



**FOR YOUTH DEVELOPMENT®**  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# CAMP HAZEN YMCA

204 West Main St, Chester, CT 06412  
 Tel: (860) 526-9529 Fax: (860)526-9520

## HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Medical Insurance Policy No.: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_

In case of emergency while we are at Camp Hazen YMCA, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

NAMES:	.....	.....	.....	.....	.....
D.O.B					
Are you a vegetarian?	Y / N	Y / N	Y / N	Y / N	Y / N
Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event?	Y / N	Y / N	Y / N	Y / N	Y / N
Taking any current medications?	Y / N	Y / N	Y / N	Y / N	Y / N
Any heart problems or heart medication?	Y / N	Y / N	Y / N	Y / N	Y / N
Do you have high blood pressure?	Y / N	Y / N	Y / N	Y / N	Y / N
Do you have any allergies (food, bees, insects), reactions to medications or physical limitations?	Y / N	Y / N	Y / N	Y / N	Y / N

Please indicate any health history/problems you feel the Camp Hazen YMCA staff should be aware of:

\_\_\_\_\_

I hereby grant Camp Hazen 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 Hazen 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. Any such action will be taken in my best interest

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

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

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

*\*If any participant is under the age of 18, their parent or guardian must also sign below*

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CAMP HAZEN YMCA

204 West Main St, Chester, CT 06412  
Tel: (860) 526-9529 Fax: (860)526-9520

## INFORMED CONSENT/LIABILITY RELEASE

• I am aware and understand that participating in activities while at Camp Hazen, including the Alpine Tower, High Ropes Course, Climbing Wall, Low Ropes Course, skate boarding, in-line skating, mountain biking, water sports, field sports, aerobics and kickboxing involve 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, its 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 costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.

• I authorize the YMCA to have and use photographs, slides and videotapes of the person 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 understand it, and I agree to be bound by its terms.

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

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

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

*\*If any participant is under the age of 18, their parent or guardian must also sign below*

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