



**Doctor's Authorization for Children to attend YMCA of the Rockies School/Camp:**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

General condition of health: \_\_\_\_\_

This person may participate in Estes Park Center/YMCA of the Rockies Preschool/Camp with the following restrictions (indicate NONE if none apply) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

When should this child be re-evaluated? Date: \_\_\_\_\_

Youth Programs  
Estes Park Center  
YMCA of the Rockies  
2515 Tunnel Rd  
Estes Park, CO 80511  
970-586-3341, ext. 1280  
Fax: 970-577-1255