

**Vanderbilt University - Office of Campus Recreation
YOUTH PROGRAM REGISTRATION FORM
Registration begins Monday, March 31, 2008**

Please complete a separate registration form for each child. Return all 4 pages of completed form and deposit to:
Vanderbilt University, Office of Campus Recreation, ATTN: CampVandy Box 356033 Station B, Nashville, TN 37235
PLEASE MAKE CHECKS PAYABLE TO VANDERBILT UNIVERSITY.

Please note and initial the following information: Required Initial _____

The weekly deposit(s) \$25 non-refundable non-transferable, 140 maximum for camp registrants, and meal deals have been discontinued. **** This deposit goes towards the weekly fee****

Please check: CampVandy - Vanderbilt employee \$125 per week _____ Community \$135 per week _____

Circle Session(s) reference brochure or website for dates:

CampVandy	A	B	C	D	E	F	G	H	I	J
Early Care (7:00-8:45 am) \$25/ week	A	B	C	D	E	F	G	H	I	J
After Care (4:00 -6:00 pm) \$25/ week	A	B	C	D	E	F	G	H	I	J

Please Print

CHILD'S NAME: _____ (circle one) Male or Female

ADDRESS: _____

CITY _____ STATE _____ Zip Code _____

AGE: _____ Date Of Birth: _____ LAST GRADE COMPLETED IN SCHOOL: _____

Can your child swim? YES NO A swim test is given every Monday of every a new week. Children that cannot swim are only allowed in the shallow end under close supervision.

T-Shirt:

Circle One Youth Size or Adult Size small **Size: Circle One** medium large x-large

PARENT(S) OR GUARDIAN INFORMATION:

NAME: _____ RELATIONSHIP: _____

PHONE:(H) _____ PHONE:(W) _____ CELL/PGR#: _____

E-Mail Address: _____

NAME: _____ RELATIONSHIP: _____

PHONE:(H) _____ PHONE:(W) _____ CELL/PGR#: _____

E-Mail Address: _____

HEALTH INFORMATION: LIST ANY PHYSICAL CONDITIONS COUNSELORS SHOULD BE AWARE OF: (i.e., asthma, allergies, diabetes, epilepsy, medications, etc.):

IN CASE OF EMERGENCY: OTHER THAN PARENT(S)

NAME: _____ RELATIONSHIP: _____

PHONE: (H) _____ PHONE: (W) _____ CELL/PGR#: _____

NAME: _____ RELATIONSHIP: _____

PHONE: (H) _____ PHONE: (W) _____ CELL/PGR#: _____

AUTHORIZATION OF PICK-UP

I hereby authorize the following people to pick up my child(ren) from the CampVandy Program:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature _____ Date _____

CampVandy Activity Standards
(Please Read Below- Signature Is Required)

CampVandy provides a great opportunity for children 5-12 years of age to participate in various physical activities for example: rock climbing and swimming. If you choose to allow your child to attend CampVandy, it is your responsibility to provide the necessary help if your child requires special attention to function successfully in this setting, such as following directions and abiding CampVandy Counselors and rules.

You must provide information and or assistance on the following areas: communication, behavioral programs and appropriate response, particular needs for sensory information (touch, hearing, movement sight) (toileting, feeding, etc). If your child requires 1:1 assistance to participate, it is your responsibility to provide an aide. **Parents will be required to come and get any camper immediately who becomes unruly or unmanageable for our staff.**

Date _____

(Signature of Parent/Guardian)

RELEASE FROM LIABILITY BY PARENT/GUARDIAN

I / We, the parent(s) and or guardian(s) of the **child**, _____, being, _____ **years of age**, hereby give permission for the minor child to attend the **CampVandy Day Camp**, hereby now referred to as Program, at the Vanderbilt University Student Recreation Center and any on or off campus field trips offered as a part of that Program. We understand and agree that trips may involve transportation by van or walking. We further recognize and understand that the child will be voluntarily participating in activities which may expose the child to some level of risk or injury and we represent that we are aware of the nature of these activities. We acknowledge that the minor child will be participating at his/her own risk and we voluntarily assume full responsibility for that risk.

I/We represent that the minor child is in good physical health and that unless we have notified Vanderbilt University in writing that the minor child is unable to participate in an activity due to some physical or mental consideration, the child will be allowed to participate in all activities of the Program.

Furthermore, in consideration of Vanderbilt University allowing the minor child to attend the Program from _____ to _____, 2008, and attend any field trips which are offered as a part of the Program. I / We agree to pay the fee of \$_____ per child plus any additional fees which may be applicable and hereby do release and hold harmless Vanderbilt University and its trustees, agents, officers, servants, and employees against loss (including reasonable attorneys' fees) from any and all claims, or causes or action of any kind or nature that may be brought by or on behalf of the said minor child or by us arising out of any and all known or unknown foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my minor child or by us arising out of or in connection with the activities of the Program except such liability as may result from gross negligence on the part of Vanderbilt University. Furthermore, we agree to indemnify Vanderbilt University for any loss of damage to the premises, facility, or equipment of the Student Recreation Center caused by our minor child. Such indemnification shall include costs and expenses incurred by Vanderbilt University, including reasonable attorneys' fees.

If the minor child should suffer an injury or illness while at the Program, we authorize the employees of Vanderbilt University to use their discretion to transport or to have our minor child transported to a medical facility and hereby give consent in my/our absence to have the minor child treated at any medical facility. I/We take full responsibility for that action.

I/We have read the foregoing release and understand that I am/We are voluntarily signing a complete release and bar to any claims as defined above.

Date

Signature of Parent/Guardian

Relationship to Minor Child

Summer 2008 CampVandy

Welcome to CampVandy 2008 please note and initial all of the following information. Please include this form with all registration materials.

Child's Name _____

Initials Required

Arrival/Departure

_____ Before care is 7am–8:30am, if not enrolled in before care, please do not bring your child(ren) before 8:30am. The only exception is first day of camp registration each week.

_____ Dismissal begins at 3:45pm-4:15pm. From 3:45pm–4pm your child will be located on the pool patio. After 4:15pm children will be located on gym court #1 or in the classroom upstairs.

_____ After care is 4:15pm – 6pm, if not enrolled in after care, please pick up your child(ren) between 4pm and 4:15pm. Children not picked up after 4:15pm and not signed up for after care will be assessed the \$5 late care fee per day.

_____ For safety purposes, please make sure your authorization for pick-up (located on registration form) is up to date.

_____ **FOR YOUR CHILD(RENS) PROTECTION:** CampVandy will issue three (3) key fobs on the first day of the first week your child attends camp. If you sign up for multiple weeks, you will only receive three key fobs for the entire summer. You must present your key fob upon arrival of picking up your child(ren). Anyone attempting to pick up your child(ren) without a key fob will be required to go to the Office of Campus Recreation (located on the 2nd floor) to establish identity.

_____ Camp counselors and OCR staff are not available to walk child(ren) to vehicles at any time.

_____ Children will not be dismissed from CampVandy without parental **written** consent.

Payment

_____ Registration forms are not accepted before March 31, 2008.

_____ The weekly deposit(s) \$25 non-refundable and non-transferable.

_____ The \$25 deposit is a portion of the total weekly fee **and not** in addition to the weekly fee.

_____ Full payment is due each Monday morning upon arrival.

_____ Payment can be made by **cash and/or check** only. Please make checks payable to Vanderbilt University. Credit cards and payroll deduction are not available.

General Information

_____ Signed page 2: CampVandy Activity Standards and release for liability.

_____ Parents are responsible for providing lunch.

_____ CampVandy is **not** responsible for personal items that are stolen, lost or misplaced.

_____ You will receive only **one** complimentary t-shirt during your participation at CampVandy.

_____ No skate shoes are allowed.

_____ Please label your child(ren) clothing, lunch box, etc...

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ROCK WALL LIABILITY FORM

The Vanderbilt University (“Vanderbilt”) offers recreational opportunities to and for the benefit of its students, staff, and faculty, including opportunities to participate on a voluntary basis on the Student Recreation Center Climbing Wall.

I, the undersigned, desire to voluntarily participate on the climbing wall during the activities for the Summer of 2008 (hereinafter “activity”). I represent that I am knowledgeable of this activity and the inherent risks of personal injury or property damage to myself and to others that are associated with the activity. Notwithstanding the inherent risks, I wish to assume them by voluntarily participating in this sporting activity and in any travel associated with that activity.

I understand and agree that Vanderbilt accepts no responsibility for my acts or the acts of others while I am participating in or traveling in connection with this activity.

In consideration of Vanderbilt offering this opportunity and allowing me to participate in this activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby release, relieve, discharge, and hold harmless Vanderbilt, its officers, trustees, employees, and representatives, from any and all liability or claim of liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with my participation in this activity or any travel associated with this activity.

By signing below, I acknowledge that I have read and understand the Release of Liability.

IF THE PARTICIPANT IS NOT 18 YEARS OF AGE OR OLDER, THIS RELEASE MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

Parent / Guardian Print Your Name: _____ Date: _____

Parent / Guardian Your Signature: _____

Child’s Name: _____