



HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Name: _____ Phone: _____

Address: _____

E-Mail Address: _____

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

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship to Family: _____

DATE OF BIRTH:	
Have you had contact with anyone that has tested positive for COVID-19 in the past 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a fever in the past 72 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking any current medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any heart problems or heart medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies (food, bees, insects), reactions to medications or physical limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'Yes' to any of the questions above, please give details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'Yes' to any of the questions above, please give details below:	DIETARY REQUIREMENTS: Are you a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dietary restrictions/food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

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

COVID -19

Health Screening

All participants should be symptom and fever free upon arrival. A fever is considered over 100.4°F

Masks

If you have been exposed to COVID in the past 10 days, please wear a mask when inside buildings or when you can not maintain 6ft of distance. This also applies if you have tested positive for COVID, isolated for 5 days, and are still within 10 days of testing positive.

Contact Tracing

In the event that there is a case of COVID-19 with a participant or staff member, you are recommended to keep track of individuals that you have been within 6ft of for greater than 15 minutes. Camp Hazen YMCA will provide contact information for all participants and staff members to the CT Dept of Health if required.

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.

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: _____

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

Signature of Parent/Guardian: _____ Date: _____