

University of Mississippi Department of Campus Recreation

2022 Summer Youth Camp

Camper Registration Form

Please complete the following document for each camper you will be registering for the 2022 Campus Recreation Summer Youth Camp and email completed forms to campusreccamps@olemiss.edu.

Camper Information

First Name: _____ MI: _____ Last Name: _____ Gender: _____
 Preferred Name: _____ Date of Birth: _____ Age: _____
 Address: _____ City: _____ Zip Code: _____ State: _____

Camp Selection

Please place a check mark in the box(es) beside the session(s) for which you are registering your camper. Campers will be split into 2 different age groups, 6-9 years old or 9-12 years old, in order to provide age-appropriate instruction and activity opportunities. Parents/guardians registering a camper that is 9 years old will have the opportunity to self-select which age group would best suit their camper's needs. If you have any questions, please email campusreccamps@olemiss.edu.

Session/Dates	Campus Recreation Member Rate (\$165)	Non-Member Rate (\$190)
Session 1: June 13th – 17th, 2022 8:00AM-12:00PM <i>Registration closes May 30, 2022 at 11:59PM</i>	<input type="checkbox"/> 6-9 Age Group <input type="checkbox"/> 9-12 Age Group	<input type="checkbox"/> 6-9 Age Group <input type="checkbox"/> 9-12 Age Group
Session 2: June 20th – 24th, 2022 8:00AM-12:00PM <i>Registration closes June 6, 2022 at 11:59PM</i>	<input type="checkbox"/> 6-9 Age Group <input type="checkbox"/> 9-12 Age Group	<input type="checkbox"/> 6-9 Age Group <input type="checkbox"/> 9-12 Age Group

If you have not done so already, please submit payment for camp [HERE](#). Registration for camp is not complete until both payment and registration packet are received and confirmed.

Parent/Guardian Information

Parent/Guardian Section 1:

Parent/Guardian Name: _____
 Relationship to Camper: _____ Preferred Day Time Phone Number: _____
 Address: _____ City: _____ Zip Code: _____ State: _____
 Email Address: _____ Campus Recreation ID Number (if applicable): _____

Parent/Guardian Section 2:

Parent/Guardian Name: _____
 Relationship to Camper: _____ Preferred Day Time Phone Number: _____
 Address: _____ City: _____ Zip Code: _____ State: _____
 Email Address: _____ Campus Recreation ID Number (if applicable): _____

T-Shirt Order

One t-shirt will be provided to each camper as part of the registration cost. Preferred shirt size is only guaranteed for registrations received before May 23, 2022. Campers should plan to wear this shirt on the last day of camp (Friday). Additional shirts can be purchased for \$15 during online registration in order to wear during additional days of camp.

Summer Medical Form

The information on this form is required of campers; it is gathered to assist us in identifying appropriate care. In the event of an emergency, this form will be provided to the appropriate emergency personnel. Any changes to this form should be provided to the camp staff upon participant's arrival to camp (or earlier). All information should be that of the camper's, not the parent/guardian's unless explicitly asked for.

Camper's information

First Name: _____ MI: _____ Last Name: _____ Gender: _____
Preferred Name: _____ Date of Birth: _____ Age: _____

Emergency Contact (Other than the two primary parents/guardians listed in the parent/guardian information section above)

In the case of emergency, illness, or accident to the child; the University of Mississippi Campus Recreation Staff is authorized to contact the following:

Contact #1

Full Name: _____ Relationship to Camper: _____
Preferred Phone Number: _____

Contact #2

Full Name: _____ Relationship to Camper: _____
Preferred Phone Number: _____

Insurance Information

Please select one of the following:

- This camper is covered by Medical Insurance
 This camper is NOT covered by Medical Insurance (COMPLETE Waiver of Health Insurance Form)

Insurance Company: _____ Insurance Company Phone Number: _____
Member/Policy Holder's Name _____ Member ID #: _____

Waiver of Health Insurance

I, the custodial parent/guardian of the listed child, acknowledge that I am fully responsible for all costs incurred in the event that my child requires medical attention. I understand the Department of Campus Recreation at the University of Mississippi will take the necessary steps to ensure that my child received necessary medical care. I hereby hold the Department of Campus Recreation, the University of Mississippi, and its representatives harmless in the exercise of this authority.

Parent of Legal Guardian Signature

**Please enter your name to sign this form*

Date

Allergies

This child has no known allergies

This child has allergies and/or dietary restrictions (please fill out the information below)

List all known allergies – describe reaction and management of the reaction.

- Medication Allergies & Reactions:

- Food Allergies/Dietary Restrictions & Reactions:

- Other Allergies & Reactions:

Does your child require administration of any prescribed medication in the event of an allergic reaction? (If yes, please fill out the Medical Authorization Form accordingly)

Yes No

Does your child require the administration of any prescribed medication in the event of any other type of emergency? (If yes, please fill out the Medical Authorization Form accordingly)

Yes No

Medications Being Taken

This child takes NO medication on a routine basis

This student takes medication(s) (**complete chart below**):

Medication Name and Strength	Dosage	Time(s) Taken Each Day	Reason(s) for Taking

I, the custodial parent/guardian of the listed child, give permission for the participant to take the above listed medication(s) as directed on the packaging. I also understand that the University of Mississippi Department of Campus Recreation, its staff, or other representatives cannot administer any medication to participants (including over the counter medications such as Tylenol or Advil). Participants should be able to self-medicate, or parents should make the proper arrangements. Additionally, our office will not assume responsibility for holding medications.

Signature of Parent/Legal Guardian

Date

**Please enter your name to sign this form*

Child's Medical Conditions and Physical Activity Restrictions

This child is NOT being treated for a medical condition and/or does not have a physical activity restriction

This child is being treated for a medical condition(s) and/or has physical activity restrictions (fill out chart below):

Medical Condition(s)	
Physical Restriction(s)	



Informed Consent, Waiver, and Release of Liability

I consent to participate in the above University of Mississippi Summer Camp, Conference, or Program, identified above. I understand and acknowledge that there are inherent risks in participating in the Summer Program that can result in losses, damages, injury or death. These risks may include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, strains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I knowingly and voluntarily assume any and all risks associated with the Summer Program, wherever such participation may occur, including Participant's transit to and/or from the Summer Program.

In consideration my participation in the Summer Program, I knowingly, voluntarily and forever waive, release, and discharge the University of Mississippi from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that either I may incur. I agree to indemnify, hold harmless and covenant not to sue the University of Mississippi for any claims, damages, personal injury, illness, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees or any other losses or claims of any kind arising out of my involvement with or participation in the Summer Program.

I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding participation before I engage in any Summer Program activity. I represent and warrant that I am physically and/or mentally able to participate in the Summer Program and no physician or other health care provider has advised me otherwise. I am not aware of any health condition or impairment that would prohibit or otherwise limit my participation. In the event of an illness or injury, I hereby authorize the University of Mississippi to either administer or secure any and all medical treatment necessary or appropriate and to arrange transportation for such treatment, if necessary. I understand and agree that I am financially responsible for all medical or other expenses incurred because an illness or injury. I agree to indemnify and hold harmless the University of Mississippi for any fees imposed by any physician, hospital, ambulance service or other health care provider. I also agree to release, hold harmless, and forever covenant not to sue the University of Mississippi for any injury arising out of medical treatment or the administration of medication that I receive.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST THE UNIVERSITY OF MISSISSIPPI. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OR LIABILITY IS BINDING UPON ME, AND MY RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND ANY OTHER PERSONS WHO PURPORTS TO ACT ON OUR BEHALF.

Signature of Parent/Legal Guardian

**Please enter your name to sign this form*

Date



Covid-19 Compliance, Liability Waiver, and Assumption of the Risk Addendum

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

I understand that in accordance with current Center for Disease Control guidance, it is highly recommended that all persons continue to wear face masks when social distancing is not possible indoors, and that getting vaccinated is strongly encouraged. I agree that if I am exhibiting symptoms or if, to my knowledge, I have been in contact with anyone diagnosed with COVID-19 or is exhibiting symptoms of respiratory illness, loss of taste or smell, a fever of 100.4°F or higher, or signs of a fever within the last 14 days, I will not participate in the University of Mississippi Summer Program ("Summer Program").

By signing up to attend the Summer Program, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure in a social setting to those who may be infected with COVID-19. I knowingly and voluntarily assume the risk that I may be exposed to or infected with COVID-19 by participating in the Summer Program. I knowingly and voluntarily waive and release the University of Mississippi from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by me and arising out of my participation in the Summer Program. I agree to indemnify, hold harmless, and covenant not to sue the University of Mississippi for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees, or any other loss of any kind.

I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with participating in the Summer Program, and to make an informed assumption of those risks. Aware of the foregoing, I am knowingly and voluntarily participating in the Summer Program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. THIS AGREEMENT SHALL BE BINDING UPON ME AND MY HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF THE UNIVERSITY AND THEIR SUCCESSORS AND ASSIGNS.

My signature below indicates that I have read and understand the above statements and intend to be bound legally by its terms.

Camper's Name

Signature of Parent/Legal Guardian
**Please enter your name to sign this form*

Relationship to Camper

Date



Minor Photo Release

I understand that the Department of Campus Recreation may use participant's name, image, voice, or likeness in still photograph and audio or video recording content at its sole discretion for its educational and promotional or marketing purposes in all forms of media, including social media. I understand that I have no edit, inspection, or approval rights. I release, hold harmless, and covenant not to sue the University of Mississippi Department of Campus Recreation for any claims that may arise out of the use of my name, image, voice, or likeness including but not limited to, any claims for defamation, invasion of privacy, or copyright infringement.

I AUTHORIZE the Department of Campus Recreation to capture my child's name, image, voice or likeness in still photograph and audio or video recording.

I DO NOT AUTHORIZE the Department of Campus Recreation to capture my child's name, image, voice, or likeness in still photograph and audio or video recording.

Camper's Name

Signature of Parent/Legal Guardian

**Please enter your name to sign this form*

Date

Aquatics Acknowledgement

Does your child know how to swim?

Yes No

Is your child comfortable participating in aquatic activities without assistance (such as use of flotation devices or assistance from an adult)?

Yes No

If you answered no to either of the previous questions, please answer the following questions:

Would you like for your child to participate in aquatic activities with the use of an approved Coast Guard flotation device provided by the Campus Recreation staff? *If you answered no, your child will not be able to participate in aquatic activities. They will remain on the pool deck under the supervision of the camp staff.*

Yes No

Individuals Authorized for Pick Up

Please list all individuals authorized to pick-up your camper(s). ONLY individuals on this list will be permitted to pick-up campers at the end of the camp session. Campers will not be released to individuals not included on the list. Parents/Guardians are encouraged to list all individuals that may need to pick-up campers. Additional individuals may be added up until the first day of camp, but the parent/guardian will be required to schedule a time to come in and add individuals in person. Emails, phone calls, or verbal additions to the list will not be accepted under any circumstances.

In addition to signing out the camper(s), individuals picking up campers will be required to present staff with their driver's license or picture ID in order for the camper(s) to be released to them. The full drop-off and pick-up guidelines, along with maps, for Campus Recreation Summer Youth Camps will be sent via email following registration.

Please indicate on the lines below all individuals authorized for pick-up including primary parents/guardians, relatives, babysitters, etc.

Name	Relationship to Child	Phone number

By signing below, I have indicated I have read and understand the University of Mississippi Campus Recreation Summer Youth Camp pick-up policy outlined above.

Legal Name of Camper

Signature of Parent/Legal Guardian

Date

**Please enter your name to sign this form*

Parent/Guardian Policy Agreement and Code of Conduct

Please review the Policies below:

- Campers will be outside and active much of the time, your child should wear comfortable, athletic, closed toe shoes (no Crocs, sandals, or flip flops) and casual outfits that are appropriate for outdoor play. We want our campers to be cool and comfortable while participating in outdoor activities.
- Hydration is key during physical activities. Campers should bring a refillable water bottle with them to camp each day.
- Campers should bring their own sunscreen and bug spray for outdoor activities.
- Campers are expected to follow all rules set by their camp counselor and other Campus Recreation staff members. As rules and expectations will change based on the activity that the students are engaging in, students will be given clear instructions and expectations before and during each activity.
- Parents, Guardians, and Campers are to follow all pick-up and drop-off guidelines. This includes but is not limited to picking up and dropping off campers during the designated times. If this policy is not followed, parents/guardians will be charged a late fee of \$15 for the first 10 minutes. The \$15 will be charged whether you are late 1 minute or up to 10 minutes. After the first 10 minutes, the charge is an additional \$15 for each additional 10 minutes. We ask that parents/guardians be courteous of the fact that camp staff are on a work schedule that ends at 12:30pm each day of camp. Late fees must be paid by drop off time the following day or the camper will not be permitted attend camp.
- If a camper repeatedly refuses to follow directives from camp staff and therefore hinders the experience and safety of themselves and/or other students, they will be referred to the program director. Referral to the director the first time will result in a parent conference with the director. Referral to the director a second time will result in dismissal from the remainder of the week. Please note that all fees are non-refundable if a student is dismissed based on disruptive behavior.
- Note that excessive or severe disrupted behavior is not tolerated and will be grounds for immediate dismissal from the program. This may include violent conduct, bad language, bullying, disrespect, fighting, hitting, spitting, biting, or any conduct that violates the University of Mississippi Creed.

___ I certify that I have read, understand, and agree to the rules and guidelines outlined above and understand that if I or my child violates said rules and guidelines, the Department of Campus Recreation has the right to remove the child from the Summer Youth Camp.

Parent of Legal Guardian Signature

Date

**Please enter your name to sign this form*
