



**YMCA CAMP RALPH S. MASON
CAMPER INFORMATION FORM**

FOR OFFICE USE ONLY:

YEAR:	SESSION:
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PARENTS/GUARDIANS: PLEASE TAKE A FEW MOMENTS TO COMPLETE THIS CONFIDENTIAL FORM. IT WILL BE SHARED WITH YOUR CHILD'S COUNSELOR BEFORE THEY ARRIVE AT CAMP. OUR STAFF MEMBERS USE THIS INFORMATION TO ENSURE THAT YOUR CHILD HAS A SAFE, MEANINGFUL, AND ENJOYABLE CAMPING EXPERIENCE, SO IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THIS FORM *BEFORE CAMP STARTS*.

CAMPER NAME: _____

MALE FEMALE DATE OF BIRTH: _____ CURRENT GRADE: _____

ATTENDING SESSION (CIRCLE ONE): STARTER 1 STARTER 2 1A 1B 2A 2B ADVENTURE BOUND LT CIT

SIBLINGS	AGE	ATTENDED MASON?

PARENT/GUARDIAN 1: _____ OCCUPATION: _____

HOME PHONE: _____ DAY/WORK/CELL PHONE: _____

PARENT/GUARDIAN 2: _____ OCCUPATION: _____

HOME PHONE: _____ DAY/WORK/CELL PHONE: _____

HAS YOUR CHILD BEEN TO CAMP BEFORE? IF YES, HOW WAS HIS/HER EXPERIENCE? _____

YOUR CHILD'S CAMP EXPERIENCE IS VERY IMPORTANT TO US. PLEASE USE THIS SPACE TO DESCRIBE ANY SIGNIFICANT DETAILS ABOUT YOUR CHILD THAT WILL HELP HIS/HER COUNSELOR SUPPORT THEM WHILE THEY'RE AT CAMP: _____

WHAT ARE YOUR CHILD'S INTERESTS, TALENTS, AND HOBBIES? _____

WHAT ACTIVITIES DOES YOUR CHILD EXPECT TO DO AT CAMP? _____

HOW WELL DOES YOUR CHILD SWIM (CIRCLE ONE)?

NON-SWIMMER

BEGINNER

INTERMEDIATE

ADVANCED

WHAT DO YOU EXPECT YOUR CHILD TO GAIN FROM HIS/HER EXPERIENCE AT CAMP?

DESCRIBE ANY BEHAVIORAL ISSUES THAT YOUR CHILD'S COUNSELOR SHOULD BE AWARE OF. EXAMPLES INCLUDE: NIGHTMARES, BED-WETTING, SLEEPWALKING, OR AGGRESSIVE BEHAVIOR. PLEASE ALSO LIST ANY MEDICATIONS YOUR CHILD TAKES THAT MAY AFFECT HIS/HER BEHAVIOR OR MOOD:

PLEASE DESCRIBE ANY MAJOR EVENTS OR ACCOMPLISHMENTS IN YOUR CHILD'S LIFE DURING THE PAST YEAR. EXAMPLES INCLUDE: NEW SIBLINGS, A DEATH IN THE FAMILY, SEPARATION OR DIVORCE, EMPLOYMENT OR RESIDENCE CHANGES, ACADEMIC CHALLENGES, SPORTING ACHIEVEMENTS:

ADDITIONAL COMMENTS:

THANK YOU FOR YOUR TIME. WE'RE LOOKING FORWARD TO WELCOMING YOUR CHILD TO CAMP!

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN

DATE