GUARDIAN 2 PHONE: \_\_\_\_\_

OTHER EMERGENCY CONTACT NAME: \_\_\_\_\_

OTHER EMERGENCY CONTACT PHONE: \_\_\_\_\_

ALLERGIES? \_\_\_\_\_

OTHER IMPORTANT INFO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_