

# URMC Fitness & Wellness Center

## FUN FITNESS CAMP 2015

**Dates:** Monday June 29 through Friday August 28, 2015.

We also hope to run camp on Thursday June 25 & Friday June 26 (with enough interest).

**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 and in the Facilities hallway.

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

**Time:** 8:00 AM - 5:15 PM

Children can be dropped off after 8:00 AM. Children must be picked up by 5:15 PM. We strongly encourage you to be prompt. Supervision is not available after 5:15 PM. Additional charges will be incurred after 5:15 at the rate of \$0.50/minute. Children must be signed in and out of camp each day.

**Early drop off:** For those parents that need to be to work at 8:00am, we will offer an early drop off beginning at 7:45am for \$2 per day. The early drop off must be arranged and paid for in advance, so that we have a counselor on staff. Any child arriving before 8:00am will count as an "early drop off". (See early drop off form).

**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 (G-5680 or BOX 309). 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 the following:

1. Registration form
2. Registration fee
3. Parental Consent form and Talent Release Form
4. Medical and Health History form (this can be submitted after the registration form, but before camp)

**Cost:** \$157.00 per week or \$32.50 per day - plus \$14.00 additional for all field trips (highlighted on the calendar), except for the Seabreeze trip - which is \$24 extra.

*\*Cost for the 1st whole week (6/29-7/2) will be \$126.00. There will not be camp held on Friday 7/3.*

**One-time registration fee:** \$3.00 by 5/23, \$6.00 after 5/23, \$12.00 if received within 3 business days of attending.

**Family discount:** 10% off camp fees (not including field trip fees) for each additional child.

**Payment:** Checks may be made payable to the "UNIVERSITY OF ROCHESTER". Cash or Visa/MasterCard payment is also accepted. Payment is required on the Friday prior to the first day of each camp week. 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 with beverage (the camp provides refrigeration for lunches)
- 2.) Swimsuit and towel (for those swimming)
- 3.) Sunscreen (required)
- 4.) Hat/ Jacket (depending on the weather)
- 5.) Water bottle
- 6.) Sneakers (Crocs, clogs or sandals are not acceptable footwear for the activities)

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

**Contact:** Heather Van Orden, Manager, Camp Coordinator: 275-2706/ Reception desk: 275-2437

## **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. These trips include: Genesee Valley Park, Adventure Landing, Seabreeze, Seneca Park Zoo, Frontier Field, RMSC, Horizon Fun FX, Ontario Beach, Bowl-a Roll 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 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 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, I will call 275-2437
- 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 5:15 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** \_\_\_\_\_

**URMC Fitness & Wellness Center**  
**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**\_\_\_\_\_



## 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**\_\_\_\_\_

## **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**\_\_\_\_\_