



**OPPORTUNITIES UNLIMITED OF NIAGARA  
 CAMP HAPPINESS PROGRAM APPLICATION June 26 – 30, 2017  
 Returning Camper**

**\*\*\*Cost: Please Check:**     1 Day - \$10.00     2 Days - \$20.00     3 – 5 Days - \$25.00

**Days Attending:**     Monday     Tuesday     Wednesday     Thursday     Friday

**\*\*\* PAYMENT FOR CAMP IS NON-REFUNDABLE \*\*\***

Camper Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Family Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_, ext. \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female

Medicaid #: \_\_\_\_\_

Allergies: \_\_\_\_\_

**\*\* Changes in Medical Status from 2016 Application (New Diagnoses) \*\***

**Emergency Contact Person** *(someone outside of the residence where they live):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_, ext. \_\_\_\_\_

**Medicaid Service Coordinator / Case Manager:**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Work phone: \_\_\_\_\_, ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Parent / Guardian Authorization Section Must be Signed**

**Parent / Guardian Authorizations:**

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Opportunities Unlimited and Camp Happiness staff (Lockport YMCA) to give first aid, administer prescription medications, (nurse will be present) and seek emergency medical treatment including ordering x rays or routine test. (if necessary) I agree to the release of any records necessary for insurance purposes.

I give Opportunities Unlimited and Lockport YMCA permission to arrange necessary emergency related transportation for my child. In the event I can't be reached in an emergency I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

\_\_\_\_\_  
Signature of Camper / Minor

\_\_\_\_\_  
Date