



Winter Camp 2016 Registration Camp Manitou • February 26-28 (Grades 2-7)

Please print clearly:

Camper Name: _____

Male Female (circle one) Birthdate ___/___/___ Age _____ Grade _____

Address: _____

Email _____

Parent/Guardian 1 _____ Relationship _____

Primary # _____ Secondary # _____

Parent/Guardian 2 _____ Relationship _____

Primary # _____ Secondary # _____

Did camper attend Camp Manitou in the summer or fall of 2015: Yes No Which session? _____

\$120.00 - Y Member Fee YMCA where membership is held: _____

\$160.00 - Non-Member Fee

*****Reminder: \$25 deposit is required at time of registration & balance is due by February 12th*****

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses. (You may attach an immunization printout obtained from your doctor's office.)

Vaccines	Year of Basic Immunization	Year of Last Booster
DPT Diphtheria Pertussis (Whooping Cough) Tetanus		
-OR-		
TD Tetanus Diphtheria		
-OR-		
Tetanus		
TOPV Oral Polio (Sabin)		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Haemophilus Influenza B (HIB)		

RECOMMENDATIONS & RESTRICTIONS FOR CAMPER WHILE AT CAMP

How comfortable is your child being away from home? _____

Any medication(s) to be administered at camp (specific dosages)? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any allergies (food, drug, plants, insects, etc.)? _____

Please share any additional information that will help us provide the best experience for your child.

Is camper covered by any hospitalization/medical care policy? Yes _____ No _____

Insurance Company Name: _____

Insurance Co. Address: _____

Insurance Co. Telephone Number: _____

Subscriber Name: _____

Policy, Certificate, Group or ID #: _____

Does Insurance Company require pre-authorization? Yes _____ No _____

I hereby authorize transportation of my child to and from the Eau Claire YMCA, 700 Graham Avenue, Eau Claire, Wisconsin, for the Winter Camp held at Camp Manitou, 27960 137th Street, New Auburn, Wisconsin. I hereby authorize any photographs taken of my child to be used in YMCA promotional materials. In case of medical emergency in which I cannot be reached immediately, I hereby authorize the selected physician to secure proper treatment, which may include injection, anesthesia, or surgery for the child listed on this registration form.

Signature of Parent/Guardian _____ Date _____