Thank you for signing up for REC Kids Camp! The following pages are all required. Please read through carefully, as all areas of each form must be filled out in order be considered complete.

**Multiple Children**
If you are registering multiple children, our forms allow you to place all children on the same form. You do not need to fill out multiple of the same page for each child.

**Form Due Dates**
Forms are due two (2) weeks prior to you’re the camp event you are registering for.

**Forms Expiration Date**
Once filled out, forms are valid for one (1) year after the signed date. Should you register for another REC Kids camp within one (1) year from the signed date, you will not need to fill out new forms. However, we may ask you to verify the information on file.

Please note:
- *Campers with incomplete/missing forms will not be allowed to participate in REC Kids Camp.*
- You do not need to submit this page.

Forms may be submitted via:

<table>
<thead>
<tr>
<th>E-mail</th>
<th>Fax</th>
<th>UC Internal Mail</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:reckids@uc.edu">reckids@uc.edu</a></td>
<td>513-556-0601</td>
<td>Mailing Location: 0017</td>
<td>REC Kids Camp</td>
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<td></td>
<td>UC Campus Recreation</td>
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<td></td>
<td></td>
<td>2820 Bearcat Way</td>
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<td></td>
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<td>P.O. Box 210017</td>
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<td>Cincinnati, OH 45221-0017</td>
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</tbody>
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Should you have any questions, please feel free to contact us at 513-556-0604 or reckids@uc.edu.
**Camper(s) Information:**
Child 1 Name: ___________________________  DOB: ___ / ___ / ___  Gender: ______  Grade completed by 6/1/17: ___
Child 2 Name: ___________________________  DOB: ___ / ___ / ___  Gender: ______  Grade completed by 6/1/17: ___
Child 3 Name: ___________________________  DOB: ___ / ___ / ___  Gender: ______  Grade completed by 6/1/17: ___
Child 4 Name: ___________________________  DOB: ___ / ___ / ___  Gender: ______  Grade completed by 6/1/17: ___

School(s) above camper(s) enrolled in: ___________________________
Home Address: ___________________________  City: ____________  State: _____  Zip: __________

**Parent/Guardian Information:**
Affiliation:  
- [ ] UC Employee  
- [ ] UC Student  
- [ ] UC Alumni  
- [ ] CCHMC  
- [ ] EPA  
- [ ] UC Physicians  
- [ ] None of the above
How did you hear about REC Kids Camp? ___________________________________________

Parent/Guardian Name: ___________________________  Parent/Guardian Name: ___________________________
Relation: ___________________________  Relation: ___________________________
Day Phone: ___________________________  Day Phone: ___________________________
Night Phone: ___________________________  Night Phone: ___________________________
Cell Phone: ___________________________  Cell Phone: ___________________________
E-mail Address: ___________________________  E-mail Address: ___________________________

**Emergency Contact Information:** (Required; Must be different than the parents/guardians listed above)
Name: ___________________________  Relationship: ___________________________
Day Phone: ___________________________  Additional Phone Number (optional): ___________________________

**Additional Authorized Pick-Ups** (In addition to the contacts listed above. Anyone picking up a child must have photo ID.)
1) ___________________________  2) ___________________________
3) ___________________________  4) ___________________________

**Media Release:**
At various times throughout the REC Kids Camp sessions, the University of Cincinnati Campus Recreation Department will be taking digital images, photographs, and/or videotapes of the children for educational, promotional and informational purposes for use in department related print material and on the web. When/if your child(ren)’s likeness(es) or image(s) is/are used in a publication, there will be no identifying information provided (i.e. child(ren)’s name(s), personal information).

[ ] I DO give permission to the Department of Campus Recreation to publish in print, electronic, or video format the likeness or image of my child(ren).

[ ] I DO NOT give permission to the Department of Campus Recreation to publish in print, electronic, or video format the likeness or image of my child(ren).

By signing this form, I hereby certify that I am the parent or legal guardian of the child(ren) listed on the Campus Recreation Camp Registration forms, and that all the information contained herein is true and accurate. I further certify that the above listed individuals may pick up my child(ren) from the Campus Recreation Camp(s). If any of the information provided on these registration forms changes, I understand that it is my responsibility to inform the Campus Recreation Staff.

Parent/Guardian Signature: ___________________________  Date: ___________________________
Parent/Guardian Name (Print): ___________________________
Please initial next to each item to acknowledge you have read and understand each term.

**Required Forms:**

Initial

Camper with incomplete or missing forms will not be permitted to participate in REC Kids Camp. Forms are due two (2) weeks prior to the first week the camper is enrolled.

**Deposit Policy (SUMMER CAMP):**

Initial

A non-refundable deposit of $20 per camper, per week, is required at the time of summer camp registration. The deposit(s) will be credited to the summer camp registration fee(s). Parents/guardians may also elect to pay a partial balance or full camp balance at the time of registration.

**Refund Policy:**

Initial

Parents/Guardians requesting a refund 14 calendar days or more prior to the camp week will be given a 100% discount minus the $20 deposit. Refunds requested inside of 14 calendar days prior to the camp week will receive a 50% refund. Refunds during the camp week will not be given. For check payments and cash payments over $80, please allow two (2) to four (4) weeks for a refund check to be mailed. Camp fees will not be reduced for partial attendance. If you will not be attending a specific week, please let us know as soon as possible, so we may accommodate for waitlist families.

**Payment Policy:**

Initial

Each week’s balance must be paid in full at least two (2) weeks in advance of the camp week. Acceptable forms of payment include cash, check (made out to University of Cincinnati), debit card, and credit card (Visa, MasterCard, American Express, Discover).

**Supervision:**

Initial

There may be times when campers are supervised one-on-one by a camp staff member (i.e. being escorted throughout the building, treating an injury, etc.). These instances are limited and only occur when absolutely necessary.

**Outside Babysitting/Tutoring Requests**

Initial

Should you choose to ask a REC Kids staff member to provide care or interactions outside of camp, a waiver must be completed by both the parent/guardian and the staff member. By initialing this item, you agree to obtain this form from the website, complete, and submit prior to the staff member providing care for your child(ren).

**Acknowledgement:** I confirm that I have read, understand, and agree to all terms/policies listed on this page.

Parent/Guardian Signature: __________________________________________ Date: ______________________

Parent/Guardian Name (Print): ______________________________________
I know that my child(ren) is/are participating in REC Kids Camp and it can be physically challenging and that physical activity, by its very nature, carries with it inherent risks that cannot be eliminated regardless of the care taken. My child(ren) is/are medically able and ready to participate. I agree that my child(ren) must abide by any decision of the camp counselors relative to their ability to complete a camp activity. I assume all risks associated with my child(ren)’s participation. Having read this waiver and knowing these facts and in consideration of my entry being accepted, I for myself, my child(ren), and anyone acting on my behalf, waive and release the University of Cincinnati and its Board of Trustees, all camp instructors and University of Cincinnati staff, their representatives and successors (“Releasees”) from all claims or liabilities of any kind arising out of my child’s participation in this camp. I also agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, that result from my or my minor child(ren)’s participation in or involvement with any program or activity at or associated with the CRC/FCCC and to reimburse Releasees for any incurred expenses.

List all children’s names: _____________________________________________________________
Parent/Guardian’s Printed Name: _______________________________________________________
Parent/Guardian Signature: ___________________________________________________________
Date: ______________

HEALTH INFORMATION

List any food allergies that may need special consideration or attention for each child: _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

List any health conditions that may need special consideration or attention for each child (bee stings, medication allergies, epilepsy, diabetes, asthma, etc.) _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Are there any sports/activities that your child(ren) cannot participate in? _____________________________________________________________

Will your child need to take medication during camp?  ☐ Yes  ☐ No
If yes, and camp staff will need to administer the medication, please submit the medication administration form (located on our website – www.uc.edu/reckids).

Primary Physicians Name: ___________________________________________________________ Phone: __________________________
Do you have insurance?  ☐ Yes  ☐ No  If yes, please complete the following:
Insurance Company: ________________________________________________________________ Policy # __________________________
Subscriber Name: _____________________________________________________________ Relationship: __________________________

EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION AUTHORIZATION

In an emergency, I hereby authorize the University of Cincinnati’s Campus Recreation REC Kids Camp staff member to take (list all children’s names) ___________________________________________________________ to the hospital and authorize the hospital to administer emergency treatment. The University of Cincinnati is authorized to provide the appropriate medical treatment for my child(ren) for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent/Guardian Signature: ___________________________________________________________ Date: __________________________
Parent/Guardian Name (Print): ___________________________________________________________
Assumption of Risk:
I hereby acknowledge and agree that climbing walls have inherent risks, which includes serious physical injury. As a spectator of or as participant at the University of Cincinnati (UC) CRC climbing wall, I accept and assume those inherent risks for myself or my minor child(ren) listed below, which risks include, but are not limited to:
1) Falls from the Climbing walls that result in bodily impact against the wall or the ground;
2) Injuries to individuals observing the climbing wall that result from others slipping, tripping, or falling from the wall;
3) Injuries resulting from slipping, tripping or falling from the wall;
4) Injuries resulting from being dropped to the ground during belaying or lowering; and
5) Injuries associated with failure of equipment including, but not limited to ropes, slings, harnesses, climbing hardware, anchor points, or any other part of the Climbing Wall structure.

Release of All Claims and Covenant Not to Sue  In consideration of my use or my minor child(ren)'s use of the UC CRC Climbing Wall, I, on behalf of myself, my heirs, representatives, executors, administrators and assignees HEREBY DO RELEASE the State of Ohio, University of Cincinnati, Department of Campus Recreation, and their respective board members, officers, employees, agents, representatives and volunteers from any and all liability, claims, damages, costs, expenses, injuries, illnesses, or demands of any nature whatsoever, which I, my heirs, representatives, executors and assignees may now have, or have in the future against all of the aforementioned parties on account of personal injury, property damage, death or accident of any kind, including negligence, arising out of or in any way related to my or my minor child(ren)'s use of the Climbing Wall.

In consideration of my use or my minor child(ren)'s use of the Climbing Wall I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the State of Ohio, University of Cincinnati, Department of Campus Recreation, and their respective board members, officers, employees, agents, representatives, and volunteers from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way relating to my use or my minor child(ren)'s use of the Climbing Wall.

I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming these risks for either myself or my minor child(ren). I understand that I will be solely responsible for any loss or damage, including death, I sustain or sustained by my minor child(ren) while using the Climbing Wall and that by signing this agreement I am relieving all of the aforementioned parties of any and all liability for such loss, damage, or death. I further certify that I or my minor child(ren) am/is in good health, that I or my minor child(ren) have/has no physical limitations that would preclude my/his/her safe use of the Climbing Wall and that I will consult a physician prior to participating in this activity if I or my minor child(ren) do/does not routinely participate in strenuous physical activity. I further certify that I will wear proper protective equipment and ensure that my minor child(ren) does as well, and that if I choose to use my own climbing equipment, I am assume the risk for its use as well.

Receipt of Policy: I further certify that a copy of the CRC Climbing policies has been made available to me, that I have read the policies, and I agree to abide by all policies and rules of the sport, facility, and/or class as mandated by the Campus Recreation Department.

Acknowledgment of Understanding: By signing this form for either myself or my minor child(ren), I am stating that I have read this Agreement, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this Agreement knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

Each child's printed name

Parent or legal guardian's signature  Parent or legal guardian’s printed name  Date