



CAMP EMERGENCY CONTACT FORM RIVERBROOK REGIONAL YMCA CAMPS 2025

Please send all documents to: CampAdmin@riverbrookymca.org

Camper Name: _____ Birthdate: _____ Age: _____

Gender: _____ Pronouns: _____ Home Phone: _____

Address: _____
(Street) (Town) (State) (Zipcode)

Camp Registered for 2025 Summer: Camp Gordyland Camp Race 4 Chase Camp Sunrise

Parent/Guardian #1 Name: _____ Cell #: _____

Alternative #: _____ Email: _____

Parent/Guardian #1 Name: _____ Cell #: _____

Alternative #: _____ Email: _____

Does the camper have any allergies? If so please describe: _____

Will your child require medication? Yes No (If the answer is yes, Medical Administration Form & Individual Care Plan)

Please provide any information you feel is important for us to know about your child.

Please list the name, phone number, and email address for (2) emergency contacts other than the parents, who will have permission to pick up your child and may be called to make medical decisions in an emergency. If no contacts are submitted, camp will call 911, in an emergency.

#1 Name: _____ Cell #: _____

Email Address: _____

#2 Name: _____ Cell #: _____

Email Address: _____

TO BE SIGNED:

PARENT OR GUARDIAN AUTHORIZATION FOR HOSPITALIZATION IN THE EVENT OF AN EMERGENCY This health history is correct so far as I know, and the person named above has permission to participate in all Summer Day Camp activities except as noted by the examining physician or me. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Riverbrook Regional YMCA to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above. The Riverbrook Regional YMCA assumes no responsibility for injuries or illnesses sustained while in attendance of the Camp Program. I hereby release, discharge, and hold harmless the Riverbrook Regional YMCA from any and all claims for injury or illness.

Signature of Parent/Guardian: _____ Date: _____