

Saint Barbara GOYA Fall Retreat Weekend 2010

Health Form

Name: _____ E-Mail Address: _____

Date of birth: _____

Pediatricians Name and Phone Number: _____

Is your child allergic to: Bee stings Insect Bites Poison Ivy Particular Foods
 Particular Medication Other Please specify: _____

Has your child had or been subject to: Seizures Heart Trouble Convulsions
 Fainting Spells Asthma Diabetes Other Please specify: _____

Is your child on medication: Yes No

Medication Name and Dosage: _____

Is your child under medical care for any illness or health problems? Yes No

If yes, please specify: _____

Should your child's activities be restricted in any way? Yes No

If yes, please specify: _____

Do we have your permission to administer Tylenol, Benedryl or Antacids to your child if the Registered Nurse on Staff deems it necessary? Yes No

Person to contact in case of emergency (please include phone number)

A. _____

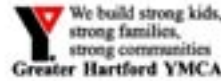
B. _____

I hereby give my child (name) _____ permission to take part in all Retreat activities. In case of an emergency, I give the Staff permission to administer first aid. Should medical attention be required, I give permission for staff members to seek further qualified medical assistance until I can be contacted.

Signature of parent or guardian

Print Name of Parent(s)

Cell Phone Number



**CAMP JEWELL YMCA
INDIVIDUAL ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

To: YMCA of Metropolitan Hartford, Inc., its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively and individually hereinafter referred to as the “Y”).

The undersigned on behalf of himself/herself and his/her minor children named below (hereinafter collectively and individually referred to as the “Releasors”) acknowledges that Releasors may participate in activities involving risk of injury to person or property and that they assume full responsibility for all such risk. Activities may include horseback riding, ropes course, and waterfront. The undersigned certifies that each of the Releasors is in good health with no condition, illness, or abnormality which might subject them to undue personal risk for engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Furthermore, the undersigned on behalf of the Releasors hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasors, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the Y or otherwise, while Releasors are in, on our about any premises of the Y or using any of the Y’s facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, notwithstanding, continue in full force and effect. The undersigned understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

Children of undersigned included herein: _____
If emergency contact or medical concerns change, the undersigned accepts responsibility for notifying the Y in writing of the change.

The undersigned gives permission for photos or videotapes of himself/herself and his/her children named below while participating in Y activities to be used for promotional purposes. (Cross out and initial if permission not given).

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

Participant Signature or Parent/Guardian if under 18

Date

Participant Printed Name

Saint Barbara GOYA

Group Name