



**ALL FORMS MUST BE SCANNED/EMAILED – PHOTOS WILL NOT BE ACCEPTED**

Camper Information	Camper #1	Camper #2	Camper #3
First & Last Name			
Gender Identification	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)
Date of Birth			
Shirt Size	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL

General Information	General Information
Parent/Caregiver #1 Full Name	Parent/Caregiver #2 Full Name
Relationship to Camper	Relationship to Camper
Cell Phone	Cell Phone
Home Phone	Home Phone
Work Phone	Work Phone
E-Mail	E-Mail
Address	Address
City	City
State and Zip Code	State and Zip Code
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Spouse Deceased
Legal Guardian	<input type="checkbox"/> Parent/Caregiver #1 <input type="checkbox"/> Parent/Caregiver #2 <input type="checkbox"/> Both
Emergency Contact & Relationship to Camper	Emergency Contact Cellular Number

**Terms of Enrollment Agreement**

- Campers and parents/caregivers agree to abide by rules and regulations set by Directors for health, safety, and welfare of campers.
- Camp is not responsible for camper's equipment or personal belongings.
- Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the unused camp fee will be refunded.
- The camp fee must be paid in full upon registration. No reduction or allowance will be made for late arrival or early withdrawal of a camper. No allowance will be made for any interruption in the camp week due to illness, family vacation, etc. **Payments are refundable prior to May 23.** After May 23, the deposit will be refunded less \$50. There is a \$35.00 fee for returned checks.
- Parent/Caregiver signature further gives camper permission to participate in all camp activities. I understand that part of the camping experience involves activities, group arrangements, and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
- Parent/Caregiver signature further gives camp permission to use camper's likeness or image in camp publications including but not limited to FAACT's website, brochures, social media platforms, and other on-line postings.

**X** Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method**

Please pay for your Camp TAG Registration via [PayPal on FAACT's "Donate" Page](#). Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:

1<sup>st</sup> Camper - \$500  2<sup>nd</sup> Camper - \$500  3<sup>rd</sup> Camper - \$500 Total - \$\_\_\_\_\_

# FAACT Camp TAG Nashville - HEALTH FORM [One per CAMPER]

Child's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does your child have physical, medical, or emotional problems?  Yes  No

If yes, describe: \_\_\_\_\_

Does your child take any medications on a daily basis?  Yes  No

If yes, list medications: \_\_\_\_\_

Does your child have any known allergic reactions to the following?  Peanuts  Tree Nuts

Milk  Egg  Wheat  Soy  Shellfish  Fish  Sesame  Bee Sting  Penicillin

Other Foods \_\_\_\_\_

Other Drugs \_\_\_\_\_  Seasonal Allergens \_\_\_\_\_  Other \_\_\_\_\_

What is your child's usual reaction?  Anaphylaxis  Hives  Rash  Other \_\_\_\_\_

Does the nurse have permission to administer Antihistamine (e.g., Benadryl) if needed for nonspecific rashes or minor allergic reactions?  Yes  No (Dosage based on child's age or weight.)

Does the nurse have permission to administer (Circle preference) Tylenol / Motrin / Aleve / Advil / Tums for headaches or minor discomforts?  Yes  No Does your child need Liquid or Pill? (Circle preference)

## HEALTH HISTORY: (Please check all that apply)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Kidney Trouble                    | <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Eosinophilic Disorders     |
| <input type="checkbox"/> Celiac Disease   | <input type="checkbox"/> Measles                           | <input type="checkbox"/> Bronchitis    | <input type="checkbox"/> Mumps                      |
| <input type="checkbox"/> Heart Trouble  | <input type="checkbox"/> Whooping Cough                    | <input type="checkbox"/> Sinusitis     | <input type="checkbox"/> Tuberculosis               |
| <input type="checkbox"/> Abscessed Ears   | <input type="checkbox"/> Convulsions                       | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Diabetes/Diabetic Episodes |
| <input type="checkbox"/> Stomach Upset  | <input type="checkbox"/> Serious Ivy, Oak, Sumac Poisoning |  |   |
| <input type="checkbox"/> Operations/Serious Injuries _____  |  |  |   |
| <input type="checkbox"/> Any Special Needs _____  |  |  |   |
| <input type="checkbox"/> Any Behavior/Learning Problems: Explain _____                                |  |  |   |
| <input type="checkbox"/> Recommendations/Restrictions (Diet, medicine, swimming, running, etc.) _____ |  |  |   |

**IMMUNIZATIONS:** (Write approx. date of immunizations) DPT Series \_\_\_\_\_ Tetanus \_\_\_\_\_

Is child up to date with Tetanus vaccine or Tetanus booster shot?  Yes  No

Polio \_\_\_\_\_ Measles (MMR) \_\_\_\_\_ Haemphilis (Hib) \_\_\_\_\_

**Medical exam not required. Physician's exam is only necessary if medical clearance is required to participate in camp activities. Otherwise, we do not need a physician signature.**

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact parents/caregivers of camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent/Caregiver Signature \_\_\_\_\_ Parent/Caregiver Name Printed \_\_\_\_\_

If your child needs to take medication during the camp day, please give the medication to the Camp TAG staff. The envelope should be labeled with your child's name, and it will be forwarded to the nurse. To give your child any prescribed medication we need the following:

1. Medication in its original container.
2. Camper's name clearly labeled on the container.
3. If the prescription is not in the original container, please send in a doctor's note prescribing the medication with time and dosage.

I hereby request that my child, \_\_\_\_\_, take medication during camp, including administering epinephrine in case of a severe reaction or anaphylaxis, in the presence of the Nurse at YMCA Camp Widjiwagan. The name and dosage of the medication is \_\_\_\_\_ and the time and day it is to be given is \_\_\_\_\_.

## For Nurse's Use Only:

Medication Name: \_\_\_\_\_ Prescription # \_\_\_\_\_ # of Tablets Received: \_\_\_\_\_