

**Camp Sloane YMCA**  
**124 Indian Mountain Road, Lakeville, CT 06039**  
**860/435-2557 fax 860/435-2599 [www.campsloane.org](http://www.campsloane.org)**

**HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Medical Insurance Policy Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_

In case of emergency at Camp Sloane YMCA, Please Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Are you a Vegetarian? \_\_\_\_\_  
Any pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by this event? \_\_\_\_\_  
Taking any medications currently? \_\_\_\_\_  
History of cardiac problems or cardiac medications? \_\_\_\_\_  
Do you have high blood pressure? \_\_\_\_\_  
Do you have any allergies (food/bees)? \_\_\_\_\_  
Do you foresee any problem participating in the upcoming activities due to lack of physical exercise? \_\_\_\_\_  
Please indicate ANY health history or problems you feel Camp Sloane YMCA staff should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant 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. I acknowledge that any such action will be taken in my best interest.

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

If the participant is under 18, the parent or guardian must also sign below:

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

**INFORMED CONSENT AND LIABILITY RELEASE**

- I am aware and understand that participating in activities while at Camp Sloane YMCA 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, 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 cost. This release does not apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, instructors, facilitators or agents.
- I authorize the YMCA to have and use photographs, slides and videotapes of the parson 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 understood it, and I agree to be bound by its terms.

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

If the participant is under 18, the parent or guardian must also sign below:

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