

URMC Fitness & Wellness Center

FUN FITNESS CAMP

Dates: February 20-24, 2012.

Location: Camp is located in the Fitness & Wellness Center, which is on the ground floor of the Medical Center for Strong Memorial Hospital, room G-5680, off the North Corridor, in the Facilities hallway.

Who can attend: The camp is open to all children of University affiliates between the ages of 7 and 12.

Time: 8:30 AM - 5:00 PM

Children can be dropped off after 8:30 AM. Children must be picked up by 5:05 PM. We strongly encourage you to be prompt. Supervision is not available after 5:05 PM. **Additional charges will be incurred after 5:05 at the rate of \$0.50/minute.** Children must be signed in and out of camp each day.

Registration and Confirmation: To register your child, please complete and return the attached registration, release, and health forms with the registration fee to the Fitness & Wellness Center office.

Make checks payable to the University of Rochester. Forms will not be accepted without the registration fee. A separate registration form must be submitted for each child. Confirmation of enrollment for your child will be sent upon receipt of:

1. Registration form
2. Registration fee
3. Parental Consent form
4. Medical and Health History form (Not required if child attended summer camp)

Cost: \$154.00 per week/ \$32.00 per day – plus - \$9.00 additional for the field trip (highlighted on the calendar). There is also a one-time registration fee: \$2.00 by 1/27, \$4.00 after 1/28.

Family discount: 10% off camp fees (not including field trip fees) for each additional child. Checks may be made payable to the UNIVERSITY OF ROCHESTER. Cash or Visa/MasterCard payment is also accepted. Payment is required on Friday February 17th. Once a spot is reserved for a child, parents accept full responsibility for payment. **Payment and registration fees are non-refundable.**

Items your child will need each day:

- 1.) Bag lunch and beverage (the camp provides refrigeration for lunches)
- 2.) Skates (if owned) or \$3 for skate rental – *on skating days only!*
- 3.) Hat, gloves, scarf and jacket
- 4.) Sneakers (Crocs, clogs or sandals are not acceptable footwear for the camp activities)

Certification: The New York State Department of Health certifies the Fun Fitness Camp.

Contact: Heather Van Orden - Phone: 275-2706
Oksana Babiy - Phone: 275-1441

Registration Form

FEBRUARY FUN FITNESS CAMP 2012

Please fill out all information legibly & attach registration fee

Child's name _____ Age _____ Sex _____

Address (Street) _____ (city) _____ (state) _____ (zip) _____

Date of birth ____/____/____ School _____ Grade (Fall) _____

Father's name _____ Mother's name _____

Email _____ Email _____

Address (if different) _____ Address (if different) _____

Phone: home _____ work _____ Phone: home _____ work _____

Emergency phone or pager for UR parent _____

Place of employment _____ Place of employment _____

Normal work hours _____ to _____ Normal work hours _____ to _____

Dept. name _____ Dept. name _____

UR box # _____ UR box # _____

____ My child will be attending the Fun Fitness Camp for the whole week

____ My child will be attending on an individual day basis for ____ days*

***Please include a list of dates, so that we may secure a spot for your child.**

PARENTAL AGREEMENT FORM

- The registration fee is non-refundable and must accompany each registration packet.
- Payments for camp must be submitted by the Friday before camp participation.
- Completed health forms must be submitted before a child can attend camp.
- I give consent for my child to go on any camp field trip or excursion outside of the UR medical center.
- Children are expected to follow the rules and regulations of the camp. Verbal abuse or physical violence to other campers or counselors will not be tolerated. Parents must pick up a child who violates these policies and procedures.
- Parents will be called to take a sick child out of camp. Payment is non-refundable for sick children.
- If a child will not be attending camp, or will arrive later than 10 AM, please call 275-1441 or 275-2706 to let a staff member know.
- The refund policy is as follows: Parents will be responsible for payment of their child's reserved camp time, unless advance notification of two weeks is given. **Camp fees are non-refundable.**
- Children must be picked-up by 5:05 PM. Additional charges will be incurred at the rate of \$0.50/minute after 5:05pm.
- There will be a \$20.00 fee for all returned checks.

I would like my child, _____, to participate in the Fun Fitness Camp. I understand that my child's participation is voluntary. In consideration of my child's participation in the Fun Fitness Camp, I also acknowledge and understand that I am aware of the possible risks, dangers or hazards associated with my child's participation in camp activities. The University, its officers, directors, employees, volunteers, members and representatives (the "University") are not responsible for injury, loss, or damage sustained by any person while participating in the Fun Fitness Camp, which might be caused by the negligence of the University.

I have read and understand the above statements and I fully agree to these conditions.

Child's name (print) _____

Parent/ Guardian signature _____

Date _____

URMC Fitness & Wellness Center Fun Fitness Camp
Medical and Health History Form

Child's name _____ Birth date ___/___/___

New York State Required: Immunizations (specific dates) - Please fill out or attach immunization record

- * **Diphtheria boosters (tetanus & pertussis only recommended)** _____
 (3 or more doses)
- * **Polio (Sabin) or (Salk)** _____
 (3 or more doses)
- * **Measles** _____
- * **Mumps** _____
 (after age one)
- * **Rubella** _____
- * **Tuberculin** _____
- * **Rubella 2nd or MMR #2** (at least 3 months since last MMR) _____
 (preferably between age 4-6)
- * **Hepatitis B** _____
- * **Varicella (chicken pox)** _____
- * **Haemophilus influenza type b** _____

<u>CONDITION</u>	<u>YEAR/ REMARKS</u>	<u>CONDITION</u>	<u>YES/ NO</u>	<u>SPECIFY</u>
Chicken Pox	_____	Does child wear glasses	_____	
Scarlet Fever	_____	Ear conditions (t-tubes)	_____	_____
Pneumonia	_____	Asthma	_____	_____
Previous fractures	_____	Allergies	_____	_____
Surgeries	_____	Convulsions/ Seizures	_____	_____
Head injuries	_____	Diabetes	_____	_____
Heart Disease	_____	Congenital Defects	_____	_____

Medication(s) at this time, and reason _____

Is there any other health issue that you feel we should be aware of? _____

Physician's signature _____ **Date** _____

I certify that my child is in good health and has no physical condition that would prevent him/her from participating in camp activities. I give permission for camp staff to take action in the event of an emergency, as needed, until I am able to be reached.

Medical Insurance carrier _____ Policy # _____

Parent signature _____ Date _____

