



**FOR YOUTH DEVELOPMENT®**  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# CAMP SLOANE YMCA

124 Indian Mountain Rd, Lakeville, CT 06039  
 Tel: (860) 435-2557 Fax: (860) 435-2599

## HEALTH HISTORY

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

In case of emergency while we are at Camp Sloane YMCA, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

<b>NAMES:</b>	.....	.....	.....	.....	.....
<b>Date of Birth:</b>					
Do you have any special dietary needs	Y / N	Y / N	Y / N	Y / N	Y / N
Any pre-existing injuries (ankles, knees, back, etc) or medical conditions that might be aggravated by this event?	Y / N	Y / N	Y / N	Y / N	Y / N
Do you have any allergies (food, bees, insects), reactions to medications or physical limitations?	Y / N	Y / N	Y / N	Y / N	Y / N

Please indicate any health history or dietary information, that was marked as yes from the list above, that you feel the Camp Sloane YMCA staff should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

## COVID-19 SPECIFIC STATEMENT

All participants will be required to remain at home if any of the following apply:

1. Your family has traveled to a country that the CDC has issued a Level 2 or 3 travel designation, or to a state listed on the CT travel advisory, in the last 14 days.
2. You have had contact with anyone suspected of having for COVID-19 in the last 14 days, or with anyone known to have COVID-19.
3. You have any symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath).
4. You have had a fever above 100°F in the past 72 hours.
5. You have tested positive for COVID-19 in the past 14 days.

By signing this waiver, you acknowledge that Camp Sloane YMCA cannot be held responsible for a positive COVID-19 diagnosis of yourself, your child, or another family member as a result of a visit to this facility or from being exposed by someone else who was at Camp Sloane YMCA. As a signer of this waiver you understand that attending Camp Sloane could increase the risk of exposure to COVID-19 and assume this risk willingly.

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## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

My signature below hereby grants Camp Sloane YMCA and its agents full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Sloane YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

## INFORMED CONSENT/LIABILITY RELEASE

- I am aware and understand that participating in activities while at Camp Sloane involves a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.
- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.
- I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA 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 the YMCA 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 the YMCA, its employees, its instructors, facilitators, and agents.
- I authorize the YMCA to have and use photographs, slides and video recordings of the persons named above as needed for its records and public relations programs.

**I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.**

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If any participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_