

REGISTRATION FORM

FUN FITNESS CAMP

All forms can be filled electronically. Please complete forms and submit with original signature and registration fee.

Child's name _____ Age _____ Sex _____

Address _____ State _____ City _____ Zip _____

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

Parent Name _____ Relationship to child _____

Address (if different) _____ Email _____

_____ Home Phone _____ Cell _____

Place of employment _____ Hours _____ - _____ Work phone _____

Dept. Name (UR) _____ Box # _____

Parent Name _____ Relationship to child _____

Address (if different) _____ Email _____

_____ Home Phone _____ Cell _____

Place of employment _____ Hours _____ - _____ Work phone _____

Dept. Name (UR) _____ Box # _____

Emergency Contact Name and Number for UR parent _____

Secondary emergency contact name _____ Relationship to child _____

Secondary emergency contact number _____

The camp dates have been provided. Please check individual dates if your child will NOT be attending the full week. Otherwise please check the box next to the week.

☐ I will need Early Drop Off (please complete form)

☐ **Week 1**

☐ 6/26 ☐ 6/27 ☐ 6/28 ☐ 6/29 ☐ 6/30

☐ **Week 4**

☐ 7/17 ☐ 7/18 ☐ 7/19 ☐ 7/20 ☐ 7/21

☐ **Week 7**

☐ 8/7 ☐ 8/8 ☐ 8/9 ☐ 8/10 ☐ 8/11

☐ **Week 2 — NO CAMP on 7/4**

☐ 7/3 ☒ 7/4 ☐ 7/5 ☐ 7/6 ☐ 7/7

☐ **Week 5**

☐ 7/24 ☐ 7/25 ☐ 7/26 ☐ 7/27 ☐ 7/28

☐ **Week 8**

☐ 8/14 ☐ 8/15 ☐ 8/16 ☐ 8/17 ☐ 8/18

☐ **Week 3**

☐ 7/10 ☐ 7/11 ☐ 7/12 ☐ 7/13 ☐ 7/14

☐ **Week 6**

☐ 7/31 ☐ 8/1 ☐ 8/2 ☐ 8/3 ☐ 8/4

☐ **Week 9**

☐ 8/21 ☐ 8/22 ☐ 8/23 ☐ 8/24 ☐ 8/25

PARENTAL/GUARDIAN (P/G) AGREEMENT FORM

- The registration fee is non-refundable and must accompany each registration packet.
- Payments for camp must be submitted by 2pm the Wednesday 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. These trips include: Genesee Valley Park, Playground on Lattimore, Mt Hope cemetery, Adventure Landing, Seabreeze, Seneca Park Zoo, Frontier Field, RMSC, Horizon Fun FX, Ontario Beach, bowling alleys, trampoline parks and swimming at Genesee Valley pool.
- Campers must purchase a Camp T-shirt (=< \$7.00). This T-shirt must be worn for all camp field trips, making it easier to identify campers in crowds. A camper that arrives without a T-shirt on a designated field trip day will not be admitted to camp, or alternately I will be financially responsible for the purchase of one.
- 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/guardians must pick up a child who violates these policies and procedures.
- I will be called if my child is sick or injured badly and must be removed from camp. I (or designated party) am expected to pick a sick or injured child up within 1.5 hours of this informational call. Children cannot stay at camp if they are ill or injured; Payment is non-refundable.
- If a child will not be attending camp, or will arrive later than 10 AM, I will call 275-2437
- The refund policy is as follows: I will be responsible for payment of child's reserved camp time, unless advance notification of two weeks is given. **Camp fees are non-refundable.**
- Children must be picked-up by 5:15 PM. Additional charges will be incurred at the rate of \$0.50/minute after 5:15pm.
- 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 name (print) _____

Parent/ Guardian signature _____

Date _____

FUN FITNESS CAMP

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 or camp counselors.
- 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_____

*In the event of an injury, you will be contacted by phone to the number(s) you provided. If it is a minor injury, we will ask you to come and see your child and assess the injury. In the case of an emergency, you will be contacted by phone to the number(s) you provided. The injured party will be sent to Strong ED if required (or the nearest hospital if on a field trip). All medical expenses will be the responsibility of the child's family.

Contact information:

Heather Van Orden, Camp administrator, Fitness Center manager – 585-275-2706

Fitness Center reception desk (staffed 10:00-5:30) –585-275-2437

UR Public Safety – 585-275-3333



TALENT RELEASE

Date: _____

1. I give and grant to the University of Rochester, including its Medical Center Wellness Center and its affiliates, and their respective licensees, successors and assigns ("licensed parties") the right to use, publish and copyright my child's name, picture, portrait, identity, and likeness in connection with a marketing campaign to promote the Fun Fitness Camp. This grant includes, without limitation, the right to edit, mix or duplicate and to re-use my child's image, name, voice or likeness as the licensed parties may elect now and in the future.
2. I agree that all photographs of my child used and taken by the licensed parties and any statement attributed to me are owned by them and that they may register copyright in all material containing same. If I should receive any print, negative or copy thereof, I shall not authorize its use by anyone else.
3. I agree that no advertisement or other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait or likeness.
4. I warrant and represent that this license does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize the use of my name, picture, portrait, likeness or testimonial statement in connection with the advertising or promotion of any product or service competitive to or incompatible with the Wellness Center Marketing Campaign.
5. Nothing herein will constitute any obligation on the licensed parties to make any use of any of the rights set forth herein.
6. I further agree that the licensed parties will have the right to attribute to my child statements contained in the University's and its affiliates' television and all other media advertising.

Term of Use: Unlimited usage in time & regional location including TV, Print, Internet and all advertising media.

☐ I only allow my child's image to be used inside the Fitness Center, but not on Camp marketing or websites.

Child's name

Signature

Printed Name

Address

Sunscreen Agreement

We strongly encourage campers to use sunscreen to protect against overexposure to the sun. All sunscreen must be approved by the FDA (Federal Food and Drug Administration).

I allow my child to carry and use FDA approved sunscreen with him/her.

Child's name_____

Parent/ Guardian name_____

Parent/ Guardian signature_____

Date_____

I allow a camp counselor to assist with the application of sunscreen, when my child is unable to apply (or needs assistance with) an FDA approved sunscreen.

Child's name_____

Parent/ Guardian name_____

Parent/ Guardian signature_____

Date_____

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

Child's name _____ Age _____ Gender _____

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 _____

Print Parent Name _____ Phone Number _____

Early Drop Off Form

- I will need early drop off for my child _____ for the week(s) listed:
- I understand that the charge for early drop off is \$2 per day and that I must choose early drop off for every day that my child is attending during the specified week.

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

Parent/ Guardian name_____

Parent/ Guardian signature_____

Date_____