



Red/IM Fun Camp
 100 Olds-Robb-EMU
 Ypsilanti, MI 48197
 Fax: 734.484.1150

Fun Camp 2012 Registration



Please Print

CAMPER INFORMATION

Please use a separate form for each child

CAMPER NAME: _____

Boy _____ Girl: _____ Date of Birth ____/____/____ Grade (Fall 2012) _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____ Day Phone _____

Parent/Guardian Email Address _____

Camp T-Shirt Size (circle one):

Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL

SESSION SIGN UP

Please check box to reflect camper attendance: Full Week, Daily or note AM or PM for half days.

Payment Session:		Full Week ONLY	Per Day MON.	Per Day TUES.	Per Day WED.	Per Day THURS.	Per Day FRI.
Session 1	June 11-15						
	June 18-22						
Session 2	June 25-29						
	July 2-6						
Session 3	July 9-13						
	July 16-20						
Session 4	July 23-27						
	July 30-Aug 3						
Session 5	Aug 6-10						
	Aug 13-17						

PAYMENT DUE DATES	
Session 1	Fri 6/8
Session 2	Fri 6/22
Session 3	Fri 7/6
Session 4	Fri 7/20
Session 5	Fri 8/3

FEE STRUCTURE		
Time Option	1st Child	Each Additional Sibling
Weekly	\$160	\$136
Weekly 1/2 Day	\$80	\$68
Daily	\$50	\$43

- **Payment is due on Friday before the start of each session.**
- Open registration will begin April 2, 2012
- Receipts will be sent out electronically.
- ***There is a \$35.00 non-refundable registration fee due at registration per camper.***

Pages One, Two, Three and Four are due at time of registration...

EMERGENCY CONTACT INFORMATION

Please provide contact information, in case of emergency.

Call First: _____
 Print Name Relation to camper Day time phone

Call Second: _____
 Print Name Relation to camper Day time phone

Call Third: _____
 Print Name Relation to camper Day time phone

AUTHORIZED RELEASE INFORMATION

Your child's safety is our first priority. No child will be released to a person other than a parent or guardian unless specifically listed below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

HEALTH VERIFICATION

This to certify my camper, _____, age _____, is in good health; has had a complete physical within the last year; has not had recent exposure to a contagious disease; and has had no operation or serious illness since his/her last health examination. In the case of recent serious illness or operation, a written note of permission from the child's physician is required.

Note: Each camper must have a separate "Consent for Emergency or Medical Treatment Form" completed and on file. This form also asks for immunization and insurance information.

Each parent or guardian whose child participates in any phase of the Rec/Im Fun Camp assumes responsibility for his/her child's health and physical well-being. Participation in the Rec/Im Fun Camp is on a voluntary basis. Therefore, neither Eastern Michigan University nor the Recreation and Intramural Department will accept responsibility for ill health or injury sustained by a camper while s/he is participating in the Rec/Im Fun Camp.

I agree all information provided on this application is accurate and truthful, and by signing below accept responsibility for and give permission for _____ to participate in the Rec/Im Fun Camp.

Camper's Name

Parent/Guardian Signature _____ Date: _____

Print Name: _____

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 Services or the closest Hospital Emergency Department to provide medical services for my minor son/daughter/ward. It is 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 (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: _____ 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 my child's school. Initial: _____ School: _____

INSURANCE INFORMATION

I request 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: _____

FIELD TRIP PERMISSION:

Throughout the summer, field trips are taken to a variety of destinations. These trips are planned so that your camper will be adequately supervised. In all cases, parents/guardians will be notified of the time, nature and place of each trip. Trips are usually taken in school buses or vans. At times, private vehicles may be used, but not without permission. All field trips will be chaperoned by EMU Fun Camp staff. I give permission to EMU Fun Camp to take my child on walking, bus and van trips.

PARENT'S INITIALS _____

PHOTO RELEASE:

I grant permission to Fun Camp, its representatives and employees the right to take photographs of my child and my property. I authorize Fun Camp, its assigns and transferees to copyright, use and publish the same in print and or electronically. I agree that Fun Camp may use such photographs of my child without their name or for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

_____ **I do not give permission to have my child photographed.**

PARENT'S INITIALS _____

PARENT INFORMATION HANDBOOK:

I have read and understand the policies as stated in the parent information packet.

PARENT'S INITIALS _____

FIRST AID

I give permission to EMU Fun Camp staff to administer routine, non-surgical First Aid as appropriate.

PARENT'S INITIALS _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____