



HOLIDAY FUN CAMP 2009 REGISTRATION

Please use a separate form for each child. Please Print.



Mail to: EMU Rec/Im Fun Camp
100 Olds-Robb
Ypsilanti, MI 48197
OR Fax to: 734.487.4197

CAMPER INFORMATION

NAME: _____

Boy _____ Girl _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____ Day Phone _____

Parent/Guardian Email Address _____

SESSION SIGN-UP Check Preference.

| | |
|-------------------|-------------------|
| December 21 _____ | December 28 _____ |
| December 22 _____ | December 29 _____ |
| December 23 _____ | December 30 _____ |
| December 24 _____ | December 31 _____ |

PAYMENT AND FEES INFORMATION

| Dates | Time | Daily Fee | Each Additional Sibling |
|-----------------|-----------------------|-----------|-------------------------|
| Dec. 21, 22, 23 | 8:30 a.m. - 5:30 p.m. | \$30/day | \$25.50/day |
| Dec. 24 | 8:30 a.m. - 1:00 p.m. | \$20/day | \$17/day |
| Dec. 28, 29, 30 | 8:30 a.m. - 5:30 p.m. | \$30/day | \$25.50/day |
| Dec. 31 | 8:30 a.m. - 1:00 p.m. | \$20/day | \$17/day |

- *Early registration for returning families begins November 2, 2009.
- *Open registration will begin November 30, 2009.
- *An invoice will be provided following registration, with payment dates listed.
- *Receipts will be sent out electronically, per payment, via email.

**There is a \$25.00 non-refundable registration fee due at registration.*

CONSENT FOR EMERGENCY OR MEDICAL TREATMENT

In the event of an emergency or for medical treatment, I hereby give my consent and authorize the University Health Service or the closest Hospital Emergency Department to provide medical services for my minor son/daughter/ward. It's understood this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment or hospital care which may be deemed desirable.

Medical services are approved for (please print camper's name): _____, during his/her stay at Eastern Michigan University from _____ to _____ (length of program).

PRINT Parent/Guardian Name _____

SIGNATURE Parent/ Guardian _____ Date _____

CAMPER INFORMATION

Child's date of birth: _____

Child's Physician(please print): _____ Physician's Phone: _____

List all *medications* the minor is now taking: _____

List all the minor's *allergies/restrictions* to drugs, medicines, plants, foods, materials, etc.: _____

List any *special needs, illness and/or medical condition* we need to be aware of: _____

List any dietary restrictions we need to follow: _____

My child has his/her immunizations up to date and the immunization record or appropriate waiver is on file with the child's school. Initial: _____ School: _____

INSURANCE INFORMATION

I request that payment under my insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.

Name of Parent/Guardian(please print): _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

Name of Insurance Company: _____

Policy Number: _____