



YMCA Camp Hi-Rock Camper Personal History Form

Session attending Camp (please circle): 1a 1b 2a (2b) 3a 3b 4a 4b

Please complete this form and return it at least two weeks before your child comes to camp. This information is shared with the Camper Care Specialist, Unit Director, your camper's counselors, and any other appropriate administrative staff, in order to provide your camper with the best possible experience at YMCA Camp Hi-Rock.

Please print clearly.

Camper's Name: _____ Nickname: _____

Gender: F M Date of Birth: _____ Age _____ Birthday during camp? Y N
(note: If your camper is having a birthday during his/her stay at camp, please also notify our camp office in advance, and ask your camper to let his/her counselor know on check-in day.)

Interests/Hobbies: _____

Please list any siblings attending camp: _____

Has your camper been away from home for more than one week before? N Y: How long? _____

Any illnesses/physical disabilities that may affect your camper's stay: _____

Does your camper have any serious fears? (please specify) _____

Has your child wet the bed in the last 18 months? _____

What would you like your camper to learn at camp? _____

Are there any activities in which you do **not** want your child to participate? _____

If there are any behavioral or medical conditions of which you would like us to be aware, please use this space to explain and clarify: _____

(note: Please feel free to contact our office if you would prefer to speak with someone over the phone).

What other specific information would be helpful for the staff to know concerning your child?

Parent/Guardian Signature _____

Date _____