



YMCA CAMP TIPPECANOE CAMPER PROFILE AND RELEASE FORM

CAMPER RELEASE INFORMATION

Camper Name: _____ Age (as of 06/01/19): _____ Birth Date (MM/DD/YYYY): _____

It shall be the policy of YMCA Camp Tippecanoe to release a camper only to an authorized person as listed on this form as approved by the camper's parent or legal guardian. The adults listed on this form will be asked for photo identification (Driver's License, State ID, etc.) for verification. After verification, the adult can sign in/out the camper.

Authorization is granted for the release of the above named camper to the parent(s) or guardian(s) or those adults listed below. I/we acknowledge that if there is going to be a change in the person picking up the named camper that I/we will notify the camp in writing the name and relationship to camper of the new person authorized to pick up. I/we also will take responsibility to inform anyone authorized to pick up the above camper that he/she must provide a photo ID to verify his/her identify with camp staff.

Print Name: _____ Signature: _____ Date: _____

The following individuals are authorized to or drop off above named camper upon release from camp staff:

- 1. Name: _____ Relationship to Camper: _____
- 2. Name: _____ Relationship to Camper: _____
- 3. Name: _____ Relationship to Camper: _____

GETTING TO KNOW YOUR CAMPER

Parents/Guardians are:

- Married Separated Divorced
- Other (please specify): _____

Father's Name: _____

Mother's Name: _____

Sibling Name: _____ Age: _____

Attending camp at the same time YES NO

If camper lives with someone other than the above mentioned parent or parents, please list: _____

Name: _____

Relationship to Camper: _____

Please take a few moments to answer the following questions. Has/does your camper:

- Ever spent the night away from home before? Get homesick?
- Have concerns at night? (bed wetting, sleepwalking, etc.)
- Need reminders to use the bathroom? Run away before?
- Have any fears/phobias? Need to wear a life jacket?
- Have a bedtime routine?

Provide details about your answers here: _____

Please check any activities your camper cannot or does not want to participate in at camp:

- Archery BB guns Horse Riding Swimming Boating Zip Line

In a social situation, my camper:

- leads interacts well needs encouraged withdraws

My camper follows directions:

- well occasionally but gets distracted poorly

FOR CAMP USE ONLY

Cabin: _____ Session: _____ Program: _____

Check-In Date: _____ Staff Initials: _____

Time: _____ Print Name: _____ Signature: _____

Cabin: _____ Session: _____ Program: _____

Check-Out Date: _____ Staff Initials: _____

Time: _____ Print Name: _____ Signature: _____

FORMS SHOULD BE COMPLETED TWO WEEKS PRIOR TO ARRIVAL AT CAMP AND RETURNED TO THE CAMP BUSINESS OFFICE AT THE NORTH CANTON YMCA, ATTN: CAMP TIPPECANOE, 200 S MAIN ST, NORTH CANTON, OH 44720