2023 DAY CAMP FORM

Enrollment forms can be emailed to recmember@uab.edu

*This camp program is a “tuition for service” program, based on confirmed enrollments. The camp payment is due at the time of registration and will be required. Keep in mind that if the payment is not made per child/per session, their spot will not be held for the desired camp session. Registration for each week closes the Week PRIOR to the camp start date or once we have reached camper capacity.

PARENT/GUARDIAN INFORMATION

Name: ________________________________ Home/Cell Phone: ________________________________

Last First

Home Address: ________________________________________________________________________________________________________________

Email Address: ________________________________ Work Phone: ________________________________

Date of Birth: ________________________________

{  } CRCT Member   {  } UAB Faculty/Staff/Student/Alumni or Colleague Employee   {  } Community Non-Member

**Colleague Employees includes VA, Children’s Hospital, Sodexo, Capstone, First Transit, Cooper Green, Horizons, Southern Research Institute, Pyramid Hotel Group.

CAMPER INFORMATION

<table>
<thead>
<tr>
<th>Child #1 Name: ________________________________</th>
<th>First (Include Preferred Name)</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>Age: _____</td>
<td>Gender: _____</td>
</tr>
<tr>
<td>Birth Date: _______________</td>
<td>School Attended: __________________</td>
<td></td>
</tr>
<tr>
<td>Home Address: ________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child #2 Name: ________________________________</th>
<th>First (Include Preferred Name)</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>Age: _____</td>
<td>Gender: _____</td>
</tr>
<tr>
<td>Birth Date: _______________</td>
<td>School Attended: __________________</td>
<td></td>
</tr>
<tr>
<td>Home Address: ________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child #3 Name: ________________________________</th>
<th>First (Include Preferred Name)</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>Age: _____</td>
<td>Gender: _____</td>
</tr>
<tr>
<td>Birth Date: _______________</td>
<td>School Attended: __________________</td>
<td></td>
</tr>
<tr>
<td>Home Address: ________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will any of the above children require medication throughout the day, while at camp? Y / N

*If yes, a Permission to Administer Mediation form (page 2) must be signed and completed for each child, in addition to the Health Information form.
ADDITIONAL EMERGENCY CONTACT (other than listed parent/guardian)
Name: ___________________________     Relationship to child: ___________________________     Phone: ___________________________

DROP OFF/PICK UP
The following person will normally drop off/pick up my child:
Name: ___________________________     Relationship to child: ___________________________     Phone: ___________________________

Home Phone: ___________________________     Cell Phone: ___________________________

If the above person is not able to drop off or pick up my child(ren), the following people are authorized to do so:
Name: ___________________________     Relationship to child: ___________________________     Phone: ___________________________

Name: ___________________________     Relationship to child: ___________________________     Phone: ___________________________

Name: ___________________________     Relationship to child: ___________________________     Phone: ___________________________

Name: ___________________________     Relationship to child: ___________________________     Phone: ___________________________

INSURANCE/MEDICATION
Are the camp participants covered by family medical insurance?  Y / N  (If yes, indicate the information below)
Plan name: ___________________________     Policy number: ___________________________     Name of Insured: ___________________________

If UAB University Recreation employees, athletic trainers, and staff members contact guardian and/or additional emergency contact and do not receive a response, UAB University Recreation will take whatever action is necessary for the health and welfare of the camper. This includes any and all medical treatment, procedures, EMS transportation, operations and/or hospitalizations.

PERMISSION TO ADMINISTER MEDICATION
A form must be completed for each child who will be taking medication during camp.
Name: ___________________________     ___________________________ has my permission to receive ___________________________
(Last)     (First)     (dose)
of ___________________________ at ___________________________.
(medication name)     (time of day/frequency)

Potential side effect include (if any):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Prescribing physician: ___________________________     ___________________________
(Last)     (First)

Address: ___________________________     ___________________________     ___________________________     ___________________________
(Street)     (City)     (State)     (Zip Code)

Parent/Guardian Name: ___________________________

Signature: ___________________________     Date: ___________________________
Please indicate the session(s) each child will be attending.

<table>
<thead>
<tr>
<th>Camp Sessions</th>
<th>Daily Camp Options</th>
<th>Before Care ($5 per day)</th>
<th>After Care ($5 per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Camps 2023</td>
<td>9:00 am – 4:00 pm</td>
<td>7:30 -8:30 am</td>
<td>4:30 – 5:30 pm</td>
</tr>
<tr>
<td>Martin Luther King Jr Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday, January 16th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates/$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Learning Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday, February 17th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presidents Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday, February 20th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<th>Daily Camp Options</th>
<th>Before Care ($5 per day)</th>
<th>After Care ($5 per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Break</td>
<td>9:00 am – 4:00 pm</td>
<td>7:30 -8:30 am</td>
<td>4:30 – 5:30 pm</td>
</tr>
<tr>
<td>Monday, March 27th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday, March 28th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday, March 29th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday, March 30th</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday, March 31st</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$40 Affiliates /$50 Non-Affiliate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL WEEK</td>
<td>Child 1 { } Child 2 { } Child 3 { }</td>
<td>Yes { } No { }</td>
<td>Yes { } No { }</td>
</tr>
<tr>
<td>$160 Affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$180 Non-Affiliate</td>
<td></td>
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</tbody>
</table>

**LUNCH OPTION**

Children will need to bring their own lunch and snack to camp each day. UAB will not be supplying and/or handling and food during the 2023 Day Camp Season.
CAMPER HEALTH INFORMATION FORM

A form must be completed for each child who will be attending camp.

CAMPER INFORMATION

Name: ____________________________________________________________
(First) (Middle) (Last)

Birth Date: ___________________________ Age: ____________ Gender: ____________________________

EMERGENCY CONTACT INFORMATION

Name: ____________________________________________________________ Relationship: ____________________________
(First) (Last)

Home Phone: ____________________________ Cell Phone: ____________________________

MEDICAL INFORMATION

Does the participant have any medical condition the camp staff should be aware of? (For example, diabetic or suffers from seizures.) Select one: Yes No
If yes, please explain: _____________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

HEALTH HISTORY

1) Has the participant had any recent injury/illness/infectious disease? Yes No
2) Does the participant have a chronic or recurring illness/condition? Yes No
3) Has the participant ever been hospitalized or had surgery? Yes No
4) Does the participant have frequent headaches? Yes No
5) Has the participant ever had a severe head injury or been knocked unconscious? Yes No
6) Does the participant wear glasses, contacts, or protective eyewear? Yes No
7) Has the participant ever had frequent ear infections? Yes No
8) Has the participant ever passed out or been dizzy during or after exercise? Yes No
9) Has the participant ever had chest pains during or after exercise? Yes No
10) Has the participant ever had a seizure? Yes No
11) Does the participant have Epilepsy? Yes No
12) Has the participant ever had high blood pressure? Yes No
13) Has the participant ever been diagnosed with a heart murmur? Yes No
14) Does the participant have an orthodontic appliance being brought to camp? Yes No
15) Does the participant have any skin problems (itching, rash, etc.)? Yes No
16) Does the participant have diabetes? Yes No
17) Does the participant have asthma or another breathing disorder? Yes No
18) Has the participant had mononucleosis in the past 12 months? Yes No
19) Has the participant ever been treated for ADD, ADHD or Asperger’s? Yes No
20) Has the participant ever had back problems? Yes No
21) Has the participant ever had problems with joints (knees, ankles, etc.?) Yes No

Please explain all “yes” answers here, noting the number of the question: ____________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

__________________________________________

__________________________________________
Please provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp staff should be aware. Also, include any information relating to the participant’s vaccinations and immunizations. 

___________________________________________________________________________________________ 

___________________________________________________________________________________________ 

ALLERGIES

Please list ALL known allergies to:

Medication: 

Describe reaction and management of reaction: 

___________________________________________________________________________________________ 

Food: 

Describe reaction and management of reaction: 

___________________________________________________________________________________________ 

Other (bee sting, hay fever, etc.): 

Describe reaction and management of reaction: 

___________________________________________________________________________________________ 

REstrictions

The following restrictions apply to this participant: 

1) Does not eat:  red meat  pork  dairy products  poultry  seafood  eggs  other: _____________________

2) Physical activity restrictions (what cannot be done, what adaptations or limitations are necessary, etc.)

___________________________________________________________________________________________ 

___________________________________________________________________________________________ 

SPECIAL NEEDS

Does your child have any other special needs or required assistance that the camp staff should be aware of? 

Select one:  Yes  No

If yes, please explain: 

___________________________________________________________________________________________ 

___________________________________________________________________________________________ 

WAIVER FORM

Assumption of Risk, Waiver, and Release from Liability - In consideration of the use of the property, facilities and/or services of The University of Alabama at Birmingham (UAB) Office of University Recreation including any travel related thereto, the undersigned agrees as follows:

1. RISK FACTORS. The undersigned understands and acknowledges that the use of equipment and facilities provided by The University of Alabama at Birmingham University Recreation and participation in University Recreation programs (Intramural, Informal, Instructional, Group Fitness, Club Sports, Weight and Cardiovascular Training, Swimming, Outdoor Adventure, and any other programs and services sponsored by the Office of University Recreation and/or non-sponsored activities occurring in the building) involves risk including, but not limited to the following: risk of property damage, bodily injury, including but not limited to permanent disability, paralysis and possibly death. These risks may result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care.

2. ASSUMPTION OF THE RISK. The undersigned voluntarily assumes all the risks that may arise out of or result from the use of the equipment or facilities, and/or the services of UAB University Recreation, including those risks described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures. The undersigned agrees to comply with and abide by all rules and regulations of UAB University Recreation. The undersigned acknowledges that the policies and procedures may be amended at any time in the future with or without notice, and that it is the undersigned’s responsibility to periodically review the then-currently published policies and procedures and abide by them. The University Recreation staff reserves the right to revoke or terminate the undersigned’s privileges for any violations of the rules and regulations of UAB University Recreation and The University of Alabama at Birmingham or for any violations of the policies and procedures relating to the activities, facilities, and/or equipment of UAB University Recreation.

4. **PREREQUISITE SKILLS.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical and mental ability necessary to properly and safely use the equipment, facilities, and to participate in any University Recreation activities. The undersigned agrees that if s/he has questions pertaining to the skills, qualifications, physical and mental abilities necessary to properly and safely use the equipment, facilities, and to participate in University Recreation activities, s/he will direct those questions to University Recreation staff.

5. **INDEMNIFY AND DEFEND.** The undersigned hereby releases, waives, indemnifies and holds The University of Alabama at Birmingham, the Office of University Recreation, CENTERS, L.L.C., and all of their officers, trustees, directors, employees, and agents (hereinafter jointly referred to as “indemnitee”) harmless from any and all claims, causes of action, suits, liability, losses, or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to the undersigned’s use of the property, facilities, and/or services of UAB University Recreation.

6. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.

7. **CONSENT FOR EMERGENCY TREATMENT.** The undersigned, as a participant in the subject activity, hereby consent to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

8. **INSURANCE.** The undersigned understands that neither The University of Alabama at Birmingham, nor the Office of University Recreation, nor CENTERS, L.L.C. will be responsible for any medical, health or personal injury costs relating to undersigned’s use of the property, facilities and/or services of UAB University Recreation. The undersigned is encouraged to have a medical physical examination and purchase health insurance prior to any and all participation.

9. **GOVERNING LAW.** This Assumption of Risk, Waiver, and Release from Liability Agreement shall be governed in all respects by the laws of the State of Alabama.

10. **SEVERABILITY.** If any term, clause, or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Agreement, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.

11. **MEDIA.** The University of Alabama at Birmingham (hereinafter “UAB”) produces informative materials in various media formats for use as educational materials for the general public in the areas of research, patient care, and other areas of interest (including the Rec Center). To accomplish this important goal of UAB, UAB requests persons to authorize it to utilize their name, likeness, voice, and/or performance, whether by motion picture, photograph, or quoted statements. In the interest of furthering the above purpose, the undersigned knowingly and willingly agrees to be bound by this authorization and release and agrees to the UAB Media Relations Policies.

12. **ACKNOWLEDGMENT.** The undersigned has read and fully understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.
13. CONSENT AND RELEASE ON BEHALF OF MINOR(S) I am the parent or legal guardian of the above named minor(s). I have read and understand the agreement and realize it relates to surrendering valuable legal rights of the minor(s) and me. I agree to be bound by all the terms of the agreement. I also give my consent to the participation in the activity of the minor(s).

Parent/Guardian’s Printed Name: ____________________________________  Date: ______________

Parent/Guardian’s Signature: ________________________________________

Minor’s Name: ________________________________________  DOB: ______________

Minor’s Name: ________________________________________  DOB: ______________

Minor’s Name: ________________________________________  DOB: ______________

PARENT/GUARDIAN AGREEMENT

FULL PAYMENT MUST BE RECEIVED BY THE INDICATED DEADLINE
This camp program is a “tuition for service” program, based on confirmed enrollments and secured deposits. A $50 per camper, per session non-refundable and non-transferable deposit is required. Enrollment forms 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 no later than 7 days prior to the participant(s) attending camp. If full payment is not received by this time, my reservation(s) could be cancelled. (Please note that each camp will have a limited number of camper spaces available.)
(Please see more details in the Parent/Guardian Manual on payment requirements.)

PARENT/GUARDIAN AGREEMENT

1) My child(ren) is in good health and can participate in the activities of the Office of University Recreation Summer Camps.
2) The Office of University Recreation 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.

I certify as the parent/guardian of the above named child(ren) that I have reviewed all regulations above and understand that failure to abide by these regulations will result in immediate dismissal from the program without a refund.

Signature of parent/guardian: ________________________________  Date: ______________