

SUMMER 2017 CAMP ENROLLMENT FORM

PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

Child's Last Name: _____ First: _____
Birthdate: ____/____/____ Age: _____ Gender: Male _____ Female _____ Grade entering Fall 2017: _____
School child attends: _____ Child's T-shirt Size: YS YM YL AS AM AL
Parent/Guardian Name(s): _____
Affiliation: CSU Student _____ Faculty/Staff _____ CRS Member _____ Community (Non-Affiliate) _____
Address: _____ City: _____
State: _____ Zip Code: _____ Cell Phone 1: () _____ Cell Phone 2: () _____
Work Phone 1: () _____ Work Phone 2: () _____ Home Phone: () _____
E-mail 1: _____ E-mail 2: _____

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: () _____
3. Name: _____ Relationship: _____ Phone: () _____

SESSION ENROLLMENT INFORMATION

Full payment and all forms must be received by the Wednesday before the start of the selected weeks. Any registrations or full payments accepted after Wednesday will be assessed a \$10 late fee. Enrollment fees include a camp T-shirt. Price per additional child(s) will be discounted to \$130/\$150 per week.

Week	Dates	Affiliate	Non-Affiliate	Fit & Fun (Before)	Stay and Play (After)	Swim Lessons	LIT? Ages 12-14	Deposit Paid	\$5 Discount	Balance Due
1	June 5- June 9: Wild Safari Week	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
2	June 12-16: Disney & Superheroes	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
3	June 19-June 23: Race to Space	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
4	June 26- June 30: Books & Board Games Bonanza	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
5	July 5- July 7: CSU Olympics	__\$85	__\$95	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
6	July 10- July 14: A Week at the Carnival	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
7	July 17- July 21: Candy, Costumes, Halloween	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
8	July 24-July 28: Surf & Sand	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
9	July 31-August 4: Wacky Week	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____
10	August 7- August 11: Campers Got Talent	__\$135	__\$155	__\$15	__\$15	__\$30	__Yes	\$_____	- \$_____	\$_____

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.



Campus Recreation
Services

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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 5, 2017 - August 11, 2017 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: _____



PERMISSION FORM

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. **Photographs/Video Release:** I hereby permit Campus Recreation Services at Cleveland State University to publish photographs and/or videotapes for the purpose of promoting programs, which include the above named child. I hereby release all right, title, and interest I may have in said photograph/video.

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

_____ I hereby **disagree** to allow photographs 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: _____

I certify as the parent or guardian of the above named child that together we have reviewed all regulations in 1, 2, 3, and 4 pertaining to Campus Recreation Services Summer Camp and understand that failure to abide by these regulations will result in immediate dismissal from the program without a refund.

Parent/Guardian signature: _____ Date: _____

-FOR OFFICE USE ONLY-

METHOD OF PAYMENT

Date Received: _____ Received By: _____ Amount Paid: _____ Balance: _____

CASH _____ CHECK (made payable to Cleveland State University) _____ MASTERCARD _____ VISA _____ PAYMENT PLAN _____



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