



2017 SUMMER DAY CAMP REGISTRATION FORM

Please type or print clearly **ALL CAMPERS MUST MEET AGE REQUIREMENTS OF 5-11 YEARS OF AGE!**

Child's Name: Last	First	Middle Initial	Preferred Name
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Date of Birth (mm/dd/yyyy)	Age (as of 9/30/17)	T-shirt size (circle one) Youth Lg Youth XLg	Youth XS Adult Sm	Youth Sm Adult Med	Youth Med Adult Lg
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Address (Street Name and Number)	Apt #	City	State	Zip
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Parent/Guardian 1: Last	First	Email Address:
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Home Phone ()	Cell Phone ()	Work Phone ()
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Parent/Guardian 2: Last	First	Email Address:
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Home Phone ()	Cell Phone ()	Work Phone ()
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Payment Method: (circle one)	Cash	Money Order	Visa	Master Card	Discover	Am Ex
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Credit Card #:	CVC Code: (3-digits on back)	Expiration Date (mm/yy)
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Cardholder's Signature:

Please check all sessions/weeks that your child will attend.

The \$40 non-refundable registration fee per camper, reserves spot in camp and includes one camp t-shirt. *Please note that there is no camp during the week of July 3rd - July 7th*. All fees MUST be paid in full BEFORE the camp session/week begins.

Payment Deadlines: Session I - Friday, June 3rd; Session II - Friday, July 8th

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|---|-------------|--------------------|
| <input type="checkbox"/> SESSION I: June 5 -June 30 | Week | Dates |
| <input type="checkbox"/> SESSION II: July 10 - August 4 | 1 | June 5 - June 9 |
| <input type="checkbox"/> 2 Consecutive Weeks | 2 | June 12 - June 16 |
| Weeks: _____ | 3 | June 19 - June 23 |
| <input type="checkbox"/> Weekly (non-consecutive) | 4 | June 26 - June 30 |
| Week: _____ | 5 | July 10 - July 14 |
| <input type="checkbox"/> After Camp Care | 6 | July 17 - July 21 |
| Weeks: _____ | 7 | July 24 - July 28 |
| | 8 | July 31 - August 4 |

Camp Session Fees			
No. of campers	Full Session	2 weeks	1 week
1	\$675	\$400	\$250
2	\$1,310	\$760	\$460
3	\$1,935	\$1,110	\$660
4	\$2,560	\$1,460	\$860

Other Fees	
Registration Fee	\$40 per camper.
Late Fee	\$25 per camper.
After Camp Care (3:30pm - 5:30pm)	Weekly - \$30 per camper Daily - \$10 per camper
Extra t-shirt	\$10

Multiple child discount available.

Do you have multiple children attending camp: Yes No If so, please list sibling's: _____

OFFICE USE ONLY: Date reg. fee received _____ Initials _____ BC# _____ on file

Parent/Guardian Photo ID Copied _____ Initials _____ T-Shirt received _____

Age group: Boys / Girls: 5 / 6-7 / 8-9 / 10-11

Date: _____ **Total due:** _____ **Paid today:** _____ **Remaining Balance:** _____

Notes:



2017 SUMMER DAY CAMP

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.

Parent/Guardian Signature

Name and relationship of person to whom UNO is authorized to release child (if other than above). A photo ID is required to pick up camper.			
Name: Last	First	Relationship	Phone ()
Name and relationship of person who can be reached in case of emergency if parents/guardians cannot be reached.			
Name: Last	First	Relationship	Phone ()
Physicians Name	Address		Office Number
Medical Insurance Coverage and Number (if applicable)			
		Medicaid #	Medicare #
Hospital Clinic Card Number (if applicable)			
Does your child have: (check all that apply)			
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Glasses			
Allergies to: (bites/stings/food/etc..)			
Physical impairments, explain:			
Other, explain:			
List and describe any major illnesses/injuries that we should be aware of. (Please attach additional sheets if necessary)			
List any medications that your child is currently on. (Please attach additional sheets if necessary)			
List any special attention requirements that your child has. (Please attach additional sheets if necessary)			
NOTE: Please do not bring your child to camp if he/she is ill. Children who have 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 camp 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 counselors, directors, 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 help my child abide by this code of conduct. Camp Administrators reserve the right to dismiss any camper due to inappropriate behavior. NO REFUNDS for dismissed campers.

Parent/Guardian Signature

Date:

Camper Signature

Date:

Please return form to the UNO Recreation & Fitness Center, email to kthibode@uno.edu, or fax 504-280-6440.