

**Adventure Day Camp
Mail-In Registration Form**

Campers Name: _____ Camper Age _____

Date of Birth: _____

Please select which group you are registering your child for:

Rangers (ages 5 and 6): _____ Trailblazers (ages 7 and 8): _____

Vikings (ages 9 - 11): _____

Sessions:

June 22 - 26 (Week 1) _____

July 20 - 24 (Week 5) _____

June 29 - July 2 _____

July 27 - 31 (Week 6) _____

July 6 - 10 (Week 3) _____

August 3 - 7 (Week 7) _____

July 13 - 17 (Week 4) _____

What size T-Shirt does your child wear?

Youth Small _____ Youth Medium _____ Youth Large _____

Adult Small _____ Adult Medium _____ Adult Large _____ XL _____

Please indicate how strong a swimmer your child is:

Needs a life-jacket _____ Beginner Swimmer (No jacket, no aids) _____

Swims with aids _____ Intermediate Swimmer (at least Level 3) _____

Advanced (Level 4 or higher) _____

Additional Comments: _____

This form AND the Medical Form below must be completed and mailed to the Summer Camp Office with payment in order for registration to be complete. The Summer Camp Office will contact you to confirm that your payment and registration materials have been received and processed.

Prices for Mail-In Registration:

	Before April 12, 2009	After April 12, 2009
All Groups	\$170.00 (\$145.00 Week 2)	\$190.00 (\$165.00 Week 2)

Mail CHECKS To:

Summer Camp Office
97 Spear Street
Burlington, VT 05405

Credit Card Information:

Type of Card: _____
Card # _____
Exp. Date _____

UNIVERSITY OF VERMONT SPORTS CAMP HEALTH FORM

Please print in ink or type NAME AND DATE OF CAMP _____

This form must be completed in FULL, including signatures of parent or legal guardian, and sent in by May 15 to the UVM Summer Camp Office, Patrick Gymnasium, Burlington, VT 05405
Campers will NOT BE ALLOWED to participate without the completed health and parental release forms.

Camp Name: _____ Date of camp: _____

Camper's Name: _____ Sex: _____ Age: _____
(Last) (First)

Home Address: _____
(Street & Number) (City) (State) (Zip)

Home Phone: () _____ - _____ Height: _____ Weight: _____

Medical History (please check for "yes")

German Measles (Rubella)	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>
Other: _____				Heat Illness	<input type="checkbox"/>

Immunization History

Allergy History

Medication Allergies

	<u>Mo./Yr.</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
MMR	_____	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Sulpha	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	_____	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
Polio Vaccine	_____	Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	other: _____		
Pertussis (Whooping Cough)	_____						

If medication will be taken during camp, indicate name of drug, reason for taking, dosage, and frequency:

Is this individual being treated for any illness or injury at this time? Yes ____ No ____

If yes, please explain _____

Please list any additional, pertinent medical information we should have regarding past injuries, past medical history, or physical limitations relating directly to the participant's ability to participate.

NOTE: If the above-named individual has a history of serious illness or injury (i.e. heart murmur, epilepsy, surgery, etc.), a note signed by a physician clearing the individual for full participation in all camp activities must accompany this form.

I certify the above-named individual is physically fit & able to participate fully in the above-named University of Vermont summer sports camp.

(Signature of Parent or Legal Guardian)

(Date)

**UNIVERSITY OF VERMONT (UVM) SUMMER CAMPS
STUDENT INFORMATION AND RELEASE OF LIABILITY**

Student's/Participant's Complete Name: _____

Address: _____, City _____, Zip _____

Name of Camp _____, Dates Attending _____

Current Age _____, Date of Birth _____, Home Phone () _____

Parent/Guardian Name _____, Home Phone () _____

Parent/Guardian Work Phone () _____, Cell Phone () _____, Beeper _____

Your Insurance Carrier _____, Policy # _____, Policyholder's Name _____

Alternate Emergency Contact:

Name _____ Relationship to Camper: _____

Phones: Daytime: () _____, Cell Phone () _____ Evening: () _____

Name _____ Relationship to Camper: _____

Phones: Daytime: () _____, Cell Phone () _____ Evening: () _____

The following person(s) may pick up my child at the end of the day:

Is your son/daughter allowed to swim? Yes No Please list any swimming restrictions we need to know about?

To the best of my knowledge, my child is in good health and can participate in (name of camp) _____ with or without reasonable accommodation (such accommodation to be noted below). I do not anticipate that my child will have any health problems while participating in camp activities, however, UVM should be aware of the following medical conditions or medications that my child takes:

Accommodation needed: _____

NOTE: If the above-named individual has a history of serious illness or injury (i.e. heart murmur, epilepsy, surgery, etc.), a note signed by a physician clearing the individual for full participation in all camp activities must accompany this form.

Medications taken: _____

I give permission for my child, (name) _____ to participate in (name of camp) _____. I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the University of Vermont, its trustees, officers, employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities. This release, however, is not intended to release the University of Vermont from causes of action arising out of the sole negligence of the University of Vermont, its trustees, officers, employees or agents.

In the event my child becomes ill or injured during camp activities, I authorize UVM staff to seek emergency care. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number. I understand that UVM will does not pay for medical treatment of injured campers and any medical bills, whether emergency or not, will be my financial responsibility.

I also agree to permit the University of Vermont to release pictures regarding my child's participation in camps sponsored by Vermont Athletics.

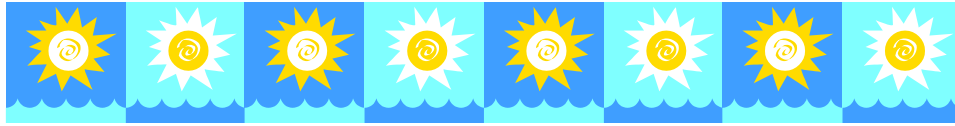
I have read this release of liability and I fully understand its terms.

Parent/Guardian Name (print) _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Please read the parent manual and Open House information located online at <http://www.uvm.edu/~recspts/ADC/>

Adventure Day Camp
AWESOME RULES



Always respect people and property

Winners try all activities

Everyone listens and follows directions

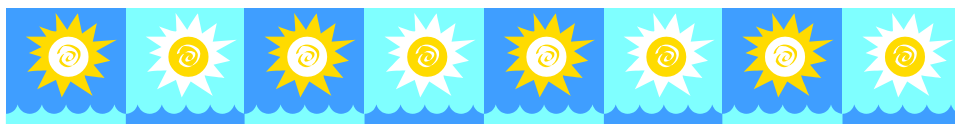
Sportsmanship is #1

Obey the quiet signal

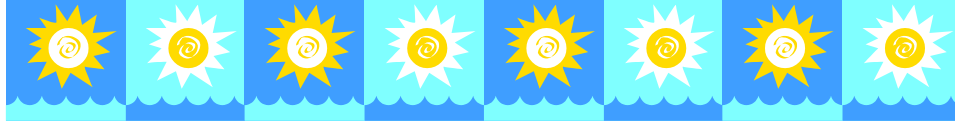
Move and act in a safe manner

Eliminate swear words

Listed above are the general expectations for all campers participating in the 2008 Adventure Day Camp. We will be stressing these expectations with the children throughout the summer, and hope you will review them with your child before they begin camp. These expectations have been developed in order to provide a safe, educational, and enjoyable experience for all campers involved.



Camper Checklist



Camp is a full day's work for the developing child and can be physically taxing on the body, so here are a few things we recommend every camper have while participating in Adventure Day Camp!

- Water Bottle
- Sunscreen
- Bug spray
- Change of clothes (accidents happen!)
- Plastic bag (to put wet clothes/swimwear in once used)
- Sneakers, Sneakers, Sneakers (no open toed shoes allowed)
- Towel
- Swimwear
- Lunch (Pack extra food for Lunchtime, your child will burn an incredible amount of calories during the day! Also it never hurts to put your child's name on their lunch)
- Snack (there is a morning and afternoon snack, please pack extra food and identify the differences between the snack food and lunch food with your child)
- We do not provide refrigeration, so please pack accordingly

Additional Information:

- Backpack that is easy for your child to identify among many others (please have your child's name written clearly on the backpack), and one that will hold all of their items.
- Please note that all electronic devices are prohibited from camp, unless such a device contributes to a club or program activity and is directly supervised by staff. Please do not pack computer games, Discman's, laptops, or any other electronic device that may take away from the physical activity emphasis of camp.
- All campers must be dropped off at camp after 7:45 a.m. and picked up by 5:00p. After 5:00p, we will start billing individuals for the extra care provided, \$1.00 per minute, charged to your ADC Household Account. Thank you.

