

Camp Genesis

YMCA CAMP ABE LINCOLN

Genesis Health System
Gilda's Club of the Quad Cities
Scott County Family Y

Please Mail Form To:
Gilda's Club of the Quad Cities
1234 East River Drive
Davenport, Iowa 52803

Camper's First Name _____ Camper's Last Name _____

Grade Completed by June 2008 ____ Gender M ___/F___ Birthdate ____/____/____ Age__ School _____

Home Mailing Address _____ City _____ State __ Zip _____

Mother's Name _____ Cell Phone _____ Business Phone _____

Business Name _____ Address _____ City _____ State _____

Father's Name _____ Cell Phone _____ Business Phone _____

Business Name _____ Address _____ City _____ State _____

Name of Parent/Guardian with Whom Camper Lives _____

Additional Emergency Contact _____ Phone Number _____

Has your child ever been diagnosed with a learning disability we should know about? Y ___/ N___ Please Describe Below

Does your child have any special dietary needs? Y ___/ N ___ Please Describe Below

Please note which immediate household member has been directly affected by cancer _____

Please note what type of cancer they have/had _____

What type of treatment is the patient currently undergoing _____

How long since their last treatment _____

Please list all the individuals that you authorize to pick up your child for any reason. Anyone not on the list will not be able to pick up your child unless we are notified first by you. All adults picking up your child must first show a photo ID in order to pick up your child.

Name _____ Relationship to Camper _____

Name _____ Relationship to Camper _____

Name _____ Relationship to Camper _____

Name _____ Relationship to Camper _____

We (I) give out (my) consent to be photographed, videotaped and/or filmed while participating in any YMCA activities and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes. I have read and understand the above statement.

Yes _____ No _____

The Scott County Family Y (hereinafter referred to as "Y") is not obligated to furnish any insurance under the Y program referred to below although it may do so without any obligation as to the adequacy of any it may furnish. I, the program participant or parent/legal guardian of the program participant, agree that they and all individuals participating in Y programs in any capacity, will not be liable for any causes of actions, claims and injuries arising out of t participation of hte applicant in the Y programs, and hereby release all said individuals from such claims and liabilities. The undersigned acknowledges that in all activities there are certain risks of physical injuries and all participants participate at their own risk. I, as parent/legal guardian of a program participant under the age of 18, consent to the participation of the applicant in Y programs listed on the registration from under the above mentioned conditions.

Legal Authorization of Registration Information and Waiver of Liability and Promotion _____

Signature

Date