



Medical/Registration Form

This Form must be completed and returned to the YMCA upon registration

Immunization dates required! No physical needed!

You must include your child's immunization dates when returning this form. Your immunization record must show that your child's immunizations are current and the dates that the immunization was given.

Allergy Alert!!!!

(Please list your child's Allergies)

Medication Alert!!!

(Please list you child's medication)

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Birth Date ____/____/____ Age ____ Male ____ Female ____ Grade in Fall _____

Mom's Full Name _____ Home Phone _____ Cell #: _____

Address _____ Work Phone _____

Dad's Full Name _____ Home Phone _____ Cell # _____

Address _____ Work Phone _____

E-mail Address _____

Emergency Contact and Pick-Up Authorizations

Please list all persons authorized to pick up your child. Parent or guardian names must be included on this list. In emergency situations only, parents/guardians may give written permission for an individual, who is not on this list, to pick up your child. No child will be released without written permission. No exceptions will be made to this policy. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child and be must provide picture identification. You are welcome to add or to delete from this list at any time. Please indicate if a non-custodial parent has limits on visitation or pick-up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file.

Name _____ Relationship _____ Phone _____ Cell # _____

Name _____ Relationship _____ Phone _____ Cell # _____

Name _____ Relationship _____ Phone _____ Cell # _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____



Somerset Valley YMCA

2 Green Street
Somerville, NJ 08876
(908) 722-4567
Fax: (908) 722-0036

19 East Mountain Road
Hillsborough, NJ 08844
(908) 369-0490
Fax: (908) 369-1866

601 Garretson Road
Bridgewater, NJ 08807
(908) 526-0688
Fax: (908) 526-0906

Immunization History

Please record the date (month and year) of the basic immunization and the most recent booster.

This information is available from your doctor. Doctor's signature is not required.

DTP Series _____ Booster _____ Polio _____ Booster _____
Tuberculin Test _____ Result _____ Tetanus Booster _____ HIB _____
MMR _____ HBV _____ Varicella _____ Date of last exam _____

Health History

Check all the allergies and diseases that affect your child

____ADD/ADHD____ Asthma _____Diabetes _____Insect Stings _____Drugs _____Heart Disease
____Ivy Poisonings _____Convulsions _____Penicillin _____Hay Fever _____Mumps _____Ear Infections
____Measles _____Chicken Pox _____Bleeding Disorder _____Penicillin

Comments _____

Food Allergies _____

Medication currently taken (Medication Form required if child will receive medication during camp)

Reason for medication _____

Operations and serious injuries, including dates _____

Any other current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp? _____

Please notify the Director if your child has been exposed to any communicable diseases. In case of injury, participant's own personal insurance policy will cover medical costs. The Somerset Valley YMCA does not provide medical insurance.

Do you carry family medical/hospital insurance? YES _____ NO _____
Insurance Co _____ Group Policy # _____

Please describe any camp activities from which your camper should be exempt from for medical reasons.

Please Read the following statement and sign below where indicated. Your child is not considered registered without signature.

I give my permission for my child to participate in all program activities, including field trips at the SVYMCA camp programs. He/She is in good health and may participate in normal program activities unless I specify otherwise on the personal history form. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I have received and read the Parent Handbook. I consent that photographs taken of my child are the property of the Somerset Valley YMCA and may be reproduced and publicized as the YMCA desires, at any time, free of claims on my part. In case of medical emergency, I authorize the staff of the Somerset Valley YMCA Camp program to seek emergency care for my child. I understand that medical information and personal data will be used in programs, when necessary, to protect my child's well-being. I agree to adhere to all camp policies. I have read and understand the SVYMCA camp refund policy. I understand that participant's membership must remain current during all sessions attended. I understand that if I do not comply with the SVYMCA policies, my child is subject to suspension/termination from the program with no refund of fees.

Parent Signature _____ Date _____



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