

# 2020 SUMMER DAY CAMP REGISTRATION FORM

Child's Name (last, first)  Date of Birth  Age (as of 9/30/20)

Address  City/State/Zip

Parent/Guardian 1 (last, first)  Relation to Child

Cell Phone  Work Phone  Email

Parent/Guardian 2 (last, first)  Relation to Child

Cell Phone  Work Phone  Email

Payment Method  Credit Card #

Expiration Date (mm/yy)  CVC Code  Name on Card

**Please select all sessions/weeks that your child will attend**

**The \$45 non-refundable registration fee per camper, reserves spot in camp and includes one camp t-shirt.**

- Session 1: June 1 - June 26 **Week** **Dates**
  - Session 2: July 6 - July 31
  - 2 consecutive weeks
  - Weekly (non-consecutive)
  - After Camp Care
- |       |                      |
|-------|----------------------|
| Weeks | <input type="text"/> |
| Weeks | <input type="text"/> |
| Weeks | <input type="text"/> |

Camp Session Fees				Other Fees	
# of Campers	Full Session	2 weeks	1 week	Registration Fee	\$45
1	\$725	\$450	\$300	Late Fee	\$25
2	\$1,410	\$860	\$560	After Camp Care (3:30-5:30)	Weekly \$35 Daily \$12
3	\$2,095	\$1,270	\$820	Extra T-shirt	\$10
4	\$2,780	\$1,680	\$1,080		

*Please note that there is no camp during the week of June 29-July 3.*

**All fees MUST be paid in full BEFORE the camp session/week begins.**

Payment Deadlines: Session 1 Friday, May 29 and Session 2 Friday, July 3

Do you have multiple children in camp?  Please list siblings:

### Consent & Medical Release Form

In consideration of my child participating in the UNO Summer Day Camp, I on behalf of myself, heirs, legatees, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless UNO and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage of whatever nature or cause, incurred by me (or my child's) participation in the aforementioned activity. In addition, if I am unable to be reached I hereby give authority to UNO Staff to provide any medical assistance deemed necessary during the time my child is at camp. I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent and Medical Release.

*Please type your name below to confirm you have read and understand the Consent & Medical Release Form.*

Parent/Guardian Signature

**Please list the name and phone number to whom UNO is authorized to release child (if other than parent/guardian).  
A photo ID is required for pick up.**

Name (last, first)  Relationship  Phone #

**Name of person who can be reached in case of an emergency if parent/guardian cannot be reached.**

Name (last, first)  Relationship  Phone #

Physician Name  Address  Office #

Medical Insurance Coverage and #

Hospital Clinic Card #  Medicaid #  Medicare #

Does your child have:  ADD/ADHD  Diabetes  High BP  Hearing Aid  Sickle Cell Anemia  Glasses

Allergies to:

Physical Impairments:

Other:

List and describe any major illnesses/injuries that we should be aware of.

List any medications that your child is currently on:

List any special attention requirements that your child has:

**NOTE: Please do not bring your child to camp if he/she is ill. Children who have a fever or are taking medication should remain at home. No medication can be administered by the staff.**

### Camper Code of Conduct

**In order to maintain a safe and peaceful environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct. I will follow the camp schedule. I will respect the Directors, Counselors, and other campers by not using foul language, name calling, or fighting. I will follow all safety rules set forth by the camp staff. I agree to explain and help to explain to my child this code of conduct.**

Camp administrators reserve the right to dismiss any camper due to inappropriate behavior. NO REFUNDS for dismissed camper.

By typing your name you confirm that all information on this application is correct and understand the code of conduct.

Please click "submit by e-mail" to submit form.

### Contact Information

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