

URMC Fitness & Wellness Center

FUN FITNESS CAMP

Dates: February 15-19, 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 8:15 AM. Children must be picked up by 5:10 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 (Not required if child attended summer 2014 camp)

Cost: \$155 per week/ \$32.50 per day. There is also a one-time registration fee: \$2.00 by 1/30, \$5.00 after 2/1.

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 Monday February 8th. 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
Lee Ann Fahy - Phone: 275-1441

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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_____

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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_____