

2018-2019 DAY CAMP ENROLLMENT FORM

***This camp program is a "tuition for service" program, based on confirmed enrollments and secured deposits. A \$35 per camper, per session non-refundable and non-transferable deposit is required. Single day camps must be paid in full. Keep in mind that if a deposit is not made per child/per session, their spot will not be held for the desired camp session.**

Enrollment forms can be emailed to fagan422@uab.edu or recmember@uab.edu.

PARENT/GUARDIAN INFORMATION

Name: _____ Home/Cell Phone: _____
Last First

Home Address: _____

Email Address: _____ Work Phone: _____

Date of Birth: _____

CRCT Member UAB Faculty/Staff/Student/Alumni or Colleague Employee** Community Non-Member

***Colleague Employees includes VA, Children's Hospital, Sodexo, Capstone, First Transit, Cooper Green, Horizons, Southern Research Institute, Pyramid Hotel Group.*

CAMPER INFORMATION

Child #1 Name: _____
Last First Middle

Birth Date: _____ Age: _____ Gender: _____ School Attending: _____

Home Address: _____

Child #2 Name: _____
Last First Middle

Birth Date: _____ Age: _____ Gender: _____ School Attending: _____

Home Address: _____

Child #3 Name: _____
Last First Middle

Birth Date: _____ Age: _____ Gender: _____ School Attending: _____

Home Address: _____

CAMP SESSIONS

Please indicate the session(s) each child will be attending: (ex. October 8th: child #1, #2, December 17th: child #1)
Also, please indicate if your child will be needing general (open/free play in gym) before care and after care.

Day Camps Available (Check all that apply)	General Before Care 7:30am-8:30am \$5/day	General After Care 4:30pm-5:30pm \$5/day
Example: Presidents Day Camp (February 18 th): Child #1, #2	Child #1, #2	Child #2
Columbus Day (October 8 th):		
Veteran’s Day Camp (November 12 th):		
Thanksgiving Break- ALL DAYS (November 19 th -21 st):		
Thanksgiving Break-1 (November 19 th):		
Thanksgiving Break-2 (November 20 th):		
Thanksgiving Break-3 (November 21 st):		
Winter Break- FULL WEEK (December 17 th -21 st)		
Winter Break- 1 (December 17 th):		
Winter Break- 2 (December 18 th):		
Winter Break- 3 (December 19 th):		
Winter Break- 4 (December 20 th):		

Winter Break- 5 (December 21 st):		
President's Day Camp (February 18 th):		
Spring Break- FULL WEEK (March 25 th -29 th)		
Spring Break- 1 (March 25 th):		
Spring Break- 2 (March 26 th):		
Spring Break- 3 (March 27 th):		
Spring Break- 4 (March 28 th):		
Spring Break- 5 (March 29 th):		

CAMPER HEALTH INFORMATION FORM

*A form must be completed for **each** child who will be attending camp.*

CAMPER INFORMATION

Name: _____
Last First Middle

Birth Date: _____ Age: _____ Gender: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Last First

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Does the participant have any medical condition the camp staff should be aware of? (For example, diabetic or suffers from seizures.) Circle one: Yes No

If yes, please explain: _____

HEALTH HISTORY

- | | | |
|---|-----|----|
| 1) Has the participant had any recent injury/illness/infectious disease? | Yes | No |
| 2) Does the participant have a chronic or recurring illness/condition? | Yes | No |
| 3) Has the participant ever been hospitalized or had surgery? | Yes | No |
| 4) Does the participant have frequent headaches? | Yes | No |
| 5) Has the participant ever had a severe head injury or been knocked unconscious? | Yes | No |
| 6) Does the participant wear glasses, contacts, or protective eyewear? | Yes | No |
| 7) Has the participant ever had frequent ear infections? | Yes | No |
| 8) Has the participant ever passed out or been dizzy during or after exercise? | Yes | No |
| 9) Has the participant ever had chest pains during or after exercise? | Yes | No |
| 10) Has the participant ever had a seizure? | Yes | No |
| 11) Does the participant have Epilepsy? | Yes | No |
| 12) Has the participant ever had high blood pressure? | Yes | No |
| 13) Has the participant ever been diagnosed with a heart murmur? | Yes | No |
| 14) Does the participant have an orthodontic appliance being brought to camp? | Yes | No |
| 15) Does the participant have any skin problems (itching, rash, etc.)? | Yes | No |
| 16) Does the participant have diabetes? | Yes | No |
| 17) Does the participant have asthma or another breathing disorder? | Yes | No |
| 18) Has the participant had mononucleosis in the past 12 months? | Yes | No |
| 19) Has the participant ever been treated for ADD, ADHD or Asperger's? | Yes | No |
| 20) Has the participant ever had back problems? | Yes | No |
| 21) Has the participant ever had problems with joints (knees, ankles, etc.?) | Yes | No |

Please explain all "yes" answers here, noting the number of the question: _____

Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp staff should be aware. Also include any information relating to the participant's vaccinations and immunizations. _____

ALLERGIES

Please list ALL known allergies to:

Medication: _____

Describe reaction and management of reaction: _____

Food: _____

Describe reaction and management of reaction: _____

Other (bee sting, hay fever, etc.): _____

Describe reaction and management of reaction: _____

RESTRICTIONS

The following restrictions apply to this participant:

- 1) Does not eat: red meat pork dairy products poultry seafood eggs other: _____
 - 2) Physical activity restrictions (what cannot be done, what adaptations or limitations are necessary, etc.)
-
-

SPECIAL NEEDS

Does your child have any other special needs or required assistance that the camp staff should be aware of?

Circle one: Yes No

If yes, please explain: _____

ADDITIONAL EMERGENCY CONTACT (other than listed parent/guardian)

Name: _____ Relationship to child: _____ Phone: _____

DROP OFF/PICK UP

The following person will normally drop off/pick up my child:

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

If the above person is not able to drop off or pick up my child(ren), the following people are authorized to do so (You may add more contacts if needed):

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

INSURANCE/MEDICATION

Are the camp participants covered by family medical insurance? Y / N (If yes, indicate the information below)

Plan name: _____ Policy number: _____ Name of Insured: _____

Will a child require any medication throughout the day, while at camp? Y / N

**If yes, a Permission to Administer Medication form must be signed and completed for each child, in addition to the Health Information form.*

Youth Camp Refund Policies

- Youth camp deposits are non-refundable and non-transferrable. No cash refunds.
- All refund requests must be submitted in writing via the Refund Request Form and received by UAB Campus Recreation staff.
- Refund requests received 7 or more days prior to the first day of camp are eligible for a full refund minus the \$35 deposit.
 - o *If camp fees are paid in full, \$35 payment (per child) is considered a deposit
 - o ** Single Day Camps are ONLY eligible for 50% refund
- Refund requests received fewer than 7 days prior to the first day of camp are eligible for a 50% refund of the total amount paid
 - o *NOT applicable to Single Day Camps
- Refund requests received fewer than 7 days prior to the start of camp may be offered a full refund for the following situations only:
 - o Medical Withdrawal (doctor's note required)
 - o Military Relocation (documentation required)
- Transfers can be made up to 7 days prior to the first day of camp (deposits are non-transferrable, additional deposit is required)

WAIVER FORM

Assumption of Risk, Waiver, and Release from Liability - In consideration of the use of the property, facilities and/or services of The University of Alabama at Birmingham (UAB) Office of Campus Recreation including any travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS.** The undersigned understands and acknowledges that the use of equipment and facilities provided by the Office of Campus Recreation at The University of Alabama at Birmingham and participation in Campus Recreation programs (Intramural, Informal, Instructional, Group Fitness, Club Sports, Weight and Cardiovascular Training, Swimming, Outdoor Adventure, and any other programs and services sponsored by the Office of Campus Recreation and/or non-sponsored activities occurring in the building) involves risk including, but not limited to the following: risk of property damage, bodily injury, including but not limited to permanent disability, paralysis and possibly death. These risks may result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care.
2. **ASSUMPTION OF THE RISK.** The undersigned voluntarily assumes all the risks that may arise out of or result from the use of the equipment or facilities, and/or the services of UAB Campus Recreation, including those risks described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures. The undersigned agrees to comply with and abide by all rules and regulations of UAB Campus Recreation. The undersigned acknowledges that the policies and procedures may be amended at any time in the future with or without notice, and that it is the undersigned's responsibility to periodically review the then-currently published policies and procedures and abide by them. The Campus Recreation staff reserves the right to revoke or terminate the undersigned's privileges for any violations of the rules and regulations of UAB Campus Recreation and The University of Alabama at Birmingham or for any violations of the policies and procedures relating to the activities, facilities, and/or equipment of UAB Campus Recreation.
4. **PREREQUISITE SKILLS.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical and mental ability necessary to properly and safely use the equipment, facilities, and to participate in any Campus Recreation activities. The undersigned agrees that if s/he has questions pertaining to the skills, qualifications, physical and mental abilities necessary to properly and safely use the equipment, facilities, and to participate in Campus Recreation activities, s/he will direct those questions to Campus Recreation staff.
5. **INDEMNIFY AND DEFEND.** The undersigned hereby releases, waives, indemnifies and holds The University of Alabama at Birmingham, the Office of Campus Recreation, CENTERS, L.L.C., and all of their officers, trustees,

directors, employees, and agents (hereinafter jointly referred to as “indemnitee”) harmless from any and all claims, causes of action, suits, liability, losses, or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to the undersigned’s use of the property, facilities, and/or services of UAB Campus Recreation .

6. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
7. **CONSENT FOR EMERGENCY TREATMENT.** The undersigned, as a participant in the subject activity, hereby consent to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment
8. **INSURANCE.** The undersigned understands that neither The University of Alabama at Birmingham, nor the Office of Campus Recreation, nor CENTERS, L.L.C. will be responsible for any medical, health or personal injury costs relating to undersigned’s use of the property, facilities and/or services of UAB Campus Recreation. The undersigned is encouraged to have a medical physical examination and purchase health insurance prior to any and all participation.
9. **GOVERNING LAW.** This Assumption of Risk, Waiver, and Release from Liability Agreement shall be governed in all respects by the laws of the State of Alabama.
10. **SEVERABILITY.** If any term, clause, or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Agreement, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.
11. **MEDIA.** The University of Alabama at Birmingham (hereinafter “UAB”) produces informative materials in various media formats for use as educational materials for the general public in the areas of research, patient care, and other areas of interest (including the Rec Center). To accomplish this important goal of UAB, UAB requests persons to authorize it to utilize their name, likeness, voice, and/or performance, whether by motion picture, photograph, or quoted statements. In the interest of furthering the above purpose, the undersigned knowingly and willingly agrees to be bound by this authorization and release and agrees to the UAB Media Relations Policies.

ACKNOWLEDGMENT. The undersigned has read and fully understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

CONSENT AND RELEASE ON BEHALF OF MINOR(S)

I am the parent or legal guardian of the above named minor(s). I have read and understand the agreement and realize it relates to surrendering valuable legal rights of the minor(s) and me. I agree to be bound by all the terms of the agreement. I also give my consent to the participation in the activity of the minor(s).

Parent/Guardian’s Printed Name: _____ **Date:** _____

Parent/Guardian’s Signature: _____

Minor’s Name: _____ **DOB:** _____

Minor’s Name: _____ **DOB:** _____

Minor’s Name: _____ **DOB:** _____

PARENT/GUARDIAN AGREEMENT

FULL PAYMENT MUST BE RECEIVED BY THE INDICATED DEADLINE

This camp program is a “tuition for service” program, based on confirmed enrollments and secured deposits. A \$35 per camper, per session non-refundable and non-transferable deposit is required. Enrollment forms will be accepted on a first come, first serve basis. I understand my deposit will hold the reservation for each session. The balance in full must be received no later than 7 days prior to the participant(s) attending camp. If full payment is not received by this time, my reservation(s) could be cancelled. (Please note that each camp will have a limited number of camper spaces available.) I understand that no refunds will be made and that returned checks or charges will be assessed a \$25 fee.

(Please see more details in the Parent/Guardian Manual on payment requirements.)

PARENT/GUARDIAN AGREEMENT

- 1) My child(ren) is in good health and can participate in the activities of the Office of Campus Recreation Summer Camps.
- 2) The Office of Campus Recreation reserves the right to dismiss any participant whose behavior is disruptive to the program. Disruptive behavior is described but not limited to conduct that prevents the execution of activities or endangers program participants and/or staff.

I certify as the parent/guardian of the above named child(ren) that I have reviewed all regulations above and understand that failure to abide by these regulations will result in immediate dismissal from the program without a refund.

Signature of parent/guardian: _____

Date: _____

Parent/Guardian’s Printed Name: _____

Date: _____

Parent/Guardian’s Signature: _____

Minor’s Name: _____

DOB: _____

Minor’s Name: _____

DOB: _____

Minor’s Name: _____

DOB: _____

PERMISSION TO ADMINISTER MEDICATION

*A form must be completed for **each** child who will be taking medication during camp.*

Name: _____ has my permission to receive
(Last) (First)

_____ of _____
(dose) (medication name) (time of day/frequency)

Potential side effect include (if any): _____

Prescribing physician: _____
(Last) (First)

Address: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

STAFF USE ONLY

Child's Name: _____ Account Number: _____

Child's Name: _____ Account Number: _____

Child's Name: _____ Account Number: _____

1st Attempt:

2nd Attempt:

3rd Attempt:

Comments/Additional Information: