

**Stevens Point Area YMCA – Camp Glacier Hollow
PARENT/GUARDIAN CONSENT/RELEASE FORM**

SCHOOL GROUP NAME: _____

Field Trip Date: _____

____ *P/G Initials* I hereby certify that my child is in good health and capable of safe participation, and can participate in YMCA Camp Glacier Hollow activities which may include: canoeing/kayaking/boating, swimming, hiking, archery, sling shots, group team building, sports, fishing, and other related camp activities.

____ *P/G Initials* I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

____ *P/G Initials* In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

____ *P/G Initials* I give my permission for the YMCA or other media to use photographs, slides, and/or videotapes of my child for promotional purposes.

____ *P/G Initials* Participants with special needs or behavior challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of YMCA staff time. YMCA staff will refer to your School and its staff to provide proper servicing requirements.

Participant Name _____ **Birth Date** _____ **Grade** _____ **M or F**

Participant Address _____
Street City State Zip

Parent/Guardian Name(s) _____

Contact Phone(s) _____ **Email** _____

Emergency Contact Name & Relationship _____

Phone(s) _____ **Other Emergency Info** _____

Please list and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) _____

Please name any **Medications** and dosages taken by participant (Also describe reason for taking) _____

Will participant medication need to be taken during this program ___ Yes ___ No ___ Maybe *Your rental group coordinator/adult is responsible for keeping and administering all medications.. All medications are required to be in their original container and be clearly labeled.*

Please list and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** _____

Participants Swimming Ability ___ Poor ___ Fair ___ Good

____ *P/G Initials* The information I provided above is accurate and complete and I understand that it is my responsibility to provide any changes/updates to the YMCA. I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within.

I _____ (participant) agree to abide by the Stevens Point Area YMCA Camp Glacier Hollow policies and guidelines. If I fail to follow these guidelines, I understand that the YMCA may deny participation and will turn me over to their School Teacher immediately.

Signature of Participant _____

Date _____

Signature of Parent/Guardian _____

Date _____