

CAMP MINIKANI HEALTH FORM

Camper's Name _____ **Date** _____ **Gender:** Male or Female

Home Address _____ **Zip Code** _____

Parent and/or Guardian (for camper's under the age of 18)

Work Phone _____ **Cell Phone** _____ **Home Phone** _____

Other Emergency Contact

Work Phone _____ **Cell Phone** _____ **Home Phone** _____

Health History

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthmas | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Conditions |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Allergic to Horses | <input type="checkbox"/> Bed Wetting |

Other Allergies, Illnesses or Diseases _____

Chronic or Recurring Illness _____

Recommendations and Restrictions while at Camp

Special Diet _____

Medication _____

Swimming or Boating _____

Ropes & Challenge Course or Climbing Wall _____

Strenuous Activities _____

Other _____

Important: Please notify your group leader if participant has been exposed to any communicable diseases during the three weeks prior to your arrival to camp.

Medical Authorization: This health history is correct so far as I know, and the person here in described has permission to engage in all prescribed camp activities, except noted by me or the examining physician. In the event of an Emergency, I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Signature _____ **Date** _____

Parent and/or Guardian if Participant is under 18 years

Health Insurance Company _____ **Policy Number** _____

Name on the Policy _____

Don't forget to fill out the other side

YMCA OF METROPOLITAN MILWAUKEE, INC.
CAMP Minikani/Matawa
Release and Waiver of Liability and Indemnity Agreement

I am aware and understand that participating in the **climbing wall/ropes course**, involves a potential risk of physical injury and I understand that the programs are physically demanding and potentially dangerous. I agree and hereby state that I am sole responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each program actively to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I further state that in choosing to participate I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participation in any aspect of the program and hereby agree to hold YMCA of Metropolitan Milwaukee/Camp Minikani, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should YMCA of Metropolitan Milwaukee/Camp Minikani or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold YMCA Camp Minikani harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of YMCA of Metropolitan Milwaukee/Camp Minikani, its employees, its instructors, facilitators and agents.

The undersigned expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be a broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has had sufficient opportunity to read this entire document and understand the terms of the agreement. The undersigned voluntarily signs this release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Participants Name (please print)

*Participants signature
(*If participant is under 18, their parent or guardian must also sign below)

Date

Parent/Guardian signature

Date

In case of emergency please notify: Name _____

Relationship _____ Phone: () _____

School/Group Name: Kewaskum Middle School – 1676 Reigle Dr, Kewaskum, WI 53040 – 262-626-3104

Don't forget to fill out the other side