

Re: 3/29/23

**SUMMER DAZE CAMP
2023
CAMPER REGISTRATION**



Camper's Name: _____ Age: _____ DOB: _____

Gender: M F Address: _____

Grade Entering Fall 2023 (minimum Grade 1; Max Grade 7): _____

Parent's Information:

Mother or Guardian Name: Preferred Contact: <input type="checkbox"/>	Father or Guardian Name: Preferred Contact: <input type="checkbox"/>
Address:	Address:
Best Contact #:	Best Contact #:
E-Mail:	E-Mail:

I, the parent/guardian of the above-mentioned camper, understand that payment for the session(s) is required in order to guarantee a spot for my child during that session(s). I understand that **NO** refunds will be given after the start of the session. I also understand that camp pick-up ends **PROMPTLY** at 5:30pm and that I **WILL** be subject to additional fees if I fail to pick up my child before 5:30pm. I understand that I **will be charged \$25 per 15 minutes of being late starting at 5:45pm and every 15 minutes thereafter** and may be subject to removal of camp if not paid within a week of the charge onto the account.

Signature

Date:

Details about sessions prior to selecting on the back of this form:

Cost per Session:

\$190 Camper Fee (separate one time shirt fee of **\$10** applied during first week registered)

\$140 for LIT (up to seven will be selected; apply separately; one time shirt fee of **\$10** applied during first week registered)

*During the 4th of July Week, a discounted rate will be applied = **\$118** for the week for campers, **\$84** for LIT

Check off which session(s) you would like to register your camper on the left, open column:

***=Trips that week, subject to change based on weather, availability, etc.**

**** Drop off begins at 8:30am (extended care drop off begins at 7:30am) Pick up at 4:00pm (extended until 5:30pm)**

Session 1	Wizarding Wonders June 19 - June 23: Potion making, Decorate your bike, *Urban Air, Quidditch match, *Kineowatha Park
Session 2	Science and Space June 26 - June 30: Volcano decorations, erupt! *Monkey C Monkey Do, Egg parachute, *Kineowatha Park
Session 3	Water Week July 5 - July 7: *Anti Gravity Center, Aquatic Games, *Kineowatha Park (Discounted Week)
Session 4	Zootopia July 10 - July 14: Decorate mask, Battle of animal kingdom, *York Animal Kingdom, Zookeeper vs. zoo animals, *Kineowatha Park
Session 5	Expedition Farmington July 17 - July 21: Nature mandalas, Bring your bike to camp, *Moose Alley Bowling, Farmington scavenger hunt, *Kineowatha Park
Session 6	Color Wars July 24 - July 28: Team armbands and battle of FRC, Battle of Mantor green, *Ferry Beach, Battle of Prescott/Color Wars, *Kineowatha Park
Session 7	Nickelodeon Week July 31 - August 4: Splatalot!, Slip and slime, *Funtown Splashtown, Slime obstacle course, *Kineowatha Park

Required Camper Shirt (Circle 1 or 2 and check off the size you'd like for your camper):

1 or 2 ___ Youth S (6-8)

1 or 2 ___ Youth M (10-12)

1 or 2 ___ Youth L (14-16)

1 or 2 ___ Adult: S ___ M ___ L ___ XL ___

***Can purchase up to two shirts**

All session weeks must be paid in full when registering for that week. You can pay 50% of the total bill down at the time of registration, with the remaining payment for all sessions due by May 31st, 2023. A discount of 10% for siblings will be applied to the overall price for that session(s).

For Office Use Only

Emergency Form Completed

Children's Program Waiver Completed

Paid \$10 T-shirt fee (required – may purchase more up to two)

Paid in full: Yes or No

If not, bill remaining: _____ (write in dollar amount)

For more information please contact Mike Colella, Assistant Director of Health and Wellness Programs
michael.colella@maine.edu or call front desk at 778-7495





UMF Fitness and Recreation Center

Children's Health and Emergency Information Form

Participant's Name: _____ Age _____

Name of camp/activity that the child will be participating in: _____

Height: _____ Weight: _____ Gender: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Street
City
State
Zip

Day-time Phone Number: _____ Evening Phone Number: _____

Participant's Physician: _____ Phone: _____

List two other persons other than the parent/guardian to contact in case of an emergency:

[1] Name: _____ Phone: _____

[2] Name: _____ Phone: _____

Please indicate any special dietary restrictions: No Restrictions [] Vegetarian [] Vegan [] No red meat []
 No Dairy [] No shellfish [] Kosher [] Other _____

Health History:

Has or is subject to/history of (check all boxes that apply):

Asthma [] Motion sickness [] Diabetes [] Fainting [] ADD [] ADHD [] Poison Ivy []
 Sinus Trouble [] Hypoglycemia [] Seizures [] Shoulder problems [] Back problems []
 Hip problems [] Knee problems [] Ankle problems [] Vision problems [] Hearing problems []
 LD [] Other (please explain): _____

Allergy to any of the following:

Bee sting [] Aspirin [] Penicillin [] Medications (please list): _____
 Nuts [] Other foods (please list): _____ Other: _____

If yes to any of the above allergies, please describe reaction and how to treat it: _____

Please list any current prescription or non-prescription medications that will be taken during this program time: _____

Any restriction of activity for medical reasons? Yes [] No [] If Yes please describe: _____

Is there anything else we should know, such as phobias, sensitivities, etc: _____

Has had inoculations or vaccinations for: Measles [] Mumps [] Chicken Pox [] Tetnus []

In case of emergency, I hereby give permission to the site director to allow a selected physician to hospitalize, secure proper treatment, offer injection, anesthesia or surgery for my child as named above.

 Signature of Parent/Guardian

 Date

Other than the parent/guardian, please list all persons permitted to pick your child up from the above listed FRC program. FRC staff will only release the above named child to individuals listed below.

Name:	Relation:	Phone Number:\
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the guardian of the above named participant understand that in order for my child to walk, run, bike, or take any other mode of transportation leaving on their own accord from the FRC and the children's program will need to provide a written note stating in detail the circumstances, and the time that the child would depart the FRC's children's program. _____
Initial _____ Date _____



Children's Program Waiver

I, _____ the parent/guardian of _____ having enrolled my child in a UMF Fitness and Recreation Center activity, being of legal age, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to enroll my child in _____ on _____, and in consideration of my child being permitted to participate in this activity, do voluntarily execute this release and waiver of liability on behalf of my child, myself, my heirs and next of kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope and demands of _____, and understand that this activity may include other similar activities which could be dangerous to my child. Such dangers, hazards and risks of this activity may include, but are not limited to injuries, inflicted by the following: sports activities, physical challenges, pool activities, outdoor activities including but not limited to the following: canoeing, hiking, ropes course, swimming, nature walks, fishing, rock climbing, camping, sailing, paint-ball, water slides, laser tag, white water rafting, kayaking, horseback riding, mountain biking, camping and any other activities the group leader(s) may choose.
3. I hereby release, waive, discharge and covenant not to sue the participants, counselors, students, members, instructors, owners, workers, employees, volunteers, divers, rescue personnel, owners and lessees of premises used to conduct the event(s), and all for the purpose herein referenced to as "releasees,;" from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned arising out of or related to the event(s), whether caused by the negligence of the releasees or otherwise.
4. Hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
5. Hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
6. Hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.
7. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of the negligence by the Releasees, including negligent rescue operations and is intended to be as broad and inclusive as is permitted but the laws of the Province or State in which the event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Assented and agreed to on this _____ day of _____, 200_____.

Signature of Parent/Guardian

I hereby grant the UMF FRC permission to use, reproduce, publish or distribute any photographs, films, videotapes and or sound recordings of my child for use in materials the UMF FRC may create.

Participant's Signature: _____

Parent/Guardian Signature: _____