



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

FUN CAMP 2011 REGISTRATION



Please Print

CAMPER INFORMATION Please use a separate form for each child

NAME: _____

Boy _____ Girl _____ Date of Birth ____/____/____ Grade (Fall 2011) _____

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

Circle Preference. If Daily or Weekly, please indicate dates.

Session I	June 13-24	All Day	½ Day AM	½ Day PM	Weekly	Daily	Dates _____
Session II	June 27-July 8	All Day	½ Day AM	½ Day PM	Weekly	Daily	Dates _____
Session III	July 11-22	All Day	½ Day AM	½ Day PM	Weekly	Daily	Dates _____
Session IV	July 25-Aug 5	All Day	½ Day AM	½ Day PM	Weekly	Daily	Dates _____
Session V	Aug 8-19	All Day	½ Day AM	½ Day PM	Weekly	Daily	Dates _____

PAYMENT AND FEES INFORMATION

Time Option	1st Child	Each Additional Sibling (Save 15%)
2 wk session/all day	\$300/2 weeks	\$250/2 weeks
2 wk session/ ½ day	\$200/2 weeks	\$170/ 2 weeks
Weekly/1 wk	\$170/weeks	\$145/weeks
Daily	\$50/day	\$43/day

- Open registration will begin April 1, 2011.
- An invoice will be provided following registration.
- Receipts will be sent out electronically, per payment, via email.
- Fun Camp is closed on July 4th
- *There is a \$35.00 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 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(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 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: _____

PERMISSION AND STATEMENTS OF UNDERSTANDINGS

Please **INITIAL** next to each item that you agree to and sign at the bottom of this page.

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 parental/guardian notification and 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 and 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:** _____