



**Southern District YMCA Camp Lincoln  
Program Participant Information, Assumption of Risk, and Agreements of Release and Indemnity**

School/Organization: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Dear Parents & Guardians,

Welcome to YMCA Camp Lincoln! Please read and complete this document carefully. This form must be completed and signed by the participant (if over 18) or a parent or guardian prior to participating in our programs.

YMCA Camp Lincoln programs are designed to be fun and exciting. Participants engage in a variety of teambuilding activities, low and high ropes courses, boating, ecology lessons, and more. Our trained facilitators lead each group through a progression of age appropriate activities with the intention of working toward their stated goals. Common goals include building self-confidence, creating trust within a group, communication skills, developing leadership skills, and problem solving skills. Safety is the number one priority of the program. Every participant has the opportunity to choose their level of participation. Following the safety procedures and guidelines and exercising good personal judgment will minimize the risks involved. It is important for participants to accept personal responsibility for their own safety and the safety of other members of the group by following instructions. Please contact YMCA Camp Lincoln with any program questions. We are excited to host you soon!

**General Participant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent or Guardian's Name (If Participant under 18): \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Contact Information**

In the event of an emergency, where parents/guardians cannot be reached, Staff may contact:

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Medical Information**

Does the participant have any medical or behavioral conditions (past or present) that could interfere with fully participating in the program? **Yes No** If yes, please describe:

