

Camper Name:				
Camper Date of Birth:				
	Cabin	(office	use):	

CAMPER PERSONAL HISTORY

While we collect most of the information that we need during registration, there are a few things that we like to confirm or learn about on the first day of camp. Please fill out both sides of this form and bring it with your camper on check-in day.

The other two forms you may need on the day of check-in are the Camp Store Form and the Medications Release Form.

Second Parent/Guardian:Primary Phone:		
Primary Insured Name:		
Primary Insured Date of Birth:		
Allergies and dietary restrictions		
Does your camper have allergies to foods, animals, insects or drugs or have a restricted diet that we should be aware of?		
Restricted activities		
Are there any camp activities from which your camper should be restricted for medical reasons?		
- -		

Medications from home

Please fill out a St. Croix Medication Release Form if you will be sending prescription or non-prescription medications to camp with your camper.

Camper Physical

A physical is suggested but not required for camp attendance. If your camper receives a physical that reveals information that may be of use to the camp health staff in case of treatment, please attach the physicians report to this form.





Camper Personal and Social Information
We want every camper that comes to have a safe, fun, and enriching experience. We want every camper to feel at home. Is there anything you would like to share with us so we can make sure your camper's experience is spectacular?
Camper Code of Conduct
Caring, honesty, respect, and responsibility are the YMCA's core values. Our code of conduct is based on them.
We expect campers to take responsibility for their actions.
We expect campers to respect themselves, one another, the environment, and camp equipment.
We expect campers to be honest with one another and their counselors.
We expect campers to care for themselves and one another.
St. Croix staff do a great job at coaching campers who behave inappropriately. Still, we reserve the right to send a camper home, without refund, if misbehavior affects the experience of other campers.
Further information regarding prohibited items and actions at camp can be found in our Parent Handbook. If you have questions regarding this code of conduct please contact the camp program director.
Sign below to indicate understanding of the above.
Parent/Guardian: Camper Signature:
Parent's Authorization
This personal history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed





skin, on an as-needed basis.

Sign below to indicate understanding of the above.

Parent/Guardian: _____ Date: ____