

# SUMMER 2018 CAMP ENROLLMENT FORM

## CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Child's Last Name	First Name							
Birthdate / /	<input type="radio"/> Male <input type="radio"/> Female	Child's T-Shirt Size (circle one)	YS	YM	YL	AS	AM	AL
School Child Attends	Grade (Fall 2018)	Age						

## PARENT/GUARDIAN INFORMATION (PLEASE PRINT CLEARLY)

Parent/Guardian Name	E-mail			
Affiliation (Check one)	<input type="radio"/> CSU Student	<input type="radio"/> Faculty/Staff	<input type="radio"/> CRS Member	<input type="radio"/> Community (Non-Affiliate)
Address	City			
State	Zip	Cell Phone	Work Phone	

Parent/Guardian Name	E-mail			
Affiliation (Check one)	<input type="radio"/> CSU Student	<input type="radio"/> Faculty/Staff	<input type="radio"/> CRS Member	<input type="radio"/> Community (Non-Affiliate)
Address	City			
State	Zip	Cell Phone	Work Phone	

### EMERGENCY CONTACT (other than parents/guardians)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Person(s) authorized to pick child up from camp other than parent/guardian:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## AGREEMENT REGARDING CAMP REGISTRATION, PARENT HANDBOOK, DISCIPLINE POLICY

This Camp is a tuition for service program based on confirmed enrollments and secured deposits. A \$40 per session non-refundable and non-transferable deposit is required. Applications will be accepted on a first come, first serve basis. I understand my deposit will hold the reservation for each session. The balance in full must be received before the child will be allowed to attend camp. If full payment is not received by this time, my reservation(s) will be canceled. Note: deposits are non-transferable to other sessions and are non-refundable. Each camp will have a limited number of camper spaces available. I understand no refunds will be made. Returned checks or charges will be assessed a \$25 fee.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Guardian—your signature indicates compliance with payment regulations.*

## HOLD HARMLESS AGREEMENT AND RELEASE

I, \_\_\_\_\_, the undersigned, am the parent, legal guardian with the authority to execute this Agreement and Release on behalf of \_\_\_\_\_, who makes the following declarations: I am registered to participate in the following activity: Summer Camp, offered by Campus Recreation Services, Cleveland State University. The activity will take place on June 4, 2018 - August 10, 2018 at the Recreation Center and Cleveland State University owned property.

I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity(ies) supervisors, and/or coordinators and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with CSU.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs are strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to hold the supervisor(s) and coordinator(s) of this activity, Cleveland State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity(ies), even if due to the negligence of Cleveland State University or any person serving in the above-identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

Participant Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Participant Address: \_\_\_\_\_ Witness Address: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent/guardian authorized on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Cleveland State University, its agents, officers and employees against any action brought against CSU by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

## ACKNOWLEDGEMENTS

1. **Parent/Guardian Authorization:** My son/daughter is in good health and can participate in the activities of Cleveland State University, Campus Recreation Services Summer Camp.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. I acknowledge that Cleveland State University Campus Recreation Services may take photos and/or video footage of Day or Summer Camps that may include my child. I agree that these photos may only be used by Cleveland State University Campus Recreation Services in connection to Day or Summer Camp programming, including for example such purposes of camp activities, camp communications, advertising and marketing.

\_\_\_\_ I hereby **agree** to allow photographs to be taken of my child(ren)

\_\_\_\_ I hereby **disagree** to allow photos to be taken of my child(ren)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Campus Recreation Services reserves the right to dismiss any participant whose behavior is disruptive to the program. Disruptive behavior is described but not limited to conduct that prevents the execution of activities or endangers program participants and/or staff.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **Transportation Waiver:** I hereby grant the Summer Camp Staff permission to transport my child by commercial vehicle and/or leased private vehicle and/or private vehicle and/or by foot to locations (i.e. Fenn Tower, Viking Hall, and Krenzler Field) where additional camp activities may be held or in the event of a medical emergency.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_