

URMC Fitness & Wellness Center

FUN FITNESS CAMP

Dates: March 28 – April 1, 2016.

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: 8:00 AM - 5:05 PM

Children can be dropped off after 8:00 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 5:10 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 Agreement forms
4. Medical and Health History form

(Immunization are not required if child attended summer or holiday camp 2015 or February 2016)

Cost: \$155 per week/ \$32.50 per day. There is also a one-time registration fee: \$2.00 before 3/8, \$5.00 between 3/9-3/25, \$8.00 during the week of camp.

Family discount: 10% off camp 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 by Wednesday March 25th. 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.) Hat, gloves, scarf and jacket
- 3.) Sneakers (Crocs, clogs or sandals are not acceptable footwear for the camp activities)
- 4.) Skates (if owned) or \$3 for skate rental – on skating days only!

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

Contact: Heather Van Orden - Phone: 275-2706
Lee Ann Fahy - Phone: 275-1441

Registration Form

FUN FITNESS CAMP

Please fill out all information legibly & submit with registration fee

Child's name _____ Age _____ Sex _____

Address _____ State _____ CITY _____ Zip _____

Date of birth _____ School _____ Grade (Fall) _____

Parent 1 name _____ Parent 2 name _____

Email _____ Email _____

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

Phone: home _____ cell _____ Phone: home _____ cell _____

Place of employment _____ Place of employment _____

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

Dept. name (UR) _____ Dept. name (UR) _____

UR box # _____ Work phone _____ UR box # _____ Work phone _____

Emergency phone or pager for UR parent _____

Emergency contact name, relationship
& cell phone _____

My child will be attending on the following days:

My child will be attending on the following weeks:

**please provide a list of dates*

PARENT/ GUARDIAN 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.
- 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 275-2437 or 275-2706.
- 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 5:10 PM. Additional charges will be incurred at the rate of \$0.50/minute after 5:10pm.
- 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 Grant permission, in the event of an injury, to have a doctor, nurse, athletic staff, or medical emergency personnel provide the enrolled child with emergency medical treatment and agree that I will bear any costs associated with such treatment.

In the event of an emergency, a staff member from the Fitness & Wellness Center will call you at your office phone number and your cell phone number. In the event that we can not reach you, we will call any one else listed on your form that you designate as an emergency contact. In the event we can not reach you, we will make appropriately deemed decisions regarding the care of the camper, until which time we are able to reach you.

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

Child's name (print) _____

Parent/ Guardian signature_____

Date_____

PARENT/ GUARDIAN AGREEMENT FORM FOR CAMP RULES

- The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- Participants may not leave university property or the program without permission of the Program Sponsor.
- No violence by anyone involved with the program, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- No use of tobacco products.
- Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of university property.
- Participants must follow all safety rules in accordance with university standards and/or as defined by the program administrator.
- Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.

If any of the above rules are broken by a camper, the parent will be notified for immediate pick up from camp.

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

Child's name (print) _____

Parent/ Guardian signature_____

Date_____

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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 1

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

Important Health information - Please fill out all information listed below

<u>CONDITION</u>	<u>YEAR/ REMARKS</u>	<u>CONDITION</u>	<u>YES/ NO</u>	<u>SPECIFIC INFORMATION</u>
Chicken Pox	_____	Allergies	_____	_____
Scarlet Fever	_____	Asthma	_____	_____
Pneumonia	_____	Convulsions/ Seizures	_____	_____
Any fractures	_____	Diabetes	_____	_____
Surgeries	_____	Ear conditions (t-tubes)	_____	_____
Head injuries	_____	Glasses	_____	_____
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?

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 _____