

CAMPER INFORMATION

Camper's Name _____ Name of Parents _____

A. Has he/she ever been away from home before? _____ From family? _____ Where? _____
How long? _____

B. How does he/she react to new experiences, places, and friendships? _____

C. Family Status

Does he/she live with both parents? _____ One Parent? _____ Others? _____
Parents separated? _____ Divorced? _____ Deceased? _____
Number of brothers? _____ Sisters _____

D. What would you like your son/daughter to obtain from his/her camp experience? _____

E. Personal Growth

With other children, does he/she tend to be: (circle those that apply)
Dependent Tense Happy Bullying Nervous Boasting Excitable Shy
Antagonistic Withdrawn A leader Quiet Resourceful Aggressive A follower
Are his/her friends:
Few _____ Many _____ Older _____ Younger _____ Same age _____

Please list hobbies: _____

F. How does your child respond to discussions about religious topics? Positive Indifferent Negative

G. Has your child experienced any major life changes recently, i.e., death in the family, recent move, separation, or divorce? _____

PLEASE BRING THIS FROM WITH YOU TO CAMP. IT WILL BE COLLECTED UPON ARRIVAL.

★ This is a pick-up authorization card. Please fill this out for our records. Each afternoon, the person authorized to pick-up your camper (s) will meet the camper (s) at the YMCA to check him/her out. Parents must send a note if someone not on the card will be picking up the camper (s). A counselor will collect the card on the first day of camp. We are doing this to ensure the safety of our campers and your children.

CAMPER NAME _____
Last First

Parent or Guardian _____
Address _____ Phone _____
Business Address _____ Phone _____
Parent or Guardian _____
Address _____ Phone _____
Business Address _____ Phone _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY CHILD (REN):

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____
5. _____ Phone _____

Champaign Family YMCA

ALLERGIES

Fever _____
Poisoning, etc. _____
Stings _____
Penicillin _____
Drugs _____
Anesthesia _____

*If for some religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.