



**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Dear Parents of 2014 Tri-Cities Family YMCA Campers,

We are busy preparing for another great summer and cannot wait for the program to begin! One important part of making the summer successful is the completion of forms and information on all of our campers. **Included in this packet are all the forms your child will need to cover any camp / activity they may do throughout the summer at our YMCA.** While your child may not be participating in all of these activities, please fill out all forms whether they are attending full day camp, half-day sport/specialty camps, or learning tree preschool camps. **All payment and forms and payments are due the Wednesday before your first camp starts. Campers will not be allowed to participate until all forms are complete.**

By thoroughly completing these forms and returning them to the YMCA prior to camp starting, you will save us and yourself valuable time on check in day. Please be honest and thorough about your child and/or any family situation. If you'd prefer not to include specific information on the form, I am always available for a personal conference. The more we know about your child, the safer, healthier and happier his/her summer will be.

IF YOUR CHILD IS A PAST TCFYMCA CAMPER please complete the forms as if we know nothing about your child. Although we may know your child, some staff will be new and they do not know your child. Forms from last year are not permissible.

IF YOU HAVE MULTIPLE CHILDREN ATTENDING TCFYMCA CAMPS please be sure to send in a separate set of forms for each child attending any camp.

IF YOUR CHILD IS NEW TO TRI-CITIES FAMILY YMCA DAY CAMP and you would like an opportunity to meet with me prior to the camp season please contact me at the number below.

Thank you for the opportunity to make this a great summer for you and your child. I'd like to also thank you, in advance, for completing and returning your forms.

Sincerely,

Bryan Celano, Day Camp Director  
daycamp@tcfymca.org  
(616) 842-7051 extension 227



# Health History Form

**Camper's Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade Fall 2014** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Parents/Legal Guardians** \_\_\_\_\_

**Siblings at Camp** \_\_\_\_\_

**Family E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Mom's Work Phone** \_\_\_\_\_

**Dad's Work Phone** \_\_\_\_\_ **Mom's Cell Phone** \_\_\_\_\_

**Dad's Cell Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of persons to whom camper may be released:**

**1.** \_\_\_\_\_ **2.** \_\_\_\_\_

**3.** \_\_\_\_\_ **4.** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**List any allergies, health problems, physical limitations, or dietary concerns:**

**List any medications your son/daughter takes regularly:**

**Immunization History (Please list dates as accurately as possible or attach an immunization record)**

\_\_\_\_ **DTP series**      \_\_\_\_ **Booster**      \_\_\_\_ **Tetanus Booster**      \_\_\_\_ **Hep B**  
\_\_\_\_ **Polio OPV (Sabin)**      \_\_\_\_ **Booster**      \_\_\_\_ **Tuberculin Test**      \_\_\_\_ **MMR**  
\_\_\_\_ **Other (please list)** \_\_\_\_\_

## **Health Care Authorization**

This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in camp activities, except as noted above. In the event of an emergency, if I am unable or cannot be reached, I hereby give permission for the Tri-Cities Family YMCA, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment for the camper named above, while attending the summer day camp program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Camper Permission Form

**Camper Name** \_\_\_\_\_

In order to be most helpful to your child in his/her adjustment to camp life and to sympathetically understand and be able to direct his/her growth and development, we are asking for the following information. The information is shared with your child's counselors and the administrative staff and will be used in the best interest of your child.

**Child lives with: (circle one)      Mother only      Father Only      Both Guardian**

**Number of summers your child has attended TRI-CITIES FAMILY YMCA day camps** \_\_\_\_

**Are there any fears that the camper has?** \_\_\_\_\_

**At school, describe the camper's social skills with his/her peers. Does the camper make friends easily?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When a change in behavior is needed, what works best for you at home?:**  
(Time out, activity restrictions, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Swimming Ability: (circle one)   Non-Swimmer   Fair Swimmer   Good Swimmer**

**Does the camper have a fear of water?**                      **Yes**                      **No**

**Permission:**

I give permission for my child \_\_\_\_\_ to participate in the following activities:

1. Swimming with the Tri-Cities Family YMCA Summer Day Camp
2. Application of sunscreen by the Tri-Cities Family YMCA
3. To participate in walking and transported field trips with the Tri-Cities Family YMCA

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Consent to use name, photograph and created works**

I, the undersigned, being over 18 years of age, give permission for the name, photograph and/or created works of my child to be published by the media. This may include publications used by the Tri-Cities Family YMCA to promote its programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Rock Climbing Waiver and Release of Liability

**Notice: THIS IS A LEGALLY BINDING CONTRACT.** In consideration of my being permitted by the Tri-Cities Family YMCA to use its Climbing Gym, and/or participate in any climbing program offered by the Tri-Cities Family YMCA, [hereafter TCFYMCA] including climbing lessons, training and birthday parties, I agree to the following waiver and release and I make these following representations:

**I HEREBY ACKNOWLEDGE THE INHERENT EXTREME RISKS IN ROCK CLIMBING**, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with walls or equipment, bad decision-making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, and accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities, and/or the sport of climbing and I agree that said list in no way limits the extent or reach of this release. **I VOLUNTARILY ASSUME ALL RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGERS AND RISKS INVOLVED.**

I voluntarily agree to assume all risks of personal injury, **including paralysis and death**, which may occur while I am in the Climbing Gym, or participating in any event, program, birthday party or training at any time, whether or not under supervision of TCFYMCA personnel. I hereby knowingly and intentionally waive and release any and all claims or causes of action which might arise from use of the Climbing Gym or participation, and agree to indemnify, hold harmless and defend the TCFYMCA, its successors, assigns, officers, employees, wall designers or builders, manufacturers, lessors and agents from all liability for any such damage, injury, paralysis or death which may result. **This Waiver/Release shall be effective even though said loss, damage or injury results or has resulted from negligence, wrongful acts, omissions, breach of warranty or strict tort liability of the TCFYMCA or the other parties released.**

I am in good health and have not any known physical limitations, which affect my use of the Climbing Gym. I agree to pay attention to the state of the ropes, anchors and other equipment I may use, and to advise staff members if I do any damage or notice damage or problems. I certify that I have read the posted rules, and accept responsibility for failure to abide by these rules. If the TCFYMCA staff makes a specific request of or instruction to me, I agree to comply. I understand that indoor climbing is not the same as outdoor climbing, which requires additional skills, and I agree to seek qualified instruction before attempting to climb outdoors.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This waiver/release shall be effective and binding upon me and upon my assigns, heirs, representatives, guardians and administrators. If under the age of 18, this waiver/release is signed by a parent/guardian of the minor, and the undersigned waive any and all claims, and agree to indemnify and hold harmless the TCFYMCA and its agents in the event of any injury to the undersigned or minor climber.

**I understand that this waiver/release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will.**

Climber Signature \_\_\_\_\_ Climber Name \_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR:** I hereby represent that I am the parent/guardian of the minor whose name appears above. I am familiar with and consent and agree to the terms and provisions set forth in this waiver/release, on behalf of myself and said minor.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photo/Talent Release:** I hereby irrevocably release, consent and authorize the TCFYMCA and its agents to use my photograph/likeness/voice, as it pertains to my participation with the TCFYMCA, in any manner for promotional efforts without expectation of or right to any reimbursement in connection with its use.



# Gymnastics, Cheer & Dance Camp Registration Form

**Participant's Name:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

## **Release and Waiver Liability - Please read carefully**

As a legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person, me or any member of my family participating in the Tri-Cities YMCA Gymnastics, Cheer or Dance programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, cheer or dance and related activities.

I understand that it is the express intent of Tri-Cities Family YMCA programs to provide for the safety and protection of my child and, in consideration for allowing my child(ren) to use these facilities, I hereby forever release the Tri-Cities Family YMCA programs, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child, family member while under the supervision, instruction, or control of the Tri-Cities Family YMCA programs.

As legal guardian of the aforementioned person or any member of my family, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Tri-Cities Family YMCA programs.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent. I promise not to sue.

I hereby give permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

I have read, understand and agree with the policies and liabilities on this form:

**Print Name** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

I give the Tri-Cities Family YMCA permission to use photographs of my minor child(ren) at the discretion of Tri-Cities Family YMCA Staff. This may include (but not limit to) promotions and advertising used by Tri-Cities Family YMCA .

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

► **"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**



## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

\_\_\_\_\_  
STUDENT-ATHLETE NAME PRINTED

\_\_\_\_\_  
STUDENT-ATHLETE NAME SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN NAME PRINTED

\_\_\_\_\_  
PARENT OR GUARDIAN NAME SIGNED

\_\_\_\_\_  
DATE

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TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

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