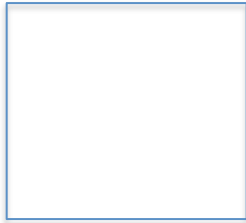


YMCA VANCOUVER MEDICAL INFORMATION &
EMERGENCY FORMS

NAME:



Please attach a photograph of your child.

Street Address: _____ Birthdate: ____/____/____
 City/Prov: _____ Gender: _____
 Postal Code: _____
 Primary Phone: _____ Camp Session: _____
 Secondary Phone: _____

FAMILY INFORMATION

Parents/Legal Guardians

NAME: _____
 Street Address: _____
 City/Prov: _____
 Postal Code: _____
 Primary Phone: _____
 Email: _____

NAME: _____
 Street Address: _____
 City/Prov: _____
 Postal Code: _____
 Primary Phone: _____
 Email: _____

Siblings also attending camp:

EMERGENCY CONTACTS:

Name	Primary Phone	Secondary Phone	Email

Who should NOT pick up your child? _____

MEDICAL INFORMATION

Health Card #: _____

Detailed Medical Insurance Info (if not covered by Canadian Health Care):

Important Medical Conditions:

MEDICAL PROVIDER
 Name: _____
 Phone Number: _____

DENTIST
 Name: _____
 Phone Number: _____

MEDICAL HISTORY & IMMUNIZATIONS

Does the camper have or has ever had one of the following conditions:

- | | | | | |
|---|--------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Seizures or Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Boils |
| <input type="checkbox"/> Headaches or Migraines | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Appendicitis | |

Please provide additional information if you checked off any of the above:

Has the camper had any other major illnesses, injuries or surgery in the last year? Yes No

Does the camper require any additional support or care? Yes No

Do you require a consultation with the camp director regarding elements of the camper's participation? Yes No

If yes to any of the above, provide more details:

Are the camper's immunizations up to date? Yes No

If not, which immunizations are not current: _____

MEDICATIONS & TREATMENTS:

Is the camper currently under any form of treatment/medication for an illness, condition or injury? Yes No

Has the camper taken medication for ADD/ADHD during the past year? Yes No

If yes, provide more details and fill out table below:

Medication Name:	Treatment for:	Dose & Frequency:	Administered when and by who:

FOOD REQUIREMENTS:

- Vegetarian Vegan Lactose-Intolerant Gluten Intolerant Food Allergies

Details of any food requirements or allergies: _____

ADDITIONAL QUESTIONS:

In the event of an emergency, where blood products are required for life-saving measures, do you consent to their use (i.e blood transfusion, platelets, cryoprecipitate)? Yes No

Is there anything else we need to know that may require YMCA Greater Vancouver Camps to make adaptations?

I authorize the YMCA to upload this form for emergency purposes and to be accessible by YMCA staff only.

Photo and Video Consent, Assignment and Release

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

By agreeing to this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be used by the YMCA in connection with the Purposes**, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "**Work Product**"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the representatives, successors, and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.**

I confirm that I am over the age of 18 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 18, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By agreeing, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand this Form.

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our web site www.vanymca.org.

Date: _____ Camp Session: _____

Child's name: _____ Telephone No.: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

The YMCA will send you electronic messages pertaining to your registration as needed. To get the most out of what the YMCA has to offer, we also send quality articles, health tips, parenting tools, news, updates and promotions to those that wish to receive them. To be added to our e-mail list, please agree to the following:

I consent to receiving the YMCA of Greater Vancouver's newsletter and other electronic messages regarding the YMCA's programs, products, services and new projects. I understand I may withdraw my consent at any time using the contact information provided here. Please refer to the YMCA's Privacy Policy or contact us for more details. (YMCA of Greater Vancouver, 100-5055 Joyce Street, Vancouver BC, V5R 6B2, info@gv.ymca.ca) Yes No

CAMPER'S COMMITMENT

I want to become a camper at YMCA Camp. I agree to abide by the camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise might result in my dismissal from camp.

PARENT'S COMMITMENT

I have discussed the Camper's and Parent's Commitment with my child and confirm that this camper agrees to participate in the full program, to follow safety instructions and/or refrain from behavior that is harmful to oneself or others. I understand and support the camp policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use as well as abusive behavior is cause for dismissal without refund or camp fees.

Camper's signature: _____ Parent's signature: _____

MEDICAL AUTHORIZATION

I permit my child to participate in the full range of camp activities and authorize the Camp Director or his/her appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the camper. Such action is only to be taken when immediate contact cannot be made with me. It is understood that the camp is not responsible for the cost of medical care.

Signature of Parent/Guardian: _____ Date: _____